

British Divers Marine Life Rescue

Risk Assessment



Risk Assessment Title: Seal response

Risk Assessment Number: BDMLR/Sea

Date: 12/05/25

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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 occurring (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 foreseeable 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 Value	Likelihood	Severity
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 incapacitation or long term absence
5	Certain	Catastrophic - death

Likelihood	1	2	3	4	5
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: <ul style="list-style-type: none"> ➤ Other vehicles ➤ Weather conditions ➤ Road conditions ➤ Over speeding ➤ Pedestrians 	Attending Medics and other road users. Injury or death through road traffic accident	2	5	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	3	6
			3	5	15		2	2	4
			3	4	12				6
			4	5	20		3	3	4
			2	5	10		1	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: <ul style="list-style-type: none"> ➤ 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	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	3	6
			4	5	20		1	5	5
			4	4	16		2	3	6
			4	3	12		2	3	6
	Slips/trips due to: <ul style="list-style-type: none"> ➤ 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	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	4
			4	5	20		2	3	6
			3	3	9		2	2	4
			3	3	9		2	2	4
			4	4	16		2	3	6
			4	4	16		2	3	6
	Stuck in substrate: <ul style="list-style-type: none"> ➤ 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 mud	Soft tissue injury in pulling free, exposure and risk of drowning if quicksand or stuck in a tidal area.	4	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 injuries	Attending Medics, other agencies, vet, local volunteers. Soft tissue injury, back injuries and falls from overloading.	3	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

	<ul style="list-style-type: none"> ➤ Avian Flu and other zoonotic infections 	<p>Attending Medics, other agencies, vet, local volunteers, public. Zoonotic infections from inhalation of breath or through contact with bodily fluids.</p>	2	5	10	<p>When circumstances apply: FFP3 face mask to be worn at all times around live animals, eye protection for personnel working near the nostrils.</p> <p>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.</p> <p>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).</p> <p>All personnel to be briefed on the risks of zoonotic infection and when to seek further medical attention as well as BDMLR infection letter.</p> <p>Masks and barrier equipment to remain in place while in cars if relaying animals and cars to be well ventilated unless health reasons contraindicate (i.e. seal suffering hypothermia).</p>	1	5	5
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Task	Hazard	Who is at Risk and How	L	S	IR	Mitigation	L	S	RR
Adult seal rescue	<ul style="list-style-type: none"> ➤ Bite, laceration/crush injury. Potential for life changing injury ➤ Zoonosis including seal finger 	<p>Attending Medics, other agencies, vet, local volunteers. Lacerations, and crush injury from bite</p>	3 3	54	15 12	<p>Use full PPE and capture methods as taught in training materials; seek help and advice from experienced team members/Hotline Coordinators;</p> <p>only handle if suitable number of team members and appropriate specialist equipment available; encourage animal to move to a</p>	2 1	5 4	10 4

						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			
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Task	Hazard	Who is at Risk and How	L	S	IR	Mitigation	L	S	RR
Ballistics/euthanasia	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