

Medical Sharps Risk Assessment Template	Risk Assessment Number	
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Brief Description of Job / Task / Activity / Person being assessed:	Risk assessment for the use of non-needle free / non-sharps safe devices
Site:	
Location: e.g. ward / theatre / department	MSK CATS / Physiotherapy Department
Date of Risk Assessment:	July 2024
Name of person(s) conducting the risk assessment	

Step 1: Identify the hazard(s) *Using bullet points write down here the potential hazards.*

In the interests of staff and patient safety, patient care and experience, together with the reliability of the device and the care-giver's ability to maintain appropriate control over the procedure, the following devices have been assessed as required for safe delivery of a clinical procedure. The devices listed are needlefree / sharp-safe devices:

Non-Safe Medical Sharp / Needlestick Details: <i>In the interests of patient safety, patient care and experience, together with the reliability of the device and the care-giver's ability to maintain appropriate control over the procedure, the following areas and activities have been assessed as requiring the use of non-needlefree / sharp-safe devices</i>	Sharp: e.g. Make and Model	Gauge: e.g. 14G x 90mm	Brief description of the clinical procedure this equipment is used for: e.g. used to draw out fluid and cells for analysis
	Meglio Acupuncture Needles	0.20mm x 13mm 0.20mm x 25 mm 0.30mm x 40mm 0.30mm x 70 mm	Acupuncture is a therapeutic treatment offered for pain relief, relief of muscle spasm in our MSK setting
	Eclipse Orange Needle	0.5mm x 25mm (25G X 1)	Injection therapists would use orange needles to administer corticosteroid to small joints in the hand and foot
	Eclipse Green Needle with smart slip technology	0.8mm x 40mm (21G X 1.5 TW)	Injection therapists would use green needles to administer corticosteroid to large joints such as shoulder, knees.
	Eclipse Blue Needle with smart slip technology	0.6mm x 30mm (23G X 1.25)	Injection therapists would use blue needles to administer corticosteroid to small joints
	Sol-Millennium Medical Purple blunt fill needle with 5 micron filter	1.2mm x 38mm (18G X 1.5)	Injection therapists use this to draw up lidocaine
	Prosum Medical Limited Red blunt needle	1.2mm x 38mm (18G X 1.5)	Injection therapists use this to draw up corticosteroid

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Step 1: Identify the hazard(s) *Using bullet points write down here the potential hazards.*

In the interests of staff and patient safety, patient care and experience, together with the reliability of the device and the care-giver's ability to maintain appropriate control over the procedure, the following devices have been assessed as required for safe delivery of a clinical procedure. The devices listed are needlefree / sharp-safe devices:

Source of Risk:

Box may be over filled, and this would result in sharp equipment being exposed and may not be put in box correctly resulting in needle stick injury

Sharps box not put together correctly and equipment coming out of box

Box being stored too low and being in reach for children.

Box stored too high and not accessible for smaller members of staff which may result in box falling

Boxes not being stored in the correct place ready for transportation for incineration

Category of Risk:**Step 2: Decide who might be harmed and how?**

For each hazard you need to be clear about who might be harmed; it doesn't mean listing everyone by name, but rather identifying groups of people e.g. patients, nursing staff, porters, secretaries etc. and how they may be harmed.

Staff may be harmed from the risk of exposure to a blood-borne virus (BBV) in the event of a medical sharps related injury, including patients.

The risks from using non-needle safe devices are:

- Puncture wound sustained from a needlestick or sharp deemed as 'not needlefree / sharps-safe' (clean or dirty)
- Injuries include scratches, cuts and puncture wounds and contaminated sharps can carry the risk of cross infection of Blood Borne Viruses (BBV's) such as Hepatitis and HIV.

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Step 3: Evaluate the risk and decide on the existing precautions and decide if there is a need for further precautions.

Having spotted the hazards, you then have to decide what to do about them. Listing existing control measures here or note where the information can be found e.g. existing policies, procedures, work instructions etc.

List existing controls:

1. The named area has an adequate number of easily accessible sharps disposal containers, which are portable and comply with BS 7320:1990 (which is a European Safety Standard).
2. A 'Sharps Safe Use and Disposal' Standard Operating Procedure (TW10/042 SOP 19) is available on the Trust's Intranet Policy Library, which staff are expected to be familiar with and adhere to. This includes exposure prevention techniques as well as action to take following exposure.
3. Good lighting and adequate space to carry out procedures, all are deemed appropriate to facilitate this activity using a non-needle safe device.
4. All staff complete mandatory Sharps E-Learning training
5. Information, instruction and training which includes correct use and disposal of sharps, the use of medical devices incorporating sharps protection mechanisms, measures to be taken in the event of a sharps injury and how to use PPE, if required, is available to clinical and medical staff.
6. Staff are required to:
 - Take sharps containers to the patient's side and placed them within arm's reach. Needles must be disposed of directly and immediately after use into a sharps container.
 - Staff **must not** re-sheath needles.
 - Close sharps containers to the 'Safety Closed Aperture' when being transported around the ward.
 - Close sharps containers when they are three quarters full and store them appropriately whilst awaiting collection and disposal.
 - Wear gloves and other protective clothing, as required, when dealing with needlesticks.
 - Protect cuts and grazes with a waterproof dressing.
 - Report all medical sharps related incidents via the Trust's Incident Reporting System (Datixweb).
 - All staff attend Occupational Health Service following a medical sharps injury, or out of hours attend A&E for treatment following exposure e.g. prophylactics.
7. A local safe system of work which outlines how to safely handle and dispose of non-needlefree / sharps-safe devices is available and must be read in conjunction with this risk assessment.

Justification for Likelihood x Consequence scores (below):

Please provide some narrative here to assist you in calculating the risk score below:

Likelihood: Considering the control measures listed above, the likelihood of occurrence has been given a risk score of:

Consequence: the consequence of occurrence has been given a risk score of:

Risk rating taking into account existing controls:

Likelihood:	Possible (20%)	x	Consequence:	Significant (3)	=	Risk Rating:	6
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Risk Reduction Action Plan

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Step Four: Record and Communicate your Findings

Please list here what additional control measures are needed to reduce the risk to an acceptable level. You only need to complete this section when additional control measures are required.

(see page 9 of Risk Management Process (SOP) for further details)

Risk Assessment Number:		
Additional control measures required to reduce the risk to the lowest possible level:	Nominated person for action: <i>This should not be someone outside of your Department / Division without prior consultation with them. See 'record of transfer' below.</i>	Date action to be completed by:
Date inputted onto S.A.M.:		
Line Manager / Department Manager's signature: (original to be signed)		
Method of communication used: <i>The findings from risk assessments must be communicated to members of your team e.g. e-mail, team meetings etc.</i>		
Proposed date of review:		

Record of transfer: Risk assessments should be managed in line with the risk rating (above) and a person's level of responsibility (See Section 5). Where one or more control measure(s) (above) falls outside the responsibility of the nominated person for action, the control measure(s) should be transferred appropriately following consultation with that person.

Control measure transferred to: (Name and designation)	Date:	Reason for transfer:	Communication method used:

Proposed/anticipated residual risk rating when additional controls have been implemented:

Re-score your assessment based on the proposed additional control measures being implemented. This proposed / anticipated residual risk score will provide an indication of the potential / anticipated risk reduction that is likely.

Likelihood:		X	Consequence:		=	Risk Rating:	
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Step Five: Review your risk assessment and update if necessary

Actual date of review	Name of reviewer	Action taken since last review	Revised risk score
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