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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](mailto: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)** | | | | | |
|  | | |  | | |
| **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: |  |