

School of Life Science Risk Assessment – HTA Loss of Donor Confidentiality

RA Reference:	RA/HTA/004	
Version Number	1.0	
Date:	24/05/2018	
Review by:	30/05/2020	

Author: Dr Robert Fowler Designation: Persons Designate – School of	Signature	Date
Life Sciences	boot the bur	24/05/2018
Authorised By: Dr Georgios Giamas Designation: Designated Individual School of Life Sciences HTA Research Licence	PA	24/05/2018
Expert Authorisation Designation: Contact Details		

Version	Date	Reason for Change			



Risks should be evaluated using the following system, assessing the Likelihood (L) of the risk and the Severity (S) of the risk if it was to occur:

sk	5	Almost Certain	5	10	15	20	25
of ri	4	Very Likely	4	8	12	16	20
Likelihood of risk	3	Likely	3	6	9	12	15
kelih	2	Unlikely	2	4	6	8	10
Li	1	Very Unlikely	1	2	3	4	5
			No tissue damage/loss	Minor tissue damage/loss	Significant tissue damage/loss	Tissue destroyed but replaceable	Tissue destroyed and irreplaceable
			No risk to personnel	Minor risk to personnel	Medium risk to personnel	Significant risk to personnel	Major risk to personnel
			1	2	3	4	5
	Severity of risk						

Score Action to be taken:

0-5 No further action needed.

6-9 Appropriate additional control measures should be implemented

10-25 Work should not be started or should cease until appropriate, additional, control measures are implemented.

Reducing risk: procedural planning, contingency planning, personnel training and re-evaluation of procedures can be considered to reduce risk.



Section 1 – Storage

SCHOOL : LIFE SCIENCES	GROUP : HTA	TASK / ACTIVITY: Confidentiality for
		Volunteers/Patients

Section 2 - Identify	ving Hazards	Section 3 - Existing Control Measures	Section 4 – Evaluating Risk		Section 5 – Acti	ion Plan		
Hazard	Persons/material at risk and how affected	Existing Control Measures	Risk Rating (LxS=R)	Action required to control risk	Risk Rating (LxS=R)	Action by Whom	Deadline for action	Date completed
Example	Type the text in here to describe the hazard	Describe any existing control measures	4 x 5 = 20	Type the text in here to describe the action required to reduce the risk to an acceptable level	4 x 1 = 4	The name of the person given the action – they must agree to it!	The date by which the action is to be completed	Date actually completed
Loss of confidentiality during consent process	- Breach of confidentiality from person receiving consent - Inappropriate access to confidential documentation	 Full consent training for all personnel obtaining consent SOP/HTA/03 & SOP/HTA/04 Consent documents kept in locked rooms/cupboards and only accessible by PI, PD or DI. Untrained personnel are not allowed to handle confidential documents unless supervised by a suitable, trained person 	1 x 3 = 3	·				
Labelling of samples	- Breach of anonymity between donor and researcher	- Anonymised code for samples labelling - No identifiable information to be present on sample tubes	2 x 3 = 5	Some samples in GDSC collected before 2006 still have labels with patient names. However, to remove the samples from cryo-storage to relabel would risk the integrity of the samples. It has been decided that no further action is to be taken as the access to these samples is restricted and the likelihood of				



	samples		being very unlikely.		
ItemTracker database perso	- ItemTracker data is help on a rem server that on authorised person open and acces passwords for e ltemTracker database - Each user can access/edit tho samples or areas have, PDs only h access to their o area's sample	ote (s can s. and ich 1 x 3 = 3 only se they ave wn			

th monitoring required?	Yes
Is a more detailed assessment (e.g. Clinical Risk, COSHH, Manual Handling, Display Screen Assessment) required? Please state which one:	No, unless the samples are suspended in something which could be considered a hazardous chemical, then COSHH should be completed.
Is further information or investigation required to complete risk assessment?	No

Section 7 - Assessment Sign Off

ASSESSOR'S NAME : ROBERT FOWLER	JOB TITLE : TECHNICAL COORDINATOR



DATE OF ASSESSMENT : 24/05/2018	REASSESSMENT DATE : 30/05/2020)
	A	
	В	
	С	
	D	
	E	
ASSESSOR'S SIGNATURE :	SAFETY OFFICER'S SIGNATURE :	
PERSON INVOLVED NAME	SIGNATURE	DATE
Dr Georgios Giamas		