

### Risk Assessment Form

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|--|---|-----------------------------------|--|
| <b>Title</b><br>(description of the task / activity) | <b>Sterifeed bottle usage in Home Enteral feed patients</b>   | <b>Assessment Reference</b>       | HEFT   |
|  |   | <b>Assessor(s)</b>                | Laura Marie Baldwin, Sarah Pidgeon, Sarah Williams |
| <b>Department / Ward</b>                             | Nutrition and Dietetics   | <b>Date of initial assessment</b> | May 2021   |
| <b>Specialty</b>                                     | Diagnostics and Specialities  | <b>Last reviewed on</b>           | January 2023 (amalgamated with paed's July 2023)   |
| <b>Site (check all relevant boxes)</b>               | GRH <input type="checkbox"/> CGH <input type="checkbox"/> Stroud Maternity <input type="checkbox"/> Other <input checked="" type="checkbox"/> | <b>Next review due</b>            | December 2023/ January 2024                        |

| Ref no | What are the Hazards?  | Who might be harmed and how?               | What are we already doing?<br>List the existing controls   | Consequence (C) | Likelihood (L) | Risk rating (C x L) | What further action is necessary?  |
|--------|--|--|--|-----------------|----------------|---------------------|--|
|        | Increased risk of infection via entry through the GI tract potentially causing diarrhoea and vomiting. | Home Enterally Fed patient using Sterifeed | <ul style="list-style-type: none"> <li>Do not provide to patients on exclusion criteria list (see below).</li> <li>Ensure patient is fully briefed on cleaning and has a copy of the NUTRICIA cleaning instructions and GRH insert.</li> <li>Ensure supplies from delivery company are adequate to ensure sterifeed bottles are changed after 30 uses.</li> <li>Ensure adequate supply of universal adapters and patient are made aware these are 24-hour use</li> </ul> | 3 (moderate)    | 1 (rare)       | 3 (green)           | <p>Continue to review as new evidence emerges.</p> <p>Review guidance on universal adapters as evidence emerges.</p> |

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|--|--|--|---|--|--|--|--|
|  |  |  | <p>only (adults) and single us only (paediatrics).</p> <ul style="list-style-type: none"> <li>• Ensure patient has been provided clear instructions on when to change the Sterifeed bottle.</li> <li>• If sterilising equipment, ensure patient has equipment and is able to do this safely.</li> </ul> |  |  |  |  |
|--|--|--|---|--|--|--|--|

**Action Plan**

| Ref no | Action        | Person responsible | Date for completion | Status  |
|--------|---------------|--------------------|---------------------|---------|
| 1      | Annual review | Authors            | December 2023       | Pending |
|        |               |                    |                     |         |
|        |               |                    |                     |         |
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