| Clinical Risk Waste includes the following:   * Infectious waste (clinical waste containing infectious substances) * Sharps (e.g., needles, scalpels, sharp tips of I.V. sets) * General waste | |
| --- | --- |
| Name of assessor: | **Date of assessment:** |
| Location: |  |
| Remarks/Actions: |  |

| **No** | **Hazard controls to be considered when carrying out your risk assessment** | **Yes** | **No** | **NA** |
| --- | --- | --- | --- | --- |
| **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? |  |  |  |
| 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 necktie 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 | Does the person assembling and closing the rigid bins comply with manufacturer’s instructions on use? |  |  |  |
| 18 | Are posters with appropriate instructions on use located at bin assembly locations? |  |  |  |
| 19 | Is the lid of the rigid bin closed when not in use? |  |  |  |
| 20 | Are rigid bins of a suitable size used to minimise length of time of use? |  |  |  |
| 21 | Are bins filled in accordance with manufacturers’ guidelines i.e., bins are not filled beyond a maximum ⅔ full or at manufacturers fill line? |  |  |  |
| 22 | Are bins stable and secured to prevent them from being inadvertently knocked over? e.g., Rigid bin holder |  |  |  |
| **Sharps** | | | | |
| 23 | All staff have received the appropriate information, instruction, training, and supervision in the safe handling, use and disposal of sharps? |  |  |  |
| 24 | Is there any program to use of safer sharps – where available and when clinically practical? |  |  |  |
| 25 | No reheating of needles? |  |  |  |
| 26 | All sharps’ containers are assembled correctly? |  |  |  |
| 27 | Is there enough sharp bin at the point of use? |  |  |  |
| **Incident Reporting** | | | | |
| 28 | Are all incidents where clinical risk waste is incorrectly presented for internal collection, reported in line with the local incident reporting procedures? |  |  |  |
| 29 | Are all incidents/accidents/near misses recorded and investigated and remedial measures implemented? |  |  |  |
| **Risk Assessments** | | | | |
| 30 | Are the results of the risk assessment communicated to all relevant employees and all who come into contact with HSE services and activities? |  |  |  |
| 31 | 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? |  |  |  |
| **Emergency Preparedness** | | | | |
| 32 | Relevant staff have been trained and aware of how to act in the event of emergency? |  |  |  |