## 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. | | | |
| Venepuncture using safety needle to draw blood  **Note: If there is a clinical rationale for not using the safer need 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 venepuncture 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)** | | | |
| 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 5. Staff are to use a hard surface to re-engage the guard after use 6. Staff must ensure that all sharps containers are assembled and used correctly – i.e complete the label and do not over fill 7. Sharps boxes are to be taken to the point of use 8. Temporary closure to in place when sharps bin not being used 9. Posters with the procedure for the management of needle stick injuries are displayed 10. 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. 11. Observation of staff practice on a ongoing basis 12. Staff provided with ‘needlestick’ cards, to prompt them in the OH process if needlestick injury occurs 13. Adequate lighting levels 14. First aid arrangements in the ward 15. BBV policies and procedures 16. Adverse event Policy – record and review adverse events on DATIX 17. See V&A/Purple Pack risk assessment and use of restraint 18. Gloves and aprons provided and to be worn (note use of an apron not always appropriate during use of restraint) 19. Monitoring – QuiDs audits, Quarterly review process 20. Cleanup blood spillages as per Infection Control manual 21. See COSHH Assessments for contaminated sharps 22. See COSHH Assessment for HAZ Tabs to be used for cleaning up blood spillages 23. Display Lothian Blood Spills Poster 24. Venepuncture training and two yearly formal re-assessment of competency | | | |

**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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