

	Activity				Reference			Versio	n	Assessed By	Date Of Assessment				
Cli	Clinical Waste on Units				QMRA-023			1		Roger Palmer	March 2023				
	5	5	10	15	20	25									
	4	4	8	12	16	20	<u>Likelih</u>	<u>ood</u>		<u>Severity</u>					
Severity	3	3	6	9	12	15	_	1 = Very unlikely		Rating 1 = No Injury Rating 2 = Minor Injury or Illness Rating 3 = 3 Day Injury or Illness Rating 4 = Major Injury or Illness Rating 5 = Fatality or life Changing Injury					
	2	2	4	6	8	10	_	2 = Unlikely 3 = Likely							
eve	1	1	2	3	4	5	Rating	4 = Very Likely							
0,		1	2	3	4	5	Rating	5 = Almost Certain							
	Likelihood						Risk =	Likelihood x Severit Acceptable	ty	Further review	Unacceptable Risk				

Task	Potential hazard	Who can be	Un	Uncontrolled		Controls		Residual Risk				
		harmed and how	Risk		Risk							
The removal o	The removal of clinical waste hazardous or otherwise will be completed by an outside contractor and should be completed prior to the removal and											
redeploymer	redeployment of the unit. In the rare occasion that this has not been completed follow the below Risk Assessment when making the unit safe to											
transport.												
Moving a sealed sharps bin	Blood borne viruses	Operative. Contamination through open wounds and sores	2	4	8	 If the bin is closed the chance of contamination is minimal. Wear protective vinyl/nitril gloves. Bin is ok to be moved. Safely dispose of gloves and wash hands with antibacterial gel. 	1	4	4			



Moving a sharps bin that is not sealed	Blood borne viruses. Puncture wounds	Operative. Contamination through open wounds and sores Needle stick injuries.	2	4	8	 Provided the needles are not above the fill line and no needles are protruding, while wearing vinyl/nitrile gloves you may close the bin and then move it. Safely dispose of the gloves and wash your hands with antibacterial gel. If you suffer a needle stick injury. Encourage the wound to bleed, ideally by holding it under running water. Wash the wound using running water and plenty of soap. Do not scrub the wound while washing it. Do not suck the wound. Dry the wound and cover it with a waterproof plaster or dressing. Seek urgent medical attention as you may need treatment to reduce the chance of getting an infection. 	1	4	4
Moving a sharps bin that is overflowing	Blood borne viruses. Puncture wounds	Operative Contamination through open wounds and sores Needle stick injuries.	3	4	12	 Do not attempt to seal the bin or move it. Call your supervisor/manager on how to proceed. 	1	4	4



Discovering sharps in the unit not in the sharps bin	Blood borne viruses. Puncture wounds	Operative Contamination through open wounds and sores Needle stick injuries.	3	4	12	 Do not attempt to clear up. Call your manager on how to proceed. If you suffer a needle stick injury. Encourage the wound to bleed, ideally by holding it under running water. Wash the wound using running water and plenty of soap. Do not scrub the wound while washing it. Do not suck the wound. Dry the wound and cover it with a waterproof plaster or dressing. Seek urgent medical attention as you made need treatment to reduce the chance of getting an infection. 	1	4	4
Clinical waste in a sealed bag	Blood borne viruses	Operative. Contamination through open wounds and sores	2	4	8	 If the bag is sealed the chance of contamination is minimal. Wear protective vinyl/nitril gloves. The bag is ok to be moved. Carry bag by sealed area at the top. Safely dispose of gloves and wash hands with antibacterial gel. 	1	4	4
Clinical waste in an unsealed bag	Contamination	Operative. Contamination through open wounds and sores	2	4	8	 If the bag is unsealed, do not attempt to seal it, contact your supervisor/manager on how to proceed. 	1	4	4



Clinical waste	Contamination	Operative.	3	4	12	•	If clinical waste is found in the unit not	1	4	4
found in unit		Contamination					bagged up, do not attempt to clear it up.			
not bagged		through open					Contact your supervisor/manager on how			
		wounds and					to proceed.			
		sores					·			