

**GENERAL RISK ASSESSMENT FORM AS REQUIRED BY THE MANAGEMENT OF HEALTH & SAFETY REGULATIONS (NI) 2000 as amended**

Facility/Ward/Department: MPH Imaging Department

Assessment Completed By: ██████████

Date: 09/03/2023

(Names/Titles): Band 7 Radiographer

Brief Description of activity, location or equipment: **(GRA13) Management of sharps and the prevention of needle stick injury in the X-Ray department**

Description of Hazards	Persons Affected by the Work Activity and How	Existing Controls	Likelihood	Severity / Consequence	Risk Rating
Inappropriately disposed of needle – potential sharps injury and exposure to blood borne viruses.	Patient Consultants/Registrars Radiographers Radiography Assistants Domestic staff Porters Student radiographers	Consultant or radiographer using the sharps are responsible to dispose of them.  Sharps bins with slide lids to keep them closed when not in use.  Staff competencies completed to ensure awareness of sharps disposal. Staff familiar with policies listed in “Sources of Info” section of this Risk Assessment  Compliance with Infection Prevention and Control Policy	Unlikely	Minor	Low

Local Ref No:

<p>Inappropriate disposal of Chloroprep- potential sharps injury due to glass vial, however, this is contained.</p>	<p>Consultants/Registrars Radiographers Radiography Assistants Domestic staff Porters</p>	<p>Sharps not used or unopened are stored appropriately.</p> <p>Sharps bins disposed of once filled.</p> <p>If a needle stick injury occurs, staff aware of procedure: Sharps Injury policy, Sharps Injury Care pathway on the Hub and Incident Form completed. Occupational Health and Line Manager both informed. Sharps direct telephone line is 028 96152255</p> <p>Chloroprep now disposed of in sharps bin instead of general waste bin</p>	<p>Unlikely</p>	<p>Minor</p>	<p>Low</p>
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Local Ref No:

	Student radiographers				
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NOTE: There are also specific risk assessment forms for specific Health & Safety issues such as Substances Hazardous to Health (COSHH), Display Screen Equipment Self Assessment Form, Manual Handling Risk Assessment Form (which includes Patient & Load Handling) for particular clients or clinical issues.



Local Ref No:

Action Plan

Appendix 1

Sources of Information / Persons Consulted	Further Action if necessary to control the Risk	Person/s responsible for Co-Ordinating implementation of the Action.	Recommended Timescales	Date Completed	Revised Risk Rating
<p>Sharps Injury policy</p> <p>Mandatory e-learning</p> <p>Health and Safety Policy 2018</p> <p>The Hub – for links and contact numbers for policies and if a needle stick injury occurs</p> <p>Risk Assessor – all staff aware of this Risk Assessment and their responsibilities</p> <p>Infection Prevention and Control Policy</p> <p>Prevention and Management of Sharps Injuries and Blood and Body Fluid Exposures Policy</p> <p>Waste Policy</p> <p>General Health and Safety Policy</p>	<p>Chloroprep now disposed of in sharps bin instead of general waste bin</p>	<p>All staff including Radiologists, Radiographers and HCAs.</p>	<p>Immediate effect</p>	<p>20/06/2025</p>	<p>Low</p>

Local Ref No:

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Please ensure that you:

1. Communicate this risk assessment with the staff and others affected by the work assessed.
2. Monitor the implementation of any further action identified.
3. Monitor the continued implementation of existing controls.
4. Revise the Risk Rating when additional actions have been implemented.
5. Retain this Risk Assessment in your Health & Safety Policy & Documentation folders.
6. When further action has been identified it is good practice to set a review date shortly after measures are likely to be implemented. This will enable you to assess their effectiveness in reducing risk.
7. Review your risk assessment at least every 2 years or more frequently if required. In certain circumstances it will be necessary to undertake a new assessment eg. Following an Accident/Incident, new legislation/guidance/best practice, changes in work activities/location, new hazards/activities identified.

**KEY TO RISK RATING:** Likelihood x Severity/Consequence = Risk Rating

<u>Likelihood</u>	<u>Severity/Consequence</u>	<u>Risk Rating</u>	
1 Rare	1 Insignificant	<b>Low Risk</b>	<b>(Green)</b>
2 Unlikely	2 Minor	<b>Medium Risk</b>	<b>(Yellow)</b>
3 Possible	3 Moderate	<b>High Risk</b>	<b>(Amber)</b>
4 Likely	4 Major	<b>Extreme Risk</b>	<b>(Red)</b>
5 Almost Certain	5 Catastrophic		

**(See Risk Management Strategy on Belfast Trust Intranet for Risk Rating Tables).**

Line Manager Signature:  Date: 13/03/2023

Initial Review Date: \_\_\_\_\_

Local Ref No:

## GENERAL HEALTH & SAFETY RISK ASSESSMENTS

### Record of Risk Assessment Reviews

Ward/Department: \_\_\_\_\_ Completed by: \_\_\_\_\_

Brief Description of the Activity Assessed: \_\_\_\_\_ Local Reference No: \_\_\_\_\_

Date of Initial Assessment: \_\_\_\_\_

Date of Review	Completed By	Comments on any Changes or Observations on Compliance with the Required Controls	Outstanding Concerns	Is it Necessary to Undertake a New Risk Assessment?	Date Completed	Reviewed Risk Rating

Local Ref No:

Appendix 2

<b>Date of Review</b>	<b>Completed By</b>	<b>Comments on any Changes or Observations on Compliance with the Required Controls</b>	<b>Outstanding Concerns</b>	<b>Is it Necessary to Undertake a New Risk Assessment?</b>	<b>Date Completed</b>	<b>Reviewed Risk Rating</b>

**Notes:**

**Please ensure that you:**

1. **Use this review sheet for only one Risk Assessment (can therefore be used for several reviews).**
2. **Review your Risk Assessment at least 2 yearly \* or more frequently if required, such as:**
  - **If other activities and hazards are identified**
  - **Processes/work activities are altered or changed**
  - **New methods of work are introduced**
  - **An accident/incident or near miss occurs**
  - **There is an Occupational Health concern**
  - **New legislation/guidance/best practice**
3. **When further controls have been identified it is good practice to set a review date shortly after the new measures are likely to be implemented. This will enable you to assess whether the new measures are effective in reducing risk to the required level and revise your risk rating.**
4. **Communicate any changes as a consequence of this review with staff & others affected by the work activity assessed.**
5. **Retain this review with the original Risk Assessment.**
6. **It is necessary to ensure the controls are implemented as outlined in the assessment; this is why the column for “Person/s responsible for co-ordinating implementation of action” is on the form.**

Staff have responsibility to adhere to procedures and safe systems, line management have overall responsibility for ensuring staff are adequately trained and control measures are being followed. \* (Refer to Belfast Trust General Health & Safety Policy).