## NHS logoRecord of General Risk Assessment

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| **Name of Assessor(s):** |  | **Date of Original Assessment:** |  |
| **Manager Responsible:** |  | | |
| **Department:** |  | | |
| Subject of Assessment: Consider Task or Environment. | | | |
| Use of safety lancet for **insert name of task/procedure e.g. blood glucose check, INR**  **Note: If there is a clinical rationale for not using the safety scalpel then you must complete the Clinical Rationale for the Use of Non Safety Devices Form** | | | |
| Step 1: What are the Hazards? | | | |
| Blood or body fluid contaminated needles  Sharps injury with puncture wounds and or cuts with potential transmission of blood borne viruses. | | | |
| **Step 2: Who might be harmed and how?** | | | |
| Health care staff and patients– during direct patient contact whilst undertaking procedure/task  Healthcare Staff, Soft and Hard FM staff and contractors –as a result of incorrect disposal  Patients, relatives –as a result of incorrect disposal | | | |
| **Step 3: What are you already doing? (Existing Precautions)** | | | |
| 1. All staff must understand the requirements of the Clinical Sharps Policy 2. Occupational Health – Immunisation programme 3. All staff to complete HAI Learn Pro Module 4. Staff must ensure that all sharps containers are assembled and used correctly – i.e complete the label and do not over fill 5. Sharps boxes are to be taken to the point of use 6. Temporary closure to in place when sharps bin not being used 7. Posters with the procedure for the management of needle stick injuries are displayed 8. Compliance with Clinical Waste Policy – segregation and waste disposal. Clear lid of safety needle and packaging goes in the normal domestic waste unless contaminated then it goes into the clinical waste. Clinical sharps bins are to be disposed 3 months from date on box or on reaching the fill line, whichever is first. 9. Observation of staff practice on a ongoing basis 10. Staff provided with ‘needlestick’ cards, to prompt them in the OH process if needlestick injury occurs 11. Adequate lighting levels 12. First aid arrangements in the ward 13. BBV policies and procedures 14. Adverse event Policy – record and review adverse events on DATIX 15. See V&A/Purple Pack risk assessment and use of restraint 16. Gloves and aprons provided and to be worn (note use of an apron not always appropriate during use of restraint) 17. Monitoring – QuiDs audits, Quarterly review process 18. Cleanup blood spillages as per Infection Control manual 19. See COSHH Assessments for contaminated sharps 20. See COSHH Assessment for HAZ Tabs to be used for cleaning up blood spillages 21. Display Lothian Blood Spills Poster 22. Training/Competency for staff– insert specific details | | | |

**Level of Risk**

Red

Orange

Yellow

Green

**Current risk level**

**See accompanying guidance:** [**Health and Safety**](http://intranet.lothian.scot.nhs.uk/NHSLothian/Corporate/A-Z/OccupationalHealthAndSafety/HealthAndSafety/Pages/default.aspx) **(RIGHT CLICK TO OPEN LINK)**

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| **Step 4: Action Plan** | | | | |
| **What further action is necessary?** | | **Action By Whom** | **Action by when**  **(dd/mm/yy)** | **Action completed.**  **(dd/mm/yy)** |
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| **Step 5: Review Table** | | | | |
| **Date**  **(dd/mm/yy)** | **Reviewer** | **Reasons for review** | | **Approved/Not Approved by**  **(dd/mm/yy)** |
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