**Portable Fan Use Risk Assessment Form**

**Patient Name & Hospital Number: …………………………………………………………………………...**

**Ward & location/bedspace.…………………………………………………………………………………….**

**Name of staff member completing risk assessment:……………………………………………………..**

**Date:………………………………………………………………………………………………………………..**

**What is the clinical indication to use a portable fan?...................................................................**

**The portable fan is NOT:**

* Being used for a patient with a known or suspected infection (alert organism), including COVID-19 (being nursed either in sideroom or bays or within an assessment/triage area).
* Being used in an area where bays are closed or during a declared outbreak of infection.
* Being used in an area where sterile or aseptic procedures are being performed or during any procedure where sprays or splashes of body fluids may occur.

**The portable fan is:**

* Clean before use, with an ‘I am Clean’ label affixed to the fan to confirm when the fan was last cleaned and disinfected, and that the fan is actually clean and free of dust and body fluids on all surfaces.
* Safe to use with a valid (in date) portable appliance testing (PAT) sticker and the plug and cord shows no signs of damage.
* Cleaned daily, wipe down/clean using Clinell universal sanitising wipes.
* Fully cleaned and disinfected (clean using Clinell universal sanitising wipes, followed by Actichlor (1,000 ppm) solution disinfection) when the fan is no longer required for this patient, with evidence of decontamination documented within the ward cleaning task list.

**I confirm that the measures detailed above have been followed and will be implemented.**

**Staff member signature:………………………………………………………………………………………..**

*(Please ensure that this risk assessment is held within the patient’s healthcare records).*

**This risk assessment must be reviewed as a minimum every 3 days or as the patient’s management/condition changes**.

**Review date & outcome:………………………………………………………………………………………..**

**Staff member name & signature:……………………………………………………………………………..**

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**Staff member name & signature:……………………………………………………………………………..**