

GENERAL HEALTH & SAFETY RISK ASSESSMENTS

Record of Risk Assessment Reviews

Facility/Ward/Department: Brachytherapy & Radiotherapy Dept Assessment Complete: D McKay/B Young

Brief Description of the Activity Assessed: The use of sharps in Brachytherapy and Radiotherapy.

Date of Initial Assessment: 09/04/2019

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
Feb 2021	R.Farrell/B Young/Judith Robinson	No Change Use of disposable razors amalgamated into RA				Low
Mar 2023	J Robinson/ G Glenn	Actions completed and removed	No	No	N/A	N/A
Mar 2025	J Robinson/ R Farrell	For Radiotherapy-Additional information added for information available if sharps injury occurs	No	No	N/A	N/A

Local Ref No: I.88

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

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

Facility/Ward/Department: Brachytherapy & Radiotherapy Department Assessment Completed By: D McKay/B Young

Date: 09/04/2019

Titles: Sharps in Brachytherapy and Radiotherapy

Description of Hazards	Persons Affected by the Work Activity and How	Existing Controls	Likelihood	Severity / Consequence	Risk Rating
<p>Spinal Needles and biopsy needles do not have safety guards and therefore are not safety needles.</p> <p>These needle do not have a protective cover and so staff have a higher risk of having a sharp injury due to their use in the clinical setting.</p>	<p>Patients treatment, Anaesthetic staff, Oncologist, and radiographer</p>	<p>The spinal needles and biopsy needles are kept in a designated area separate from the safety needles.</p> <p>Staff are made aware during their induction period that there are needles that do not have a safety device in use in brachytherapy and care should be taken during their use.</p> <p>The spinal or biopsy needles are only opened when they are required for the procedure.</p> <p>The needles are kept on a sterile trolley when not in use by the Oncologist/ Anaesthetist. After use the oncologist, scrub nurse or suitably trained staff member will safely dispose of the needles in the sharps box according to hospital policy.</p>	2	3	Medium

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<p>Implant needles are long and difficult to put into the sharps container as the opening of the box is too small and the consultant needs to retain his sterility during the procedure. A larger box would be too big to be able to accommodate in the clinical area during the procedure</p> <p>Stitch cutters are used to remove the stitch during preparation for gynae cervix treatment procedure.</p>		<p>A large empty sharps box without a lid is placed underneath the patient when they are positioned in the lithotomy position.</p> <p>All staff should be made aware of the position of the sharps box during the clinical session and in their induction.</p> <p>The oncologist places all the implant needles or sheaths in the sharps boxes.</p> <p>At the end of the clinical session a suitably trained person will close the sharps box by putting the lid on, closing the lid and labelling and tagging it correctly. A sharps box during an LDR session will need monitored by physicist for presence of any radiation (seeds) before safely disposing it in the disposal unit as per hospital policy.</p> <p>The stitch cutter is opened last during preparing trolley. It should always remain uncovered never obstructed from view.</p> <p>The nurse should hold the blade firmly at the furthest point away from the sharp edge. All staff supporting the patient should be aware where the blade is located.</p> <p>Once the stitches have been cut the cutter should be disposed into a sharps box by the nurse and should never be passed to another member of staff.</p> <p>Any needle stick injuries should be reported via DATIX and monitored regularly</p>			
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		<p>If needle stick injury occurs refer to The Sharps Injuries – Information guide to managers and staff from occupational health available on the Hub and follow the sharps injuries care pathway. Trust policy on Prevention and management of sharps injuries and blood and body fluid exposure. Use encompass to log and record blood samples appropriately</p>			
<p>Use of sterile lancet to tattoo patients at radiotherapy planning: Injury (e.g. abrasion or cut) whilst opening the glass vial of ink</p>	<p>Staff or student injury – When opening the glass vial of ink there is a risk of a glass splinter or the edge of the vial cutting the skin.</p>	<p>Staff and student training.</p> <p>Gauze swab or suitable cloth/tissue should be placed over the neck of the glass vial when opening it.</p> <p>Provision of disposable gloves if required.</p> <p>Immediate decanting of ink into plastic ink pot after glass vial is opened.</p> <p>Immediate disposal of glass vial into pharmaceutical waste bin after ink is decanted into plastic ink pot.</p> <p>Any needle stick injuries should be reported via DATIX and monitored regularly</p> <p>If needle stick injury occurs refer to The Sharps Injuries – Information guide to managers and staff from occupational health available on the Hub and follow the sharps injuries care pathway. Trust policy on Prevention and management of sharps injuries and blood and body fluid exposure. Use encompass to log and record blood samples appropriately</p>	<p>1</p>	<p>1</p>	<p>LOW</p>

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<p>Needle stick injury: - Potential exposure to blood borne viruses.</p>	<p>Staff injury – When moving from one reference mark to another to tattoo there is a risk of injury.</p> <p>When trying to get ink onto the needle from the ink pot.</p> <p>Patient injury- Risk of needle falling on patient when moving from one reference mark to another.</p> <p>Risk of additional tattoo if patient moves/jumps while tattooing.</p>	<p>Competencies in tattooing need to be achieved.</p> <p>Staff should keep the ink pot in the small sharps tray and bring the needle to the pot in the sharps tray not vice versa.</p> <p>When carrying out tattoos put the needle in the small sharps tray and transfer the tray from one reference mark to the other.</p> <p>Always transport tattoo needle in small sharps tray. Never walk around scanner with exposed needle.</p> <p>Safer sharps not appropriate for tattooing technique due to potential of penetrating patient during procedure so lancet assessed as appropriate.</p> <p>Staff should warn patients when they are about to tattoo and that they will feel a scratch.</p>	<p>1</p>	<p>2</p>	<p>LOW</p>
<p>Unsafe disposal of tattoo needle after use.</p>	<p>Risk to staff and patients if needle left sitting out and not disposed of immediately.</p> <p>Risk to domestic staff if disposed of in incorrect bin.</p> <p>Risk to staff when disposing of tattoo needle when sharps</p>	<p>Dispose of needle in the small sharps bin attached to the tray immediately after use.</p> <p>Waste disposal training.</p> <p>Always ensure sharps lid is fully opened before tattooing to allow safe disposal of needle.</p> <p>Any needle stick injuries should be reported via DATIX and monitored regularly</p>	<p>1</p>	<p>2</p>	<p>LOW</p>

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	box lid not fully opened.				
Use of disposable razors in radiotherapy: Sharps injury	Staff: When taking the plastic cover off Disposal of razor Patient: While using the razor	Correct use of removing the plastic cover- keeping thumb to the side of the blades. Sharps box immediately after use Correct use of razor to avoid laceration of skin Any laceration of skin should be reported via DATIX and monitored regularly	1	1	Low
Infection	Staff: Risk of infection due to sharps injury after use	Low risk if razor does not contact body fluids Infection control policy Use of PPI Single use item Safe use and appropriate disposal	1	1	Low

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.

