## 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. | | | |
| Insert name of task/procedure e.g. use of stitch cutters, patients insulin pens, insulin syringes scissors, ligature cutters, searching patients  Indicate if a safety device is being used/available  **Note: If there is a clinical rationale for not using a safety device when one is available 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  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)** | | | |
| **Delete any of the control measures below which do not apply and, amend as required.**   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. needles must not be re-sheathed unless risk assessment has identified risks of not   re-sheathed are greater than recapping.   1. Staff must ensure that all sharps containers are assembled and used correctly – i.e. complete the label and do not over fill 2. Sharps boxes are to be taken to the point of use 3. Temporary closure to in place when sharps bin not being used 4. Posters with the procedure for the management of needle stick injuries are displayed 5. 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. 6. Observation of staff practice on a ongoing basis 7. Staff provided with ‘needlestick’ cards, to prompt them in the OH process if needlestick injury occurs 8. Adequate lighting levels 9. First aid arrangements in the ward 10. BBV policies and procedures 11. Adverse event Policy – record and review adverse events on DATIX 12. See V&A/Purple Pack risk assessment and use of restraint 13. Gloves and aprons provided and to be worn (note use of an apron not always appropriate during use of restraint) 14. Monitoring – QuiDs audits, Quarterly review process 15. Cleanup blood spillages as per Infection Control manual 16. See COSHH Assessments for contaminated sharps 17. See COSHH Assessment for HAZ Tabs to be used for cleaning up blood spillages 18. Display Lothian Blood Spills Poster 19. Competency assessments/training– **insert specific details** 20. Use of blunt fill tube for drawing up from ampoules/vials   **25. Add in other control measures required** | | | |

Red

Orange

Yellow

Green

**Level of Risk**

**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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