COSHH Assessment Form

**ID:**  *Local Reference*

|  |  |  |  |
| --- | --- | --- | --- |
| **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). |
| Chlor-Clean Wipes Code H9730  |
| **Tasks which use the substance and who will be exposed**: |
| NHS Lothian Domestic and Clinical Staff for disinfecting and cleaning. For use when undertaking Terminal, Isolation, Outbreak Cleaning on all surfaces & patient related equipment. In addition to when cleaning and disinfecting after cleaning up spills of urine and vomit. See Chlor Clean Algorithm for reference and NHS Lothian Infection Control intranet page on cleaning procedures. |
| **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:**H302 Harmful if swallowedH315 Harmful in contact with skinH318 Causes serious eye damage.H332 Harmful if inhaled.H335 May cause respiratory irritation.H410 Very toxic to aquatic life with long lasting effects.**Pictograms:****http://www.hse.gov.uk/chemical-classification/images/pictogram-gallery/irritant.gifEnvironmentally damaging****Exposure limits:**Short-term exposure limit (15-minute): WEL, (as Chlorine) 0.5 ppm 1.5mg/m3 fumeLong-term exposure limit (8-hour TWA): WEL, 10 mg/m3 inhalable dustLong-term exposure limit (8-hour TWA): WEL, 4.0 mg/m3 respirable dust**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 use of chlorine releasing agents to 1000ppm (or 10 000ppm for blood & high risk body fluids) is a mandatory requirement of national infection control policy. (NB: *This product replaces the previously used Actichlor Plus (Ecolab))* |
| **Existing Precautions** |
| Information: * No eating or drinking whilst using the product
* Avoid contact with acids as liberates toxic gas

Instruction: * Use only outdoors or in a well-ventilated area.
* Wash hands thoroughly after handling

Training - For professional users only. \**Training on product use is essential.* * Staff who are using this product are trained in its use

PPE provided\*Guest Medical trainers visited ward areas when first used to discuss the products most suited to the needs in individual areas. They provided initial training in how to use these and this will be supported now and going forward by your local Infection Prevention and Control Nurse.*Add additional existing precautions in your department* |
| **Storage** |
| Store in a dry place, in a closed container.  |
| **Disposal** |
| Dispose of contents/container in accordance with local waste management procedures.  |
| **Is there a requirement for Health Surveillance?** Yes/no and what type e.g. skin health etc |
| Yes – skin. NHS Lothian recognises that 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 |
| N/A |
| **Is there a need for Personal Protective Equipment?** YES/NO and what type |
| YesProtective gloves (nitrile) and apron. Wear eye protection where there is a risk of splashing e.g. safety spectacles/goggles or face protection visor. |
| **First Aid Measures** |
| **Inhalation**Move affected person to fresh air at once. Get medical attention. Move affected person to fresh air and keep warm and at rest in a position comfortable for breathing. When breathing is difficult, properly trained personnel may assist affected person by administering oxygen.**Ingestion**Do not induce vomiting. Remove affected person from source of contamination. Give plenty of water to drink. Get medical attention immediately. Move affected person to fresh air and keep warm and at rest in a position comfortable for breathing.**Skin contact**Due to the small packaging the risk of skin contact is minimal. In the event of irritation: Remove contaminated clothing. Wash skin thoroughly with soap and water. Get medical attention if irritation persists after washing.**Eye contact**Remove any contact lenses and open eyelids wide apart. Continue to rinse for at least 15 minutes. Get medical attention promptly if symptoms occur after washing.*Reference should be made to NHS Lothian First Aid Policy to ensure your department has the correct first aid requirements in place.*  |
| **Emergency Plans** - including spills procedures |
| Not applicable  |
| **Other Additional Measures** |
| **Fire fighting** – This product is non flammable. Extinguish with water spray, dry powder or carbon dioxide**Materials to avoid (incompatibility)**Flammable/combustible materials. Organic materials, oils, grease, sawdust, reducing agents, nitrogen-containing compounds, (NaDCC may generate nitrogen trichloride which is explosive).oxidizing substances, acids and alkalis, damp or slightly wet conditions. |

|  |
| --- |
| **Level of Risk** |
| Select the level which indicates the current risk level:  |
| **Green** | **Yellow** | **Orange** | **Red** |
|  |  |  |  |

|  |
| --- |
| **Action Plan** |
| **What further action is necessary?** | **Action By Whom** | **Action by when****(dd/mm/yy)** | **Action completed.****(dd/mm/yy)** |
| Implementation of training on product across NHS Lothian | Site Management Team | *Date* | *Date* |
| Monitor safe use of product | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |

|  |
| --- |
| **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* |
| *Date* | *Name* | *Detail* | *Name & Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |