Research Risk Assessment Guidance at Liverpool Hope University (2022)

Contents

[Policy and guidance: Working with human participants 3](#_Toc89957110)

[Coronavirus 3](#_Toc89957111)

[Temperature Screening 4](#_Toc89957112)

[Staff Screening 4](#_Toc89957113)

[Investigator Screening 4](#_Toc89957114)

[Participant Screening 4](#_Toc89957115)

[Screening and Classification 4](#_Toc89957116)

[Ingress / egress 5](#_Toc89957117)

[General safety, toolbox talks and laboratory bookings 5](#_Toc89957118)

[Small group training on equipment and safe systems of work for equipment 7](#_Toc89957119)

[Lab bookings 7](#_Toc89957120)

[Out of hours working 7](#_Toc89957121)

[Use of equipment / subsequent cleaning of equipment 8](#_Toc89957122)

[Risk assessments 8](#_Toc89957123)

[Definition of Hazard and Risk 8](#_Toc89957124)

[Emergency procedures: Injuries, Accidents, Incidents 9](#_Toc89957125)

[Immediate action 9](#_Toc89957126)

[Defibrillator (Located on the ground floor outside HS020) 9](#_Toc89957127)

[Near Miss 9](#_Toc89957128)

[Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 9](#_Toc89957129)

# Summary

1. This document sets out Liverpool Hope University Psychology Department’s broad approach to risk assessment for psychology research projects

# Purpose of this information

1. It is imperative that **all** research planned and undertaken by staff and students within the Psychology Department at Liverpool Hope University undergoes an appropriate risk assessment. A formal and structured risk assessment can maximise the chances of research being executed successfully, minimise or eliminate the risk of adverse impacts to all parties concerned

# Key principles

1. The following key principles inform the University’s approach to the assessment of risk in psychological research projects:
   1. Risk assessments must be proportionate and appropriate:
      1. Different types of research project carry different types and grades of risk. All risk assessments should reflect this
   2. Each project must be assessed on its own merits:
      1. Each project is unique and it is vital that each project be assessed on its own merits. You must not assume that because a similar study has taken place previously that the risks can be assumed to be known, manageable and acceptable
   3. Risk assessment is the primary responsibility of the project leader/principal investigator:
      1. While the research project leader or principal investigator is responsible for ensuring that the project undergoes adequate risk assessment. However, students at Level H and above must take responsibility for writing the risk assessment with support from online documentation, their supervisor, and the Lab Manager. This is a crucial part of the development of a psychology student, therefore the department requires that students have responsibility, but ultimately the project leader should be in a position to confirm that the assessment is proportionate and appropriate
   4. The risks of an activity should always be assessed independently of its hoped-for benefits:
      1. All activity carries some risk and that risk will need to be weighed against the hoped-for benefits that that activity may provide. Some risk will need to be accepted and traded-off against these hoped-for benefits. This should be done explicitly, and only once the risk assessment process has been completed

# Types of risk

1. Risks can be categorized under a number of different risk areas. These risks are potentially relevant to all types of research, while others will not apply:
   1. Risk to researchers
      1. Lone working. All lone working should comply with the guidelines on lone working and adhere to departmental policies
      2. Physical threat and abuse
      3. Being in a compromising situation. This may lead to accusations of improper behavior
      4. Psychological trauma. May be as a result of actual or threatened violence, or as a result of a disclosure by a participant
      5. Increased exposure to everyday risks, such as infectious diseases
      6. Other general health and safety issues, such as checking equipment
   2. Risk to the research participants (human, animal, built and natural environments)
      1. Health and safety: human research subjects taking active part in research may have an increased risk of injury, illness or death during or as a result of their involvement. All members of the research team must consider the risk of injury, illness or death arising from any research task undertaken and take steps to eliminate and/or manage these risks appropriately
      2. Emotional well-being (for example, harm arising from the need to revive distressing memories)
      3. Damage, degradation or disruption of the natural or built environments, including flora and fauna and natural or built environmental systems
      4. Management of research data: Potential breaches of anonymity, confidentiality and invasions of privacy are risks that should be identified, assessed and managed. Researchers should also ensure that data are stored for a sufficient period of time in the correct formats, complying with the data management policies of the University and the Department of Psychology
      5. Damage to the best interests of research subjects who are not competent to give consent or who are vulnerable to the impact of incentives
   3. Risks to the general public
      1. There may be increased risk to the general public, such as injury, illness, of death as a result of research undertaken at Liverpool Hope University
   4. Risks to the University’s reputation

This risk area includes potential damage to the reputation of the University arising from:

* + 1. The quality of the research and research output
    2. Failure to comply with recognised good practice, as set out in the University’s documentation
    3. Accusations or suggestions of unethical behaviour in research
    4. Associations with individuals, organisations, aims and activities that may undermine the integrity of the University’s research
  1. Financial and legal liability

This risk area includes:

* + 1. Exposure to potential fines, other penalties and censure
    2. Exposure to potential legal action by research participants, research users and other parties in order to recover their costs or meet future costs, provide compensation, or to enforce liability
  1. Other project or discipline specific risks identified

# Assessing risk in research projects

1. The University seeks to adopt a proportionate approach to research risk assessment. This means that some projects will require more consideration of risk and risk management than others. As such, there is no single process that applies to all projects
   1. Our broad approach to the assessment of risk in research projects is as follows:
      1. Identification of risks: project leaders are responsible for drawing up and maintaining a register of risks for the project
      2. Completion of an initial risk assessment: all identified research risks are assessed in terms of the following:
         1. Probability: the likelihood of adverse events or outcomes arising.
         2. Impact: the estimated impact of the adverse events or outcomes should they occur
      3. Identification of risk management measures: after the initial risk assessment, project leaders will need to identify the ways in which the assessed risks will be mitigated or avoided
      4. It is important that risk is assessed independently of any estimation of the hoped-for benefits of the activity. All activity carries some form of risk and these risks need to be weighed (and traded-off) against the benefits that it is hoped it will deliver

# Completing risk assessment for research projects

1. Project leads are required to carry out a risk assessment for their research and should record this in writing with other project documentation such as the ethical approval form
   1. Each risk considered should be assessed in terms of its probability and impact. Both of these dimensions of risk should be graded as follows:
      1. Low
      2. Medium
      3. High
   2. When completing the initial risk assessment, the project leader should briefly set out the reasoning for the gradings of risk
   3. Templates are available on the Departmental Moodle, but these should not be considered to be complete risk assessments. All assessments must be tailored to the individual project
   4. Risk assessments are required for **all** projects involving staff, student researchers and human participants

# Policy and guidance: Working with human participants

The following policies and guidelines are to be adhered to at all times: It is the responsibility of members of staff to ensure that students, collaborators and visitors working with them are competent and follow the guidelines below:

In research involving human participants, **the well-being of the participant takes precedence over all other interests.**

1. Participants who would fall into the **high risk categories** (clinically extremely vulnerable or clinically vulnerable) for contracting COVID-19, and / or suffer respiratory disease should be precluded from participating in research projects requiring the participant to exercise.
2. The research methods used should conform to generally accepted scientific principle based on a thorough knowledge of the scientific literature and other relevant sources of information.
3. The design and completion of each research study shall be clearly described in a ‘research protocol’. This protocol shall include the aims, methods, anticipated benefits and possible risks and discomfort involved with undertaking the research study.
4. The possible risks shall be determined via **Risk Assessments** that require completion prior to the research study being considered by an ethics committee.
5. Prior to undertaking the research study, the research protocol shall have been examined by a Departmental / University Research Ethics Committee, as appropriate.
6. Participation must be voluntary, monetary incentives to undertake the research are forbidden.
7. The research study and the associated methods etc. are to be supplied either as a ‘hard copy’ or an electronic version to the participant via an **Information Sheet** prior to them attending the laboratories.
8. Following verbal explanation of the research protocol participants are to be given the opportunity to consider their participation.
9. Participants are to be informed that they have a right to refuse to participate or withdraw consent without reprisal.
10. **Written or digital informed consent** is to be provided by each participant prior to undertaking any data collection.
11. **Health screening** shall be completed prior to data collection.
12. Records of health screening, informed consent, experimental outcome shall be kept by the investigator and made available for viewing if required.
13. **Every precaution** shall be taken to protect the privacy of participants and the confidentiality of their personal information.

**Further guidance can be found at:**

World Medical Association Declaration of Helsinki, Ethical Principles for Medical Research Involving Human Participants. Available at <http://www.wma.net/en/30publications/10policies/b3/17c.pdf>

International Journal of Sports Medicine, Ethical Standards in Sport and Exercise Science Research. Available at [https://www.thieme-connect.com/products/ejournals/html/10.1055/s-0029-](https://www.thieme-connect.com/products/ejournals/html/10.1055/s-0029-1237378#R2009-10-EDIT-1) [1237378#R2009-10-EDIT-1](https://www.thieme-connect.com/products/ejournals/html/10.1055/s-0029-1237378#R2009-10-EDIT-1)

# Coronavirus

There currently still remains the possibility of contracting COVID-19 from inhaling infected aerosol (generated during exercise, shouting and even singing) or through contact with a contaminated surface and associated fomites. Measures to control the contraction of Covid-19 include staying at home if displaying symptoms, use of social distance, face coverings / face masks, frequent washing / sterilisation of hands and equipment / surfaces. Please see the aerosol and non-aerosol generating risk assessments linked to the completed risk assessment for your activity.

[Non-Aerosol generating activities in relation to COVID 19](https://drive.google.com/file/d/1uk-zTxwC9FNU2R_8cAL9Tw6qDWXug4fW/view?usp=sharing)

[Aerosol generating activities in relation to Covid-19](https://drive.google.com/file/d/1vnFfP1PWIOkm4ndAbG_MylBclIeEK2d9/view?usp=sharing)

# Temperature Screening

We currently do not have the facility to undertake temperature screening, however students coming on to campus are encouraged to have regular lateral flow tests. All participants must complete the COVID Screening form

# Staff Screening

Staff who are required to be on site need to ensure that they have tested negative in 2 x lateral flow tests (separated by 3 to 4 days) in the previous 7 days.

# Investigator Screening

Students who wish to collect data need to ensure that they (Investigator) have tested negative in 2 x lateral flow tests (separated by 3 to 4 days) in the previous 7 days.

# Participant Screening

Students who do wish to collect data need to ensure that their participants have tested negative in 2 x lateral flow tests (separated by 3 to 4 days) in the previous 7 days.

# Screening and Classification

Researchers must ascertain whether or not a potential participant is a possible or confirmed COVID-19 case. The parameters that define this are set out in points 2.1 and 2.2 of this section on the [Government website](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection).

You must screen participants for COVID-19 if you are considering a face to face research protocol

**prior to them attending the laboratories**.

The symptoms listed in the latest NHS case definition of COVID-19 are:

* new continuous cough,
* new fever/high temperature,
* new loss of, or change in, sense of smell or taste (anosmia).

Before scheduling an appointment, assess the participant by asking the following questions, and record the response(s):

* Have you tested positive for COVID-19 in the last 7 days?
* Are you waiting for a COVID-19 test or the results?
* Do you have any of the following symptoms:
  + New, continuous cough\*;
  + [High Temperature](https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/) or Fever;
  + [Loss of, or change in, sense of smell or taste?](https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/)
* Do you live with someone who has either tested positive for COVID-19 or had symptoms of COVID-19 in the last 14 days?

*\*A new, continuous cough means coughing for longer than an hour, or three or more coughing episodes in 24 hours. If the participant usually has a cough, it may be worse than usual.*

If the participant answers ‘NO’ to ALL of the questions, assign the participant as “passed screening”. If the participant answers ‘YES’ to ANY of the questions, assign the participant “failed screening”.

Participants failing screening should NOT attend the laboratories and should follow Government advice on s[self-isolation](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection) and o[obtaining](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested) a test.

Note that a participant who has recovered from COVID-19, or who has completed a period of self- isolation, is classified as “passed screening”.

According to NHS Inform, a person is considered to be recovered from COVID-19 infection when they meet all of the following criteria:

* It has been at least 7 days since the onset of the COVID-19 symptoms;
* They no longer have a high temperature.

N.B. A cough may persist for several weeks in some people, even though the coronavirus infection has cleared. The loss of, or change in, sense of smell or taste may also linger.

According to the CMO letter (18 May 2020) and updated [Government advice](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection) a person with a persistent cough and/or loss of sense of smell or taste but no other symptoms does not need to continue to self-isolate for more than 7 days.

If a participant has a negative COVID test, but still has symptoms, they should be considered as “failed screening”. There is a chance of a “false negative” test result, and furthermore, symptoms may indicate an illness that is not COVID but could still make you, staff, students or others unwell

# Ingress / egress

1. Researchers and participants should keep to the left of the Psychology Lab corridor on entering and leaving the labs, retaining a 2m social distance where possible.
2. Lab users will enter the labs wearing face coverings.
3. Still wearing their face covering students will enter their respective lab walk past a sanitising station, sanitise their hands, then take up a position indicated by the researcher.
4. Students will then be provided with a single use Type II R Surgical Fluid Resistant Mask, regardless of social distance while in the labs students should wear this mask for the duration that they are in the lab.
5. Once the session has finished, students should sanitise their hands prior to removing the Type II R Surgical Fluid Resistant Mask, dispose of this used mask in the appropriately marked Biohazard bin, sanitise their hands, replace their face covering, re-sanitise their hands and make their way out of the lab, through the Psychology Lab corridor keeping to the left

# General safety, toolbox talks and laboratory bookings

1. Food and drink are not to be consumed in the laboratory.
2. Regardless of social distance the student / staff researchers and also the participant should wear a single use Type IIR fluid resistant mask when working with any student who is participating in an experiment
3. If there is the likelihood that bodily fluid from the participant will splash onto the student / staff researcher then safety goggles and a disposable plastic apron should be worn by the student / staff researcher.
4. Space is at a premium in some of the laboratories, depending on the lab you need to use, some labs only have sufficient space for 1 student / staff researcher and 1 participant. Ensure that you arrange participant arrival timings such that overlap / waiting time between participants is avoided.
5. Ensure that the equipment is left as you would wish to find it when you walk in, with all surfaces and equipment being cleaned prior to leaving the laboratory.
6. Prior to any activity taking place the appropriate risk assessment shall be read, if an appropriate risk assessment is not in place, then the risk assessment shall be completed by the student and the Dissertation Supervisor.
7. No piece of equipment / protocol shall be used until the student is proficient and ‘signed off’ as such by the Lab Manager / or their supervisor (as appropriate).
8. Undergraduate and postgraduate students must consult with their supervisors about their practical work in order that the potential hazards associated with their research be assessed and practicable precautions / procedures be put into place.
9. Supervisors must ensure that their postgraduate students have appropriate safety training, this should be included within the induction process.
10. Children are not permitted into laboratory areas unless they are participating in a Psychology research project or school visits / open days.

# Small group training on equipment and safe systems of work for equipment

1. As per the system currently in place, a number of face-to-face small group sessions may be arranged for students to refresh / learn the appropriate skills required for their research project.
2. Students are also expected during this session to read the associated risk assessments and safe systems of work.
3. A training log / register of students who undertake this training is kept by Glen Pennington.  
   This register includes signature from the student and observing member of staff to confirm that they have A) attended the training session, B) read and understood the risk assessment and safe systems of work, C) Undertaken a minimum of 3 (or more if required) periods of being observed performing the task by an appropriately trained competent member of staff.

# Lab bookings

1. Depending on the lab / equipment required, Postgraduate students and staff are allowed to self-book into the labs between the normal working hours from 9.00 until 16.30 h for data collection. A thirty-minute period prior to 9.00 and post 16.30 h can be used to prepare / de-service equipment as required.
2. Undergraduate students can have access to the laboratories from 9.00 until 16.30 h for data collection. A thirty-minute period prior to 9.00 and post 16.30 h can be used to prepare / de-service equipment as required.
3. The availability of each lab is managed by SONA (<https://liverpoolhope.sona-systems.com/Default.aspx?ReturnUrl=%2f> )
4. To allow a sufficient volume of air change within the labs between participants, a minimum period of 30 minutes is required between bookings.
5. A minimum of 48 h notice is preferred for each booking, however sometimes things can change unexpectedly, especially when working with human participants. Booking requests that give less than 24 h notice will be considered; however prior commitments may prevent these bookings being approved.
6. BE CONSIDERATE OF OTHERS…. The labs may get extremely busy during the periods assigned to data collection. Access is limited by availability of equipment and also participants. Only request slots that you know you are going to use. While booking slots a week in advance allows you to organise your time effectively, block bookings week after week require confirmation of this requirement from your supervisor prior to bookings being accepted.
7. If a participant cannot attend a slot and you cannot fill the slot with an alternative participant, then use SONA to cancel the slot. Unused slots will be noted.

# Out of hours working

1. Lone working in the laboratories is **not permitted** out of hours for undergraduate students (normal working hours being 9.00 – 17.00 h).
2. Lone working is discouraged for postgraduate students and staff members however if required access can be agreed so long as staff in the Security Lodge are aware of timings etc, and the appropriate Out of Hours Forms are completed
3. Anyone working out of hours must identify associated hazards and assess specific risks via COSHH procedures and Risk Assessments as appropriate.
4. Anyone wishing to undertake practical work involving hazardous techniques / materials must ensure that they are within calling distance / sight of another person.
5. No experimental work shall be completed in Labs when the university is officially closed (e.g. Christmas).

# Use of equipment / subsequent cleaning of equipment

1. When appropriate, the equipment required for each research session will be made available in the associated lab, therefore removing any unnecessary movement around the labs.
2. Any other equipment (eyetracker, EEG, computer keyboards) will be sprayed and wiped down using proprietary cleaner by the researcher.
3. Lab users will wipe down lab benches and the equipment on these bench surfaces

# Risk assessments

The management of Health and Safety at Work Regulations 1999 and Health and Safety at Work Act 1974 require that arrangements are put into place which control the risks to health and the safety of staff and visitors while undertaking activities in the Laboratories.

# Definition of Hazard and Risk

A hazard is defined as a substance or an activity which as the potential to cause harm or injury.

Risk is defined as the likelihood that harm will occur, if a hazard exits then this hazard will be associated with a level of risk.

While it is not possible to remove all of the risk associated with a substance / activity there is a requirement to control the risk so far as is reasonably practicable. This requires that a proportionate balance is achieved between the measures required (time, inconvenience, cost) and the level of risk. This balance is assessed by the completion of risk assessments.

1. Risk assessments should only include what is foreseeable, the anticipation of unforeseeable risks is not expected.
2. A risk assessment must be suitable and sufficient; it should show that:
3. A proper check was made;
4. You asked who might be affected;
5. You dealt with all the obvious significant hazards, taking into account the number of people who could be involved;
6. The precautions are reasonable, and the remaining risk is low;
7. The risk assessment was completed by at least 2 x people, one of whom must include the Supervisor.
8. One copy is to be emailed to the Lab Manager for sign off ([penning@hope.ac.uk](mailto:penning@hope.ac.uk))
9. One copy to be placed in a plastic wallet in the risk assessment folder by the door in each lab, and must remain there for the duration of the research project.

Risk assessments are available electronically from the Psychology Departmental Moodle <https://live.moodle.hope.ac.uk/mod/folder/view.php?id=86617>

# Emergency procedures: Injuries, Accidents, Incidents

## Immediate action

1. Assess the situation.
2. Protect from danger if safe to do so.
3. Get help: shout ‘HELP’ or call Security Lodge: 0151 291 3800 (external) 3800 (internal) phone.
4. Determine extent of injuries.
5. If a major accident / serious injury then contact Security Lodge and 1st Aider.
6. If a minor accident then ensure that a 1st Aider is contacted. 1st Aider details are listed in the Standard Operating Procedures on the wall by the door of each laboratory
7. The department has a number of academic staff and support staff who are 1st Aid trained.

## Defibrillator (Located on the ground floor outside HS020)

1. If the casualty is not breathing and unresponsive get help: shout ‘HELP’
2. Contact Security Lodge (3800) tell them that you have an unconscious casualty NOT breathing and you require an ambulance and an **AED / Defibrillator** (if comfortable with using AED see #2).
3. Break glass, remove key, open AED door, remove AED, return to casualty. Follow AED instructions.

**As soon as possible**

1. Details of the accident must be recorded on an electronic version of the university’s Accident Report Form available at [https://www.hope.ac.uk/media/liverpoolhope/contentassets/documents/personnelforms/healt handsafetypolicy/media,14614,en.pdf](https://www.hope.ac.uk/media/liverpoolhope/contentassets/documents/personnelforms/healthandsafetypolicy/media%2C14614%2Cen.pdf)
2. Ensure a copy is sent to Glen Pennington ([penning@hope.ac.uk](mailto:penning@hope.ac.uk)) and Rachel McManniman ([mcmannr@hope.ac.uk](mailto:mcmannr@hope.ac.uk) ) within 24 hours of the incident

# Near Miss

A near miss is an incident which, but for luck, had the potential to cause harm. If a near miss occurs, then the information provided via an accident report form may be used to improve current working practises.

# Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

All serious diseases and injuries resulting from accidents at work which cause incapacity for more than seven days, or a specified injury or death MUST be reported to the HSE Inspectorate under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995). Rachel McManniman ([mcmannr@hope.ac.uk](mailto:mcmannr@hope.ac.uk) ) will oversee this process

**This document has been prepared with the help of Dr Marc Wells**