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**Record of Clinical Rationale for the use of Non-Safety Sharp Devices**

Once completed in full please scan and email to: healthandsafety.service@nhslothian.scot.nhs.uk

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| **Applicant Details** |
| Name: |   |
| Site: |   | Designation: |   |
| Record completed for (select all that apply) | *Details of team/department/procedure/site* |
| Procedure   |   |
| Department   |
| Team   |
| Site  |

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| **Rationale/Evidence** |
| *Explain why you require a non safety device – including if you have evaluated the safety version.*  |

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| **Equipment** |
| *Make and model of non-safety device required including listing the safety alternative you want to replace.*  |

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| **Cost centre & Internal Delivery Area (IDA)** |
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| **Declaration** |
| *I make this application aware of ‘The Health and Safety (Sharps Injuries in Healthcare) Regulations 2013’.* | Please Select. |
| *I make this application aware of NHS Lothian Policy for the Prevention of Injury by Sharp Instruments and Use of Safety Devices* | Please Select. |
| *I have attached a* [*General Risk Assessment*](http://intranet.lothian.scot.nhs.uk/Directory/HealthAndSafety/Documents/Form%20Templates/General%20Risk%20Assessment%20Form.doc) *for the use of clinical sharps for this task, and I have consulted with staff regarding this assessment. This risk assessment is stored and accessible locally for all staff.*  | Please Select. |
| Signature: |   | Date: | Select date. |
|  |  |  |  |
| Clinical Director or Clinical Nurse Manager  | Name: |   |
| Date: |   | Signature: |   |
| Partnership Rep – (Health & Safety Trained) | Name: |   |
| Date: |   | Signature: |   |

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| **To be completed by Health & Safety**  |
| Date approved by Clinical Rationale Group:  |  | Review date: |  |
| Date filed: |  | Logged by: |  |