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|  | **Risk Assessment Prompt Sheets** | **cid:image003.jpg@01D2FB20.B009E750** |
| **PS:033:01** | **RE: Clinical Risk Waste on the Ward/Department** |
| **Issue date:** |  Feb 2019 | **Revised Date:** | June 2020  |
| **Author(s):** | National Health and Safety Function  |
| **Note:****Legislation:****Definitions:****Scope:** | Safety, Health and Welfare at Work (Biological Agents) Regulations, 2013Carriage of Dangerous Goods Regulations  |
| Clinical Risk Waste includes the following:* Biological (recognisable anatomical waste)
* Infectious waste (clinical waste containing infectious substances of Category B pathogen)
* Sharps (e.g. needles, scalpels, sharp tips of I.V. sets) (Please note, Sharps require a separate risk assessment – see Hazard Control prompts on Sharps)

For further information, please refer to the DOH (2010) Healthcare Risk Waste Management, Segregation, Packaging and Storage Guidelines for Healthcare Risk Waste available at [www.lenus.ie](https://www.lenus.ie/handle/10147/574987)  |
| The following is a non-exhaustive list of prompts relevant to the hazard which should be considered when assessing and controlling the risk associated with Clinical Risk Waste. All control measures must be documented on the appropriate risk assessment form.For further guidance on undertaking workplace Occupational Safety Health (OSH) Risk Assessments which are compliant with Section 19, of the Safety, Health and Welfare at Work Act, 2005 and associated legislation please refer to [Guideline RE: Completion of Occupational Safety and Health Risk Assessments](https://healthservice.hse.ie/filelibrary/staff/guideline-on-completing-occupational-safety-and-health-risk-assessment.pdf) |

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| **No.** | **Hazard controls to be considered when carrying out your risk assessment**  | **Yes** | **No** | **N/A** |
|  | **General Waste Handling Requirements**  |  |  |  |
| **1** | Are waste segregation posters available and displayed in all relevant areas e.g. dirty utility room/waste holding room, clean utility room? |  |  |  |
| **2** | Are all bins labelled as appropriate e.g. healthcare risk waste or clinical waste; healthcare non risk waste or general waste; paper waste; glass waste etc.? |  |  |  |
| **3** | Have all bins the correct colour coded liner / bag e.g. yellow bag for clinical waste and black or clear bag for non-healthcare risk waste / general waste? |  |  |  |

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| **4** | Is there a safe system of work in place to minimise the manual handling risks associated with the segregation, disposal and transportation of waste?  |  |  |  |
| **5** | Is clinical risk waste stored away from the public in a secured area with doors to secure area displaying a biohazard symbol and the wording “no authorised entry/restricted access”? |  |  |  |
| **6** | Are all waste bins visibly clean, in good repair and included in a documented cleaning schedule? |  |  |  |
| **7** | Is clinical waste collected regularly to avoid build-up of waste? |  |  |  |
| **8** | Is a containment system such as a trolley or UN approved wheeled bin used to transport the clinical risk waste to the waste compound for offsite disposal? |  |  |  |
| **9** | Have staff who generate, segregate and package healthcare risk waste received appropriate training and training records maintained?  |  |  |  |
| **10** | Is PPE provided based on Risk Assessment? |  |  |  |
|  | **Use of Clinical Waste Bags** |  |  |  |
| **11** | Are all large yellow bags marked UN 5H4 and display a class 6.2 label, the text UN 3291 and display the biohazard symbol and the words *Clinical Waste?* |  |  |  |
| **12** | Are yellow bags placed in enclosed, pedal operated, lidded, non-combustible waste bins to minimise the risk of injury? (Please note they must not be tied onto containers/trolleys) |  |  |  |
| **13** | Clinical risk waste is not decanted? |  |  |  |
| **14** | Are yellow bags tied appropriately with a swan neck tie when ⅔ full? |  |  |  |
| **15** | Is the bin holder front opening to facilitate ease of removal of a filled yellow bag and is it constructed in a way that facilitates effective cleaning? |  |  |  |
| **16** | Does the bin holder list the permitted contents, display the biohazard symbol and text “*clinical risk waste*”?  |  |  |  |
|  | **Clinical risk waste collected in rigid bins** |  |  |  |
| **17** | Do yellow rigid bins in use comply with P621, and display a class 6.2 label plus the text UN 3291? |  |  |  |
| **18** | Does the person assembling and closing the rigid bins comply with manufacturer’s instructions on use? |  |  |  |
| **19** | Are posters with appropriate instructions on use located at bin assembly locations? |  |  |  |
| **20** | Is the lid of the rigid bin closed when not in use? |  |  |  |
| **21** | Are rigid bins of a suitable size used to minimise length of time of use? |  |  |  |
| **22** | Are bins filled in accordance with manufacturers’ guidelines i.e. bins are not filled beyond a maximum ⅔ full or at manufacturers fill line? |  |  |  |
| **23** | Are bins stable and secured to prevent them from being inadvertently knocked over? e.g. Rigid bin holder |  |  |  |

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|  | **Liquid clinical risk wastes** |  |  |  |
| **24** | Are staff aware that liquid clinical waste is not to be disposed of in the clinical risk waste bins? |  |  |  |
|  | **Incident Reporting**  |  |  |  |
| **25** | Are all incidents where clinical risk waste is incorrectly presented for internal collection, reported in line with the local incident reporting procedures? |  |  |  |
| **26** | Are all incidents/accidents/near misses recorded and investigated and remedial measures implemented? |  |  |  |
|  | **Risk Assessments** |  |  |  |
| **27** | Are the results of the risk assessment communicated to all relevant employees and all who come in contact with HSE services and activities?  |  |  |  |
| **28** | Are risk assessments reviewed at least annually or more frequently if necessary i.e. accident/incident or a change in circumstances to which they relate? |  |  |  |