Risk Assessment Form

Use this form for any detailed risk assessment unless a specific form is provided. Refer to your Summary of Hazards/Risks and complete forms as required, including those that are adequately controlled but could be serious in the absence of active management. The Action Plan and reply section is to help you pursue those requiring action.

Name of Assessor: ____________________________  Post Held: ____________________________
Department: ____________________________  Date: January 2018

Subject of Assessment: E.g.: hazard, task, equipment, location, people

Safe use of plastic medicine cups within Mental Health Services Inpatient settings.

Hazards (Describe the harmful agent(s) and the adverse consequences they could cause)

Risk of transmission of infection when reusing plastic medicine cups within Mental Health Services Inpatient settings

Description of Risk
Describe the work that causes exposure to the hazard, and the relevant circumstances. Who is at risk? Highlight significant factors: what makes the risk more or less serious – e.g.: the time taken, how often the work is done, who does it, the work environment, anything else relevant.

Medicine cups for use within all NHS GGC Inpatient areas are purchased and supplied via Procurement. These cups are labelled as single use. Preference is for single use only.

Medicine cups are used to measure liquid medicines, a receptacle for tablets, or giving small amounts of water to assist in taking the tablets.

The following hazards / risks may be associated with the reuse of medicine cups.

- Transmission of infection if the vessel is not correctly cleaned after use.

There have been no known infections recorded from the routine re use of medicine cups within Mental Health.

Existing Precautions
Summarise current controls in place

- Medicine cups to be washed in warm water with antibacterial detergent, dried with disposable paper roll and stored for re use.
- Where practicable medicine cups are washed in a designated dishwasher as per manufacturers guidelines.
- Staff can also use paper disposable cups where available and appropriate.
- Staff are to adhere to single person use in the disposal of medicines cups, as per Infection Control instructions, when a patient has been identified with a known/suspected infection or transmissible disease or where a patient has broken skin/open sores on the mouth, hands or face.
- Medicine cups to be disposed of and renewed as required when signs of wear and tear are noted.

Not following the control measures listed within the Risk Assessment might fail to prevent adverse outcomes

Level of Risk - Is the control of this risk adequate?
Give more than one risk level if the assessment covers a range of circumstances. You can use the ‘matrix’ to show how ‘likelihood’ and ‘consequences’ combine to give a conclusion. Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.
Current risk level

Given the current precautions, and how effective and reliable they are, what is the current level of risk? **Green** is the target – you have thought it through critically and you have no serious worries. Devise ways of making the risk green wherever you can. **Yellow** is acceptable but with some reservations. You can achieve these levels by reducing the inherent risk and or by effective and reliable precautions. **High** (Orange) or **Very High** (Red) risks are unacceptable and must be acted on: use the Action Plan section to summarise and communicate the problems and actions required.

Action Plan (if risk level is **High** (Orange) or **Very High** (Red))

Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies.

Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.

<table>
<thead>
<tr>
<th>Proposed actions to control the problem</th>
<th>By Whom</th>
<th>Start date</th>
<th>Action due date</th>
</tr>
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<tbody>
<tr>
<td>List the actions required. If action by others is required, you must send them a copy</td>
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<tr>
<td>None required</td>
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</tbody>
</table>

Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)

<table>
<thead>
<tr>
<th>Report up management chain for action</th>
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<tbody>
<tr>
<td>Report to Estates for action</td>
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<tr>
<td>Contact advisers/specialists</td>
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<td>Alert your staff to problem, new working practice, interim solutions, etc</td>
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Reply

If you receive this form as a manager from someone in your department, you must decide how the risk is to be managed. Update the action plan and reply with a copy to others who need to know. If appropriate, you should note additions to the Directorate / Service Risk Register.

If you receive this as an adviser or other specialist, reply to the sender and investigate further as required.

Assessment completed - date: 

Review date: January 2019