COSHH Assessment Form

**ID:**  *Local Reference*

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| **Name of Assessor(s):**  **Posts Held:** |  | **Date of Original Assessment:** | *Select date* |
| **Manager Responsible:** |  | | |
| **Department:** | *This is a model COSHH assessment which should be reviewed and adapted to the area where the product is being used.* | | |
| **Hazardous Substance** – include form e.g. solid, gas, liquid etc, amount used (Ensure that the SDS is updated to the CLP Regulation). | | | |
| Softalind/Softa-Man ViscoRub Alcohol hand gel B. Braun.Alcoholic solution. | | | |
| **Tasks which use the substance and who will be exposed**: | | | |
| NHS Lothian Clinical Staff and visitors for hand disinfectant (Gel)  See Leaflet from Health Protection Scotland “Hand hygiene. A guide for healthcare staff”.  and for reference check NHS Lothian Infection Control intranet page. | | | |
| **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 | | | |
| **Hazard statements:**  H225 Highly flammable liquid and vapour  H318 Causes serious eye damage  H336 May cause drowsiness or dizziness  **Pictograms:**  **FlammableCorrosivehttp://www.hse.gov.uk/chemical-classification/images/pictogram-gallery/irritant.gif**  **Exposure limits:**  This product contains Propan-1-ol (TWA, 8h 200ppm, STEL, 15 min 250ppm) and ethanol (TWA, 8h 1000ppm).  **Routes of entry:**  For the tasks described previously the main routes of entry are exposure by skin contact and to eyes. Other more unlikely routes are exposure by breathing and by swallowing. | | | |
| **Can this substance be Eliminated or Substituted?** If not, please explain why: | | | |
| No – the problem of cross-infection transmitted by hand contacts is a serious risk for patients requiring frequent use of this product by staff and visitors at locations where it is more convenient and effective than normal soap and water. | | | |
| **Existing Precautions** | | | |
| Information:   * When using do not eat or drink. * Avoid contact with eyes. * Keep away from heat, hot surfaces, sparks, open flames and other ignition sources.   Instruction:   * When using the gel, clean your hands following the instructions showed in the Poster for hand hygiene (hand rubbing, gel). * Local First Aid Procedure and referral to Occupational Health if needed.   *Reference should be made to NHS Lothian First Aid Policy and local procedures to ensure your department has the correct first aid requirements in place.*  *Add additional existing precautions in your department* | | | |
| **Storage** | | | |
| Keep container tightly closed in a dry, cool and well-ventilated place.  Keep away source of ignition.  Incompatible with oxidizing agents and alkaline metals.  Keep away from food and drink. | | | |
| **Disposal** | | | |
| Dispose of contents/container in accordance with local waste management procedures.  Do not discharge into the drains/surface water/ground water. | | | |
| **Is there a requirement for Health Surveillance?** Yes/no and what type e.g. skin health etc | | | |
| No, unless you meet the criteria for skin health surveillance (wash the hands for more than 20 times a day). Health Surveillance Procedure for Managers (Skin Health). | | | |
| **Maintenance of equipment** - including LEV test, maintenance and inspections | | | |
| Not applicable | | | |
| **Is there a need for Personal Protective Equipment?** YES/NO and what type | | | |
| None required under normal use conditions. | | | |
| **First Aid Measures** | | | |
| **General information**  Remove contaminated soaked clothing immediately.  If you feel unwell, follow instructions from the Local First Aid procedure.  **Eye contact**  Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes.  Remove contact lenses, if present and continue rinsing.  Get medical attention promptly if symptoms occur after washing.  **Inhalation**  Move to fresh air in case of accidental inhalation of vapours.  If not breathing, give artificial respiration. If breathing is difficult, give oxygen.  Get medical attention promptly in the event of symptoms.  **Ingestion**  Drink plenty of water. If affected person is unconscious never give anything to swallow.  Do not induce vomiting.  Get medical attention immediately.  *Reference should be made to NHS Lothian First Aid Policy and local procedures to ensure your department has the correct first aid requirements in place.* | | | |
| **Emergency Plans** - including spills procedures | | | |
| Soak up with inert absorbent material. Wear suitable protective personal equipment. | | | |
| **Other Additional Measures** | | | |
| **Fire fighting** –  This product is a flammable liquid. Suitable extinguishing media: alcohol-resistant foam, dry chemical, carbon dioxide (CO2) and water-spray.  Vapours are heavier than air and therefore spread along ground.  The vapour/air mixture is explosive.  **Materials to avoid (incompatibility)**  Incompatible with oxidizing agents and alkaline metals. | | | |

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| **Level of Risk** | | | |
| Select the level which indicates the current risk level: | | | |
| **Green** | **Yellow** | **Orange** | **Red** |
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| **Action Plan** | | | |
| **What further action is necessary?** | **Action By Whom** | **Action by when**  **(dd/mm/yy)** | **Action completed.**  **(dd/mm/yy)** |
| Check NHS Lothian First Aid Policy and local procedures to ensure department has the correct first aid requirements in place | *Name* | *Date* | *Date* |
| Monitor safe use of product | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
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| **Review Table** | | | |
| **Date**  **(dd/mm/yy)** | **Reviewer** | **Reasons for review** | **Approved/Not Approved by**  **(dd/mm/yy)** |
| *Date* | *Name* | *Detail* | *Name & Date* |
| *Date* | *Name* | *Detail* | *Name & Date* |
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