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| **Safety Task Card** |
| **POR 01** | **Access to barrier and isolation areas** |
| **Workplace Safety Hazards** |
| What are the hazards? | How might they be harmed? |
| Infected materials and fluidsCleaning products and disinfectantsManual HandlingWet floorsWorking at heights Patient behaviour | Infection by Micro-organisms, for example:MRSAHIVHepatitisTyphoid COVID -19Irritation to skin and eyesBack and muscle strainSlips and fallsFalls from a heightViolence and assault |
| **Safe System of Work** |
| * Task to be completed only by trained staff
* Task and access to area to be completed by trained operative not identified as vulnerable group or risk to patient from infection (barrier care).
* Check entry requirements in line with site infection control protocols and wear the appropriate PPE prior to entering the area.
* Plan the task and assemble all equipment, chemicals, waste containers etc. needed for the task. Where equipment packs are assembled by another person e.g. medical staff, ensure that all necessary equipment is present before the task is begun.
* Erect suitable signage and barriers to prevent unauthorised access
* Take everything required for the task into the room and close/seal the door
* Complete the task in one session, avoiding the need to go out of and re-enter the room
* When finished, decontaminate/disinfect/discard all equipment, chemical containers and protective equipment as appropriate
* Anything that is to be discarded should be put into the appropriate container for disposal whilst still inside the room.
* Remove the PPE according to standard doffing (removal) protocols.
* Wash hands with soap and water following hand wash guidelines.
* Report any concerns to your line manager or any potential breach of PPE immediately to medical staff in the areas.
* Implement the Safe System of Work/Control Measures in the Electrical Safety, Ref No. MAN 05, including regular PAT safety testing, Ladders & Ladder Register, Ref. MAN 12 Risk Assessments, COSHH Product Assessments and manual handling safety precautions.
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| **Site Specific Actions**List any actions required in addition to the above safe system of work |
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| 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** |
| **POR 01** | **Access to barrier and isolation areas** |
| I confirm that I fully understand the risks and control measures associated with the taskand that I will follow the Safe System of Work at all times.  |
| Operative Name | Signature | Date |
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