

COSHH Assessment Form

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|---|---|-------------------------------------|--------------------|
| Name of Assessor(s): Posts Held: | | Date of Original Assessment: | <i>Select date</i> |
| Manager Responsible: | | | |
| Department: | <i>This is a model COSHH assessment which should be reviewed and adapted to the area where the product is being used.</i> | | |
| Hazardous Substance – include form e.g. solid, gas, liquid etc, amount used (Ensure that the SDS is updated to the CLP Regulation). | | | |
| Exposure to BBV from contaminated sharps | | | |
| Tasks which use the substance and who will be exposed: | | | |
| Variety of clinical procedures require the use of needles, blood monitoring lancets, scalpel blades, etc. A wide variety of NHS Lothian staff may be exposed. | | | |
| Hazard Information (Harmful properties, exposure limits etc) from Safety Data Sheet include route of entry, hazard type e.g. sensitiser etc and how long exposure is likely to be for | | | |
| Blood borne infection (HIV, Hepatitis B & C). | | | |
| Sharps are used by medical, nursing, laboratory and associated health professional staff in a wide range of procedures in their respective departments. The procedure may be complicated by factors such as non-cooperation from patient, urgent intervention required, complicated procedures involving several staff and pieces of equipment. The risk of injury occurs both during and after the procedure, prior to disposal in a sharps box. There is also a risk following disposal if the box is incorrectly assembled or used. Although the risk of infection is very low this remains a significant concern due to the potential consequences of an injury being sustained. | | | |
| Can this substance be Eliminated or Substituted? If not, please explain why: | | | |
| No, as all clinical sharp usage is reduced by various means, as well as introduction of safer devices. Unfortunately not all sharps can be removed or eliminated from procedures | | | |
| Existing Precautions | | | |

BBV Policy

Every reported sharps injury to be followed up by charge nurse and results fed back to staff

Infection Control manual and procedures - Clean up blood and bodily fluid spillages, Training on Chlorclean provided through Infection control as part of change over from Actichlor

Policy for the prevention of injury by sharp instruments and use of safety devices

Immunisation Policy

Standard Operating Procedure for incidents involving potential exposure to blood borne viruses

Clinical Waste Policy

Policy for the Prevention of Injury by Sharp Instruments and Use of Safety Devices – all staff are to read and understand

Trained and competent staff HAI learn pro

Staff must not resheath

Nursing clinical staff – use of equipment training e.g. cannulation, venepuncture, provided and reassessment every 2 years to be recorded on PWA.

Offer oral medication

Adequate lighting levels – natural lighting very good and artificial lighting

First aid arrangements

Datix reporting adverse events – Adverse Event Policy

Staff issued with information on what to do in the event of an exposure event and information displayed in treatment room

Cleanliness Champion Programme (old style face to face training- no longer available)

See the assessment of clinical posts and must maintain current lists of posts involving EPP

All staff to be informed of needle stick policy.

All staff to follow Appendix 1 Safe Working Practice in the Policy for the prevention of injury by sharp instruments and use of safety devices

Datix reporting

Quarterly reporting – Quarter 3

QUiDs audits

PQI Audits

Add additional existing precautions in your department

Storage

Disposal

Provide safe disposal – sharps boxes provided in treatment room and dispensary.

Sharps boxes not overfilled.

Lids closed when not in use.

Sharps boxes dated and signed.

Clinical sharps bins taken to where sharps are being used.

It is the responsibility of the user to dispose of clinical sharps immediately after use. See Page 6 of the Clinical Waste Policy for other general precautions.

Large (24l) bins to be kept in the Clean Utility room for disposal of large used sharps e.g. Liver biopsy guns.

Smaller 2litre sharps bins with trays to be provided for use when administering injections, taking BM's, removing staples or performing venipuncture/ cannulation. **Bins to be stored in the clean utility room when not needed.**

Is there a requirement for Health Surveillance? Yes/no and what type e.g. skin health etc

No. All staff subject to a needle stick injury from an infected sharp should be referred to Occupational Health as per policy and procedure

Maintenance of equipment - including LEV test, maintenance and inspections

N/A

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| Is there a need for Personal Protective Equipment? YES/NO and what type |
| Yes- Nitrile gloves and aprons |
| First Aid Measures |
| Wash injury thoroughly with warm running water and soap Encourage bleeding Cover with a waterproof plaster Exposed mucous membranes, including conjunctivae, should be irrigated copiously with saline eye wash after removal of contact lenses |
| Emergency Plans - including spills procedures |
| Infection Prevention & Control Policy and Guidance. Clean up blood and bodily fluid spillages |
| Other Additional Measures |
| |

| Level of Risk | | | |
|--|--------------------------|--------------------------|--------------------------|
| Select the level which indicates the current risk level: | | | |
| Green | Yellow | Orange | Red |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Action Plan | | | |
|-----------------------------------|----------------|---------------------------|------------------------------|
| What further action is necessary? | Action By Whom | Action by when (dd/mm/yy) | Action completed. (dd/mm/yy) |
| <i>Detail</i> | <i>Name</i> | <i>Date</i> | <i>Date</i> |
| <i>Detail</i> | <i>Name</i> | <i>Date</i> | <i>Date</i> |
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| <i>Detail</i> | <i>Name</i> | <i>Date</i> | <i>Date</i> |

| Review Table | | | |
|-----------------|-------------|--------------------|-------------------------------------|
| Date (dd/mm/yy) | Reviewer | Reasons for review | Approved/Not Approved by (dd/mm/yy) |
| <i>Date</i> | <i>Name</i> | <i>Detail</i> | <i>Name & Date</i> |
| <i>Date</i> | <i>Name</i> | <i>Detail</i> | <i>Name & Date</i> |
| <i>Date</i> | <i>Name</i> | <i>Detail</i> | <i>Name & Date</i> |
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