

National Health and Safety Function, Workplace Health and Wellbeing Unit, National HR Division

Risk Assessment Form								
Division: Social Care Midlands Louth Meath		Source of Risk: Risk Assessment on Sharps						
HG/CHO/NAS/Function: CHO 8		Primary Impact Category: Harm to Person/ Compliance/Service User Experience						
Hospital Site/Service: DDrogheda Service for Older People Dept/Service Site: The Village Residence		Name of Risk Owner (BLOCKS): SEAMUS MC CAUL						
						Date of Assessment: 21/09/2023		Signature of Risk Owner:
Unique ID No: RA21		Risk Co-Ordinator: Andrea Drooly  *Risk Assessor (s): Leena Varghese						
						**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED
Hazard:  Potential Exposure from contaminated sharps due to direct patient care  Risk:  Injury to Staff/ Service User,  Needle stick injury from contact with the sharp	Policy on the Prevention of Sharps Injury 2016.  Policy to be localised for effective implementation.  Staff receive training in line with core infection, prevention & control knowledge skills, A framework document 2015.  Sharps bins are stored with the temporary closure in place when not in use  Sharps bins stored in a secure area to prevent unauthorised access.		Staff Nurses ADON PIC	Sept 2024				

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	Immunisation programme for Hepatitis B Vaccination is offered free			
	of charge to all relevant employees			
	Guidelines for emergency			
	Management of Injuries are followed in the event of an injury.			
	Sharps bins suitable in size and shape			
	are available for the disposal of			
	sharps at the site of use.			
	Posters for safe use of sharps on			
	display			
Resheathing of needles is prohibited				
New empty sharps bins to be stored				
in cabinets or storage areas				
Needle safe system to be in place				
PPE to be used where required				
Sharps audit to be completed at least				
annually				
Ongoing training, monitoring,				
supervision and auditing				
INITIAL RISK		Risk Status		
Likelihood	pact Initial Risk Rating	Open	Monitor	Closed
2 3	9	yes	yes	



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<sup>\*</sup>Risk Assessor to be recorded for OSH risks only.

<sup>\*\*</sup>Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only.