British Divers Marine Life Rescue Risk Assessment

ELITE REPORT

Risk Assessment Title: Seal response Risk Assessment Number: BDMLR/Sea

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How this Risk Assessment works:

Risk is a combination of the potential accident *SEVERITY* which may be in terms of injury, reputation or economic damage (i.e. resulting in death, serious or minor injury etc) and the *LIKELIHOOD* of that accident occuring (i.e. very unlikely up to almost certain). The risks are calculated using the 5 gate risk matrix below where hazards are identified and an initial risk is calculated. Control Measures are then put in place to eliminate, reduce or mitigate the initial risk and this is then recalculated as the residual risk. This residual risk should be considered as **ALARP** (As Low As Reasonably Practical).

This Risk Assessment should be considered as a generic assessment and has tried to take into account as many hazards as can be considered forseeable within our threshold of operations. Safety is the responsibility of each individual attending an incident and a site specific Risk Assessment should be carried out for each task required to be undertaken.

Numerical	Likelihood	Severity
Value		
1	Very Unlikely	Negligible - minor injury
		with no time off work
2	Unlikely	Minor - injury and/or up to
		3 days off work
3	Likely	Moderate - injury resulting
		in over 3 days off work
4	Very Likely	Major - major injury
		resulting in incapacitence or
		long term absence
5	Certain	Catastrophic - death

1						
Likelihood	d					
1 5		5	10	15	20	26
4		4	8	12	16	20
3		3	6	9	12	15
2		2	4	6	8	10
1		1	2	3	4	5
		1	2	3	4	5
						⇒Severity

Task	Hazard	Who is at Risk and How	L	S	IR	Mitigation	L	S	RR
Travel to/from Incident	Vehicle accident due to: Other vehicles Weather conditions Road conditions Over speeding Pedestrians	Attending Medics and other road users. Injury or death through road traffic accident	2 3 3 4 2	5 5 4 5	10 15 12 20 10	Drive Defensively Drive within limits of weather and road conditions Do not exceed speed limit Be aware of pedestrians and other road users.	2 2 3 1	3 2 3 4 5	6 4 6 4 5
	Breakdown	Attending Medics. Injury through accident cause by breakdown, Exposure caused by stranding in poor weather conditions.	3	1	3	Ensure vehicle is properly maintained. Contact Coordinators or road rescue bodies to assist with safe recovery.	1	1	1
	Getting lost	Attending Medics. Injury or exposure due to vehicle getting stuck or in unsuitable locations	4	2	8	Plan route or use satnav.	2	2	4
Task	Hazard	Who is at Risk and How	L	S	IR	Mitigation	L	S	RR
Access/egress to location	Falling from height due to: Access via steep paths Access via vertical descent Access via steep slope Access over large rocks	Attending Medics, other agencies, local volunteers, vet, public. Risk of injury and death, especially head and spinal injury or fractures	3 4 4 4	4 5 4 3	12 20 16 12	If specialist access required (i.e. abseil) only trained personnel should attempt in accordance with training. Ensure helmets and other PPE are used. Utilise Coastguard or cliff rescue assistance. Maintain 3 points of contact on unassisted climbs and slopes.	2 1 2 2	3 5 3 3	6 5 6 6
	Slips/trips due to: Wet grass Wet rocks Soft mud Loose sand Loose shingle Ice	Attending Medics, local volunteers, other agencies, vet, public. Injury, including fractures, contusions and head injuries through falls and collision with other objects.	4 4 3 3 4 4	4 5 3 4 4	16 20 9 9 16 16	Ensure suitable, supporting footwear is worn; check area for most suitable route and remove/avoid trip hazards; ensure helmets are worn if rocks are a danger; ensure suitable visibility.	2 2 2 2 2 2	2 3 2 3 3	4 4 4 6 6
	Stuck in substrate: > Soft sand	Attending Medics, other agencies, local volunteers, vet, public.	3	4	12	Use specialist support from Fire and Rescue or Coastguard in affected	1	3	3

➤ Soft r	nud Soft tissue injury in exposure and risk of quicksand or stuck ir	drowning if	5 20	areas; consider specialised vehicles and buddy system to ensure no one is unaccounted for; temporary walkway/boards for traversing dangerous substrates. Consider placing a suitable cordon to limit access to dangerous areas for public.	1	4	4
Manual handling	Attending Medics, oth vet, local volui Soft tissue injury, back falls from overl	nteers. injuries and	3 9	Use correct manual handling techniques. Ensure sufficient team members for lifting; plan route back from lift position to transport.	2	2	4

Task	Hazard	Who is at Risk and How	L	S	IR	Mitigation	L	S	RR
Assessment/ first aid of the seal pup	➤ Physical animal bite,	Attending Medics, other agencies, vet, local volunteers. Lacerations, and crush injury from bite.	3	2	6	Use PPE and capture methods as taught in training materials; seek help from experienced team members; assess if seal is of a size safe to be handled by one or more volunteers; encourage animal to move to a safer area to handle safely.	2	2	4
	> Seal finger	Attending Medics, local volunteers, other agencies, vet, public. Bacterial infection which is non-responsive to standard antibiotic treatments.	3	4	12	Clean wound with clean water and antibacterial wash; use clean dressing to apply pressure and elevate wound to stop bleeding; ensure patient attends minor injury unit/A&E at earliest opportunity for further wound care and prescription of medication as directed by BDMLR seal bite letter (available on website and in MMM Handbook).	2	3	6

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Avian Flu and other zoonotic	Attending Medics, other agencies,	_	l _		When circumstances apply: FPP3			
infections	vet, local volunteers, public.	2	5	10	face mask to be worn at all times	1	5	5
	Zoonotic infections from inhalation				around live animals, eye protection			
	of breath or through contact with				for personnel working near the			
	bodily fluids.				nostrils.			
					Disposable gloves and barrier suit			
					(waterproof trousers/waders may			
					be sufficient) to be worn at all times			
					and all non disposable gear to be			
					disinfected after incident.			
					Eating and drinking prohibited			
					around the animals and a safe			
					welfare area to be demarcated at a			
					suitable distance with cleaning			
					facilities (i.e. hand sanitizer).			
					All personnel to be briefed on the			
					risks of zoonotic infection and when			
					to seek further medical attention as			
					well as BDMLR infection letter.			
					Masks and barrier equipment to			
					remain in place while in cars if			
					relaying animals and cars to be well			
					ventilated unless heath reasons			
					contraindicate (i.e. seal suffering			
					hypothermia).			

Task	Hazard	Who is at Risk and How	L	S	IR	Mitigation	L	S	RR
Adult seal rescue	Bite, laceration/crush	Attending Medics, other agencies,				Use full PPE and capture methods as			
	injury. Potential for life	vet, local volunteers.	3	54	15	taught in training materials;	2	5	10
	changing injury	Lacerations, and crush injury from	3		12	seek help and advice from	1	4	4
	Zoonosis including seal	bite				experienced team members/Hotline			
	finger					Coordinators;			
						only handle if suitable number of			
						team members and appropriate			
						specialist equipment available;			
						encourage animal to move to a			

		safer area to handle safely;	
		Fully plan and brief on operation	
		before beginning, including	
		contingency actions;	
		only lift and carry weight	
		appropriate for ability of team or	
		use mechanical aids	

Task	Hazard	Who is at Risk and How	L	S	IR	Mitigation	L	S	RR
Ballistics/euthana sia	Gunshot injury, direct or ricochet.	Attending Medics, local volunteers, other agencies, vet, public. Penetrating injury.	3	5	15	Licensed marksmen only with correct procedure and firearm rating for the task. Use emergency services to create wide cordon to prevent collateral injuries.	1	5	5
	Accidental chemical administration to personnel	Attending Medics, other agencies, vet, local volunteers, public. Chemical poisoning.	2	5	10	Only trained veterinary personnel to administer invasive procedures, barriers and cordons to prevent access to the untrained. External vet consultant advice and MMM Handbook to provide additional support	1	5	5
	Needlestick or other clinical sharps	Attending Medics, local volunteers, other agencies, vet, public. Stab injury which impact the medics ability to use hands and act as possible infection site for zoonotic infections	3	4	12	Trained veterinary personnel to administer invasive procedures including drawing bloods. Preparation of injections and equipment to take place in safe area away from potential animal activity and barrier/cordon to prevent access to the untrained.	1	4	4