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| **Safety Task Card** | | | | |
| **ES16** | **Contact with Body Fluid Risk assessment** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards? | | | How might they be harmed? | |
| Contact with infected body fluid  Blood  Faeces  Urine  Mucus – via coughing/spitting/sneezing | | | Dealing with discarded hypodermic needles and other sharp clinical waste e.g. scalpel blades resulting in puncture of the skin.  Especially during the following duties:   * Cleaning of soft furnishings and making beds, emptying waste containers, cleaning behind pipes and WC cisterns. * Removing of rubbish from patient catering trays- potential concealed needle. * Removal of discarded litter around site- concealed sharp.   Via coughing /sneezing of infected person  Direct contact with fluid while clearing a spillage or area.  Infections: COVID 19, Blood born viruses such as Hep C and HIV. | |
| **Safe System of Work** | | | | |
| **All operators to be trained incorrect infection prevent SOP for the area they are working within.**  **Sharp prevention:**   * Whilst the risk of infection is low, employees involved in tasks where they may be exposed to discarded needles or other sharps waste are to be informed of the hazards and risks associated with needle stick injury or cuts. * All employees to be aware of local sharps policies and procedures. * All employees must have completed the Preventing Sharp Injuries training  For routine removal of sharp waste, already enclosed in a specified container  * Wear suitable puncture /cut resistant gloves * Ensure container is securely closed * Transport it away securely and dispose of as per local procedures * Do not leave unattended in public areas * Wash hands when finished  Discovery of un-contained sharp clinical waste  * **Mandatory Hand PPE Requirement – Turtle Skin 300 Series – order code CP300C** * Do not attempt to handle the waste directly- use suitable collection equipment * For waste discovered in difficult or inaccessible places such as WC cisterns or pans etc., use tongs to retrieve it * Never attempt to re-sheath a needle * Sweep into a dustpan, then empty dustpan into suitable labelled, lidded container. Arrange for correct disposal, either on site (if facilities available) or via a local doctor’s surgery * Report the matter to your supervisor/manager/ sharp near miss incidents to be recorded and investigated via client * In the event of an accidental needle stick injury * Encourage it to bleed by squeezing the wound gently * Wash the wound copiously with warm water * Do not scrub or suck the wound * Apply a dry dressing * Report the matter immediately to your supervisor/manager/ All incidents to be recorded and investigated via client * Attend Accident /Emergency or Occupational health within 24 hours to start any relevant treatment.   Spillage of body fluids     * Spillages to be cleared by trained operators in correct procedure and precautions * Spillages of body fluid to be cleaned using correct spill kit for type of fluid- check if not sure. * Suitable PPE to be worn to protect hands and face from any splashing risk. * Erect suitable signage to warn and prevent unauthorised access while clear up being completed * Dispose of Spillage in correct colour coded bag for the sites waste stream * Thoroughly wash hands and arms when task completed, removing and disposing of any PPE. * Decontaminate any reusable PPE accordingly. * Report any concerns to your manager including any exposure risk.. | | | | |
| **Site Specific Actions**  List any actions required in addition to the above safe system of work | | | | |
| Spill kits available and location:  Correct disposal method at site: | | | | |
| The above control measures are implemented within my unit. All relevant staff are aware of these control measures and this is recorded in the training record for this safety task card. | | | | |
| Unit Manager Name | | Signed | | Date |
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| **Safety Card Training Record** | | | |
| **ES16** | **Contact with Body fluids** | | |
| I confirm that I fully understand the risks and control measures associated with the task  and that I will follow the Safe System of Work at all times. | | | |
| Operative Name | | Signature | Date |
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