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| ***Activity being Assessed:*** | ***Hazards Identified:✓*** |
| The safe handling, use, disposal and transportation of sharps equipment including needles, blood collection devices, syringes, scalpel blades, dental sharps & sharps containers. | ***Violence and Aggression*** |  | ***Blood and Body Fluids*** | ✓ | ***Radiation*** |  |
| ***Lone Working*** |  | ***Machinery / Equipment*** | ✓ | ***Fire*** |  |
| ***Sharps / Needlestick*** | ✓ | ***Hazardous Substances*** |  | ***Ergonomic*** |  |
| ***Slips, trips, falls*** |  | ***Electricity*** |  | ***Work Methodology*** | ✓ |
| ***Moving & Handling*** |  | ***Weather*** |  | ***Work Environment*** | ✓ |
| ***Department / Service:*** | *Template RA* | ***Additional hazards / information:*** | Potential exposure to a blood borne virus if patient is identified as being high risk (Hep B, Hep C or HIV +). |
| ***Location:*** |  |
| ***Person(s) exposed:*** | All Staff within Ward Area |
| ***Control measures currently in place:*** | ***Specific risk assessments or guidance to be referred to:***  |
| * All staff must receive the appropriate information, instruction, training and supervision in the safe handling, use and disposal of sharps. Local safe working practices must form part of the staff induction into the service / department and refresher training should be arranged within determined timescales.
* Staff must ensure the environment is suitable for the task being undertaken. Adequate facilities, space and lighting are required. If staff have any concerns regarding the environment they must make their line manager / supervisor aware
* Sharps safety devices must be used where practicable. All staff must be aware of how to use such equipment and activate the safety device when using the equipment if applicable.
* NHS GGC adopt a no re sheathing of needles approach - Only under exceptional circumstances and following a robust risk assessment process should a needle be re-sheathed.
* Staff must assess and select the appropriate size of sharps container for the task being undertaken. ( eg 30L 24L 3L, 2L, 0.6L without petals etc).
* Staff must ensure that all sharps containers are assembled correctly and that the embossed label is completed as instructed.
* Staff must have the sharps container as close as possible when carrying out tasks so that the sharp / needle can be disposed of at the point of use.
* All sharps containers must be closed using the temporary closure feature when not in use. When in use containers must be kept out of reach of patients, children or any other unauthorised persons.
* All sharps containers **must** **not** **be** **filled** **beyond** **the** **fill** **line** indicated on the sharps container.
* All sharps containers must be permanently closed when the fill line has been reached by pushing the lid down firmly, 2 clicks should be audible. The individual applying final closure on the sharps container must complete the embossed label.
* All sharps containers must be disposed of in accordance with the local procedures and current guidelines for the safe disposal of clinical waste.
* Sharps safety information posters are available and must be displayed in all clinical areas including information on the assembly, safe use and disposal of sharps containers and the management of needlestick injuries.
* Student Nurses and other such trainee staff must be supervised by a trained nurse at all times when carrying out tasks using sharps/needles and should only carry out such procedures if they are trained and competent to do so.
* All staff who travel in the community and carry sharps in the course of their work must ensure that they – dispose of sharps immediately after use in a sharps container suitable for transport, close the lid immediately after use using the temporary closure or permanent if full and secure the container in the vehicle to avoid movement.
* All staff must contact Occupational Health or attend A&E (out of hours) following a sharps / needlestick injury from a used /contaminated sharp. Also staff are required to complete a Datix record following any sharps incident, including “near miss” incidents or any issues with the environment so further action can be taken.

GGC do not condone or support illicit drug taking however we are mindful that there may be occasions where such acts are undertaken on our premises resulting in intravenous drug user(s) (patient or visitor) discarding contaminated sharps into healthcare or domestic waste bags this is possible within a clinical or public space setting, in order that we reduce the risk of injury so far as is reasonably practicable all GGC staff will handle, move or transport all waste bags with extreme cautionWhere there are areas where this perceived risk is higher than other a local risk assessment MUST be undertaken and shared with all respective or affected services.  | Any local or task specific Risk Assessments, Guidelines or ProtocolsExposure to Bloods and Body Fluids Risk Assessment. Healthcare Waste Risk Assessment.  |

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| ***Evaluation of Risk:*** | ***Additional Control Measures Required:*** |
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| Likelihood |  | Severity |  |
|  | Negligible | Minor  | **Moderate**  | **Major**  | **Extreme**  |
| **Almost Certain** | **Medium** | **High** | **High** | **V High** | **V High** |
| **Likely** | **Medium** | **Medium** | **High** | **High** | **V High** |
| **Possible** | **Low** | **Medium** | **Medium** | **High** | **High** |
| **Unlikely** | **Low** | **Medium** | **Medium** | **Medium** | **High** |
| **Rare** | **Low** | **Low** | **Low** | **Medium** | **Medium** |

***Negligible*** *– minor injury first aid not required****Minor*** *– minor injury or illness first aid required****Moderate*** *– agency reportable, significant injury/illness medical treatment or counselling required****Major*** *– major injury or long term incapacity/disability****Extreme*** *– death or permanent incapacity* | Training courses below will be considered as part of TNA for Ward area.* NES: Prevention-Management of Occupational Exposure (Learnpro)
* Frontier Medical for the safe assembly, use and transportation of sharps containers.
* Greiner Bio-One for the safe use of the safety butterfly blood collection device.
* Any others specific to dept. / service (specify).
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| ***Risk Level: ✓*** | ***Responsible Manager for arranging additional controls:*** |
| ***Low Risk ✓*** | ***Medium Risk*** | ***High Risk*** | ***Very High Risk*** | *SCNs* | *Signature:*  |
| ***Risk Level Acceptable: ✓*** | ***Date additional controls to be in place:*** |
| ***Yes ✓******( If medium risk indicate any additional controls desirable)*** | ***No******(Indicate additional controls required)*** |  |
| ***Final Risk Level: ✓*** | ***Low ✓*** | ***Medium*** | ***High*** | ***Very High*** |

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| ***Requirement to Add to Risk Register? ✓*** | ***Y*** | ***N ✓*** | ***Requirement to share Risk Assessment? ✓*** | ***Y ✓*** | ***N*** | ***Services / Depts. shared with:*** | All Staff (including Medical) |

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| ***Assessed by / Job Title:*** | ***Date:*** | ***Review Date:*** |
| Exemplar Assessment, Health & Safety Department | 10/01/2019 |  |