



RISK ASSESSMENT

TRANSPORTATION OF CLIENTS

This covers the picking up, journey and setting down of clients by drivers undertaking jobs on behalf of CARE. Theoretically, our job is transport only, but we are likely to help clients into the hospital or other appointment. In such cases any assistance would be as helpful adults and not as strong or qualified persons.

DESCRIPTION OF RISK / HAZARD

1. Physical injury to client getting into or out of the vehicle – bruising; fracture; head injury.
2. Physical injury to driver assisting client into or out of the vehicle - muscle strain; dislocation of joints.
3. Client taken ill on the course of the journey.
4. Physical injury to client, driver and third parties as a result of road traffic accident:
 - a. As a result of distraction or physical abuse of driver by the client.
 - b. Through other causes not attributable to the client.
5. Driver's car breaking down in severe weather – hypothermia.

PROTECTIVE & PREVENTATIVE MEASURES TO BE TAKEN

1. New clients are not taken on unless the Duty Officer (DO) with whom they make first contact is satisfied that:
 - a. They are able to walk unassisted between their home and the vehicle, using mobility aids where appropriate or in a wheelchair assisted by partner or carer as necessary.
 - b. They are able to get into and out of a private car without major physical assistance – eg lifting.
 - c. They are able to sit upright in a car and wear a seat belt correctly.
 - d. They do not suffer from degenerative diseases or mental illness that may cause them to act irrationally while in a private car.
2. Most clients make initial contact themselves and the DO will ask about mobility and be able to assess the situation from their replies. If the initial approach is from a care home the DO will ask them about the client as care homes will have authority to provide information on the client's behalf. If the initial approach is made by a friend or relative the DO will ask to speak to the client before accepting them. If the client is unable to speak to the DO for any physical reason or in cases of doubt, the DO will not

take them on unless they are to be accompanied by a carer on all journeys. However, there may be an exception for deaf clients who can communicate perfectly in a face-to-face situation.

3. The DO will normally turn down all requests by other agencies – eg Social Services or the Ambulance Service – for transport of their patients. If, exceptionally, a job is accepted the DO will make it quite clear that CARE drivers are not trained in social care or physical handling of patients and may have to leave clients unattended for short periods. Drivers will not transport such clients if they turn up for a job and find that the agency has failed to give correct information to the DO or has not arranged for a trained carer to be available when promised.
4. Drivers are asked to advise the DO if they find there is any change to the information given to them by the DO about a client's mobility. Drivers are also advised not to take clients if they turn up for a job and the client is evidently under the influence of drink, drugs, fever or other debilitating condition or the lack of a carer would lead to unacceptable risks.
5. If a client is taken seriously ill during a journey, the driver will call emergency services (999) immediately and notify the DO.
6. If the driver's car breaks down, the driver will call the DO who will arrange for a taxi to collect the client. ***In certain circumstances the driver may consider the need to ask the client to wear one of the high visibility vests provided by CARE.***
7. Drivers should have their mobile phones ***and high visibility vests*** with them on each job.
8. CARE does not have available child safety or booster seats and therefore is unable to transport minors or children who, by law, have to use them. Even if a person accompanying a child can supply a safety seat or booster cushion CARE will not transport them as the driver is not qualified to know whether the seat is of an approved design and fitted correctly. CARE does not transport unaccompanied minors.
9. CARE has a Driver Policy which asks them to commit themselves to:
 - A. transporting clients only in a vehicle properly maintained and roadworthy and covered by at least a valid third party insurance;
 - B. holding a full and valid driving licence;
 - C. reviewing their voluntary service where a change in health significantly reduces the probability of safe driving. If necessary medical advice should be sought. After the age of seventy periodic renewals of driving licences formalises this review, but CARE has no upper age limit and believes that personal health should be a concern for all drivers regardless of age.

<u>Consequence</u>	<u>Score</u>	<u>Assessed</u>	<u>Likelihood</u>	<u>Score</u>	<u>Assessed</u>
Major	5		Very High	5	
High	4		High	4	
Medium	3	☐	Medium	3	
Low	2		Low	2	☐
Minor	1		Improbable	1	

RISK RATING

6

Definitions and explanations

Hazard	Something with potential to cause harm
Consequence	Degree of harm that may be caused
Likelihood	Indicates the probability of an event occurring
Risk Rating	Consequence x Likelihood = the severity of risk

Definition Points Description

Consequence

Major	5	Causing death to one or more people, or life threatening disease e.g. cancer, silicosis.
High	4	Causing permanent disability e.g. Loss of limb, chronic back pain, blindness.
Medium	3	Causing temporary disability e.g. Fracture, unconsciousness.
Low	2	Causing significant injuries e.g. Sprains, bruises, lacerations.
Minor	1	Causing minor injuries e.g. Cuts, scratches.

Likelihood

Very High	5	It is almost certain that an accident or ill-health will result if the situation continues.
High	4	It is very likely that the effects of humans or other factors will cause an accident or ill Health.
Medium	3	It is foreseeable that circumstances will combine to result in an accident.
Low	2	It is unlikely that circumstances will combine to result in an incident.
Improbable	1	It is most unlikely that an accident will occur. It would require freak conditions to occur, against which it is not reasonable to protect. This should be the normal state of the workplace.

Risk Rating - The resulting Risk Rating is interpreted as follows:

16 – 25	High	Immediate and permanent action must be taken to control the risk. If not practicable to control the risk immediately, then other controls must be put in place in the meantime.
8 – 15	Medium	a careful examination must be undertaken of the factors involved to determine what actions are reasonably practicable to reduce the risk rating.
2 – 6	Low	not requiring a great deal of attention. However, if a simple and inexpensive solution exists which will reduce the risk further, it should be implemented.
1	No perceived risk	

Assessment carried out by: **Mike Breen**

8 July 2025