## 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. |
| Sub Cut Fluids Safer device available and in use **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 needlesSharps injury with puncture wounds and or cuts with potential transmission of blood borne viruses.Patient compliance  |
| **Step 2: Who might be harmed and how?**  |
| Health care staff and patients – during direct patient contact whilst undertaking procedureHealthcare Staff, Soft and Hard FM staff and contractors –as a result of incorrect disposalPatients, relatives –as a result of incorrect disposal |
| **Step 3: What are you already doing? (Existing Precautions)** |
| Amend to suit local needs1. 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. Competency assessments/training– Registered nurse professional training
23. Patient risk assessment and care plan
24. Add in any other control measures
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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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