

HAI-SCRIBE

Risk Assessment Applied to Maintenance/Minor Project Work Activities

Hospital Site:	Woodend	Ward or Department:	Neuro Rehab	Location or Room:	Doctors Room
Description of Activity:	Supply and fit blind	Date:	12/04/24	Works Docket Ref:	P123026355

Risk Assessment Criteria: (See Infection Control during Construction, Refurbishment, Decommissioning, Disinvestment, and HAI Contractors Guidance Document)


Patient Risk Group:	G1	G2	G3	G4	Maintenance Activity Type:	T1	T2	T3	T4	Precaution Class:	C1	C2	C3	C4
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e.g. Class II – Approval and signing of this form from the Ward/Nurse Manager is required. The activity can then be carried out using the Class II precautions. **Class will vary according to agreed assessment. Always consult with IPCT if Precaution class is C3/C4**
Adhere to NHSG Hand Wash Procedure at all times while in duration of task.

Additional Hazards Information:

	Additional Hazards Identified	Who is at risk	What actions are required to be taken to minimise the risk
1			Please tick in left hand box from list below
2			Please tick in left hand box from list below

	Put up barriers / bollards / Doors in place to prevent access to work area to segregate works.
	Put dust covers over equipment that is near or below work area.
Y	Shadow vac drilling & removal of signs with HEPA vacuum cleaner
	HAI-Scribe enclosure / partition. Fit temporary enclosures to contain work activity if near clinical activities or potential staff / patient / public exposure (e.g. zipped polythene or rigged board / panelled structure). Must be appropriately sealed (top, base and edges etc).
	Place dust / tac-mat at any entrance / exit of the identified area.
Y	Execute work activity by methods to minimise raising dust.
	Remove all waste material within a sealed bag or container on completion of session and / or completed work.
Y	Thoroughly clean work area on completion with HEPA vac and wet wipes, do not leave area until dry. (contractor level clean)
	Domestic level clean (undertaken by Facilities domestic personnel) Prior to commencement of clinical use etc.
	Contaminated PPE including foot wear to be removed or placed in sealed bag prior to exiting sealed enclosure on completion of session and / or completed work.
	Air cube for control of dust.

Estates Person: (Print Name)	Susan Whyte 07500 096180	 Signature:	Date: 12/04/24
Service Person: (Print Name)		Signature:	Date:
Contractor: (Print Name)		Signature:	Date:
If Required Infection Control: (Print Name)		Signature:	Date: