

## Risk Assessment Form

**ID:**

Use this form for any detailed risk assessment unless a specific form is provided. Refer to your Summary of Hazards/Risks and complete forms as required, including those that are adequately controlled but could be serious in the absence of active management. The Action Plan and reply section is to help you pursue those requiring action.

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| **Name of Assessor:** | Template RA | **Post Held:** |  |
| **Department:** | Health & Safety Service | **Date:** | 11/04/2019 |
| Subject of Assessment: E.g.: hazard, task, equipment, location, people | | | |
| Use and disposal of sharps, including, blood collection devices, injection syringes, scalpel blades, acupuncture needles, and scissors | | | |
| Hazards (Describe the harmful agent(s) and the adverse consequences they could cause) | | | |
| Staff not follow the policies for the safe handling and disposal of contaminated sharpsNeedle stick injury from used needles and re-sheathing sharpsCut from used scalpel blade/scissors.Patient pulling away when staff member is using sharps to carry out procedure.Incorrect disposal technique.  * Exposure to biological agent (BVV) from unknown or known high risk patient i.e. HIV+, Hep C or B+. * Inappropriate storage of sharps and sharps box could lead to needle stick injury, near miss incidents, and unauthorised access. * Sharps containers being filled above the fill line indicator. | | | |
| Description of Risk -Describe the work that causes exposure to the hazard, and the relevant circumstances. Who is at risk? Highlight significant factors: what makes the risk more or less serious – e.g.: the time taken, how often the work is done, who does it, the work environment, anything else relevant. | | | |
| Staff not following the safe handling and disposal of contaminated sharps putting Clinical/Non Clinical staff, members of the public and patients may be exposed to sharps as a result of incorrect use and disposal of same.Intravenous drug user (patient or visitor) discarding contaminated sharps into healthcare or domestic waste bag within clinical or public space setting  * The user/department not assessing the correct selection of the sharps container that is appropriate for the task being undertaken within their department. * Sharps container incorrectly assembled, this may lead to a potential spillage of sharps from the container and possible injury. * Sharps containers being filled beyond the fill line indicated and temporary closure not engaged or final closure not applied correctly, this may increase the risk of injury from spillage or user receiving a sharps injury from protruding sharps * If the Near Patient Sharps Disposal (NPSD) system is not used then staff are at risk of injury due to the double handling of sharps prior to disposal. * Exterior of sharps container and NPSD contaminated with blood/body fluids may result in exposure to biological hazards. * The risk of user failing to activate safety device will increase the risk of a sharps injury. * The user not wearing Personal Protective Equipment (PPE) e.g. disposable gloves in accordance with Control of Infection policy. * Staff not trained or are unfamiliar with the correct handling, use and disposal techniques of sharps * Sharps box not being labelled correctly, which is required. If not completed fully and correctly there is great difficulty in tracing the source of the waste, should there be an issue with e.g. the box or the contents. * Failure to report any incidents or near miss situations on Datix involving the use, handling, disposal and transportation of sharps may increase the likelihood of injury, further incidents and continuation of poor practice. * National Distribution Centre (NDC) sending the wrong size, non Frontier Medical Group sharps container which may result in risk of injury as staff being unfamiliar with safe use of container. | | | |

**Existing Precautions**

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| **Summarise current controls In place** |
| * All staff to receive training, information and instruction on the handling/disposal of used sharps.  Staff must adhere to the safe handling and disposal of sharps with relevant sharps posters displayed.Staff will handle, move or transport all waste bags with extreme cautionThe Health and Safety Management Manual Holder must ensure that the content of this risk assessment is considered in addition to the requirement of completing task specific risk assessments pertaining to your clinical service delivery.  * Staff reminded to use the appropriate size of sharps container as part of a safe system of work for the task being carried out * All sharps containers over 0.6 litre in size will require to be assembled before use. Guidance regarding safe assembly may be found in the “It just takes 4 clicks” poster. * For all sizes of sharps containers the user **must** complete all relevant sections of the embossed label attached to the sharps container. * The individual undertaking the clinical task must ensure that the appropriate size of container is available prior to the start of any clinical session. * The use of safety devices is preferable and must be used and safety feature activated and under no circumstances must the needle be re-sheathed. * Where 2 or 3 litre size sharps containers are in use the Near Patient Sharps Disposal (NPSD) system must be used. * All sharps containers must be closed when not in use using the temporary closure facility in between patients use and at the end of each session. All sharps containers whilst in use must be kept out of reach of patients, children or any other unauthorised persons. Sharps containers must be stored in safe location a locked cupboard at the end of the clinical session. * All sharps containers **must** **not** **be** **filled** **beyond** **the** **fill** **line** indicated on the sharps container. * Good practice states that sharps containers must not used for more than 1 month and should be disposed of after 1 month or when fill line is reached, whichever is reached first. * The individual applying final closure on sharps container and must complete the locked by, date locked, disposed by and disposed date sections of the embossed label on the sharps container. * All sharps containers must be disposed of in accordance with NHS GGC safe disposal of healthcare waste. * All staff are required to complete a Datix record following any sharps incident, including “Near Miss” incidents and ensure that line manager/supervisor is notified. * Staff member undertaking works involving sharps must ensure the NHSGG&C Control of Infection policy is adhered to. * The User is responsible for ensuring that NPSD is decontaminated prior to and after use. If sharps container is visibly contaminated with bloods/body fluids then local Control of Infection spillage procedure applies. * All staff must be familiar with the Management of Needlestick Injuries and Exposures to Blood and High Risk Body Fluids poster. This poster must be displayed within clinical areas and brought to the attention of all staff by the appointed Health and Safety Management Manual Holder. * If staff receives a sharps injury injured person should contact Occupational Health Services or attend A&E. * Police Scotland to be contacted in relation to any incident involving the use of illicit drugs or substances * 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 caution * Where there are areas where this perceived risk is higher a local risk assessment MUST be undertaken and shared with all staff and respective or affected services.  |  | | --- | |  | |

**Level of Risk -** Is the control of this risk adequate?

Give more than one risk level if the assessment covers a range of circumstances. You can use the ‘matrix’ to show how ‘likelihood’ and ‘consequences’ combine to give a conclusion. Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.

**Risk Matrix**

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| --- | --- | --- | --- | --- | --- |
| Likelihood |  | Impact/Consequences | | |  |
|  | 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** |

**Very High**  **High** **Medium** **Low**

**Current risk level**

Given the current precautions, and how effective and reliable they are, what is the current level of risk? **Green** is the target – you have thought it through critically and you have no serious worries. Devise ways of making the risk green wherever you can. **Yellow** is acceptable but with some reservations. You can achieve these levels by reducing the inherent risk and or by effective and reliable precautions.

**High (Orange) or Very High (Red) risks are unacceptable and must be acted on: use the Action Plan section to summarise and communicate the problems and actions required.**

**Action Plan** (if risk level is **High (Orange) or Very High (Red)**

Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies.

Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.

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| **Proposed actions to control the problem**  List the actions required. If action by others is required, you must send them a copy | **By Whom** | **Start date** | **Action due date** |
|  |  |  |  |

# Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)

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| --- | --- |
| **Report up management chain for action** |  |
| **Report to Estates for action** |  |
| **Contact advisers/specialists** |  |
| **Alert your staff to problem, new working practice, interim solutions, etc** |  |

##### Reply

##### If you receive this form as a manager from someone in your department, you must decide how the risk is to be managed. Update the action plan and reply with a copy to others who need to know. If appropriate, you should note additions to the Directorate / Service Risk Register.

If you receive this as an adviser or other specialist, reply to the sender and investigate further as required.

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| **Assessment completed - date:** |  | **Review date:** |  |