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). | | | |
| Betadine Dry Powder Spray | | | |
| **Tasks which use the substance and who will be exposed**: | | | |
| Antiseptic for the treatment and prevention of infections in wounds including ulcers, burns, cuts and other minor injuries used mainly by nursing staff. | | | |
| **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 identification:**  Contact with eyes: May cause severe eye irritation.  Contact with skin: May cause redness and skin irritation. Repeated exposure may cause skin dryness or cracking. Possible skin sensitizer (limited evidence).  Inhalation: Vapours or aerosols may cause irritation of eyes, nose and respiratory tract. Vapours may cause drowsiness and dizziness.  Ingestion: May cause gastro-intestinal disturbance.  Extremely flammable.  **Exposure limits:**  This product contains Pentane (TWA, 8h 600ppm) and butane (TWA, 8h 600ppm STEL, 15 min 750 ppm).  **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 as it is required for clinical procedures: treatment / prevention of infection | | | |
| **Existing Precautions** | | | |
| Information:   * When using do not eat or drink. * Avoid contact with eyes. * As a patient, It should not be used regularly during pregnancy unless there is no alternative treatment available. * Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. * Do not breathe the spray.   Instruction:   * 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** | | | |
| Pressurised container: protect from sunlight and not to expose to temperatures exceeding 50o Celsius.  Keep container tightly closed in a dry, cool and well-ventilated place.  Keep away source of ignition.  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 | | | |
| Yes – skin.  NHS Lothian recognises that where staff is identified with COSHH exposures likely to be a skin irritant they are included within the Skin Health Surveillance programme. Annual checks are carried out by the local ‘Responsible Person’ on this basis, throughout the organisation. | | | |
| **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 contamined soaked clothing immediately.  If feeling 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 lensens, if present and continue rinsing.  Get medical attention promptly if symptoms occur after washing.  **Contact with skin**  Remove contaminated clothing immediately and drench affected skin with plenty of water. Then wash with soap and water.  Get medical attention promptly if irritation persists.  **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**  Rinse mouth with water (do not swallow).  Drink 200-300 ml 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 very flammable. Suitable extinguishing media: alcohol-resistant foam. | | | |

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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 your 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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