

## Risk Assessment - Clinical Waste at the Service User's Home

Service User: _____		Reference: _____	
HAZARD / RISK	OBSERVATION		Comments
	YES	NO	
<b>A: TYPE OF POSSIBLE INFECTION</b>			
Service User has known infection	<input type="checkbox"/>	<input type="checkbox"/>	
Service User has known Hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>	
Service User is HIV+	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B: TYPE OF WASTE PRODUCED</b>			
Wound dressings - Group A waste	<input type="checkbox"/>	<input type="checkbox"/>	
Sharps waste - Group B waste	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmaceuticals - Group D waste	<input type="checkbox"/>	<input type="checkbox"/>	
Incontinence pads - Group E waste	<input type="checkbox"/>	<input type="checkbox"/>	
Drainage OR stoma bags - Group E waste	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C: INSTRUCTIONS TO SERVICE USER (tick all that apply)</b>			
Information leaflets given to service user.	<input type="checkbox"/>	<input type="checkbox"/>	
Yellow bags and Sharps Box left with service user in suitable and safe storage spaces agreed with service user.	<input type="checkbox"/>	<input type="checkbox"/>	
Disposal through domestic refuse (materials wrapped or placed in plastic bags; top-tied; placed in domestic waste).	<input type="checkbox"/>	<input type="checkbox"/>	
Disposal of organic matter via domestic toilet, then drainage / stoma bags wrapped & disposal via domestic waste.	<input type="checkbox"/>	<input type="checkbox"/>	
Disposal of all healthcare waste via yellow bags and clinical waste collection.	<input type="checkbox"/>	<input type="checkbox"/>	
Discreet collection point agreed with local council to avoid yellow bags being placed on pavements, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Disposal of sharps via approved puncture-resistant Sharps Box.	<input type="checkbox"/>	<input type="checkbox"/>	
Unused / expired / unwanted drugs returned to pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>	
Signature: _____		Date: _____	