

### Risk Assessment Form

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.

<b>Name of Assessor:</b>		<b>Post Held:</b>	
<b>Department:</b>		<b>Date:</b>	May 2019

**Subject of Assessment:** E.g.: hazard, task, equipment, location, people

**Removal of Clinical and domestic waste bins from inpatient bedrooms / Ensuite**

**Hazards** (Describe the harmful agent(s) and the adverse consequences they could cause)

Risk of bins within patient bedroom and Ensuite used as a weapon, ligature point, set on fire, causing self harm to patients or injury to others.

**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.

**Inpatient staff utilise clinical waste /domestic waste bins as part of their routine in order to minimise the risk of Healthcare Acquired Infections.**

Due to the nature of the person’s Mental Health illness or cognitive impairment, placement of clinical waste /domestic waste bins within patient bedroom and Ensuite will cause the risk of self harm by patients, or injury to others

Removal of bins when required from bedrooms / Ensuite will reduce the risk of injury.

**Existing Precautions**

**Summarise current controls In place**

- Each patient will be risk assessed and bins removed **if** risk assessment indicates increased risk of violence, self harm, and cognitive impairment.
- Explanation of process will be within staff induction and orientation to environment.
- Staff will provide individual clinical waste bags when required and remove immediately after use.
- Staff will dispose of clinical waste wearing the appropriate PPE.
- Staff will regular check rooms/ Ensuite and remove any domestic waste or paper hand towels placing them in an appropriate domestic waste bin.
- Staff member will inform line manager of any issues
- Staff member must report via the Incident Reporting system any adverse incidents / near misses, issues or concerns verbally and complete a Datix Form

**Not following control measures of risk assessment may fail to prevent adverse outcomes**

**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**

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.

Proposed actions to control the problem	By Whom	Start date	Action due date
List the actions required. If action by others is required, you must send them a copy			
None required			

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

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.

Assessment completed - date:

May 2019

Review date:

May 2020