

For further information on the completion of the COSHH Assessment Form, please refer to the associated Guidance Notes, hazard/safety data sheets, product labels and any other relevant source of information such as pharmaceutical COSHH folder

1.	HOSPITAL / FACILITY	MPH	DEPT/WARD	XRAY	COSHH INVENTORY NO.	
2.	BRIEF DESCRIPTION OF ACTIVITY/ PROCESS BEING ASSESSED					
	<p>Intravenous (IV) cannulation is a technique in which a cannula is placed inside a vein to provide venous access. This will usually be carried out in CT or sometimes in MRI for contrast imaging.</p> <p>NB. Refer to Chlorhexidine COSHH Risk Assessment in relation to skin preparation prior to cannulation.</p>					
3.	SUBSTANCE(S) AS TRADE NAMES:		N/A		DATE OF LATEST DATA SHEET	N/A
4.	CAN YOU ELIMINATE THIS SUBSTANCE / PRODUCT OR PROCESS?					NO
	CAN YOU SUBSTITUTE THIS SUBSTANCE / PRODUCT OR PROCESS WITH A SAFER ALTERNATIVE?					NO
	IF YES, PROVIDE DETAILS:					
5.	SUBSTANCES TO WHICH STAFF ARE EXPOSED IN CONNECTION WITH THE WORK ACTIVITY <i>(All substances to be entered on the Substance Sheet in Table 1)</i>					
6.	COSHH PHARMACY REFERENCE GROUP (if applicable)					N/A
7.	PERSONS WHO COULD BE EXPOSED AND HOW					
	<p>Staff due to:</p> <ul style="list-style-type: none"> - injury due to incorrect disposal of sharp by self or others - accidental blood spillage due to damage/faulty equipment or user error - exposure to patients' blood/blood products during cannulation/ administration of contrast media/ removing cannula after use. 					
8.	FREQUENCY AND DURATION OF USE OF PRODUCT/ SUBSTANCE					
	Cannulation is undertaken for the majority of patients in CT every day and less frequently MRI.					
9.	PHYSICAL FORM (Tick Options)			10. ROUTES OF EXPOSURE (Tick Options)		
	Solid <input type="checkbox"/>	Dust <input type="checkbox"/>	Other (Specify)	Inhalation <input type="checkbox"/>	Contact with Eyes <input checked="" type="checkbox"/>	
	Liquid <input type="checkbox"/>	Vapour <input type="checkbox"/>		Skin absorption <input checked="" type="checkbox"/>	Injection <input checked="" type="checkbox"/>	
	Gas <input type="checkbox"/>	Fumes <input type="checkbox"/>		Ingestion <input checked="" type="checkbox"/>	Other (specify)	
11.	POTENTIAL HEALTH EFFECTS					
	Risk of transmission of blood borne viruses between patients, service users, and staff.					

12.	EXISTING CONTROL MEASURES (eg ventilation, safe systems of work, training, maintenance testing, emergency spillage procedures etc)
	<p>All staff are trained to use safer cannulation devices (BD Venflon Pro safety, BD Nexiva Difusics)</p> <p>PPE Staff should wear nitrile gloves during cannulation. Where there is a risk of splashes, eye protection should be worn e.g. visors/goggles</p> <p>Staff wash their hands prior to and following the procedure (7 step hand hygiene technique) The patient's skin is prepared with clinell wipes and allowed to dry for 30 seconds prior to inserting the needle (included in The Principles of ANTT Aseptic Non Touch Technique which can be found on the HUB Aseptic Non-Touch Technique (ANTT) Policy (belfasttrust.local))</p> <p>Intravenous cannula is sited by trained staff following the Standards & Guidelines Committee – Peripheral IV Cannula Insertion and Management – V1 – May 2011</p> <p>Possible staff allergies to any material likely to be used such as natural rubber latex and chlorhexidine are established.</p> <p>Staff have received training in the clinical waste (including sharps) disposal arrangements. (Mandatory e-learning completed and kept up to date).</p> <p>Sharps boxes are provided on movable trolley or treatment trolleys in the cannulation areas of CT and MRI. Temporary closures are used when not in use and they are secured, tagged and signed prior to collection for disposal.</p> <p>A blood spillage procedure and materials are readily available.</p> <p>Hepatitis B status of staff is established prior to performing exposure prone procedures.</p> <p>Staff/Managers report all sharps injuries and follow the Sharps Care Pathway.</p> <p>Known patient allergies are recorded in the patient's notes as part of the Admission Procedure and are checked prior to skin preparation so that an alternative product (not containing chlorhexidine) can be used.</p>
13.	DETAILS OF OCCUPATIONAL EXPOSURE MONITORING UNDERTAKEN (if applicable)
	N/A
14.	DETAILS OF HEALTH SURVEILLANCE UNDERTAKEN (if applicable)
	The Sharps Care Pathway and relevant follow-up is undertaken following a sharps incident by the Occupational Health Service
15.	HOW IS THE SUBSTANCE BEING DISPOSED OF?
	Sharps are disposed of immediately in sharps bins. Staff should be aware of the correct management and disposal of clinical waste including sharps.
16.	INFORMATION, INSTRUCTION & TRAINING
	<p>All trained Radiography/Radiology staff will have undertaken an IV cannulation course and will be deemed competent in their practice following a period of supervised practice.</p> <p>Staff have been made aware of the Trust's COSHH Policy, Prevention of the spread of Blood Borne Virus (BBV) Infection and the Management of patients with BBV infection.</p>

Staff received training in dealing with blood spillages and disposal of any sharps instrument by the user at the point of use.

Staff attend awareness training on the introduction of the Sharps Care Pathway which forms parts of the Guidelines on the Prevention and Management of Sharps Injuries and Blood and Body Fluid Exposures (BBFE's). (This is part of the mandatory Infection Prevention & Control Training).

Staff complete COSHH Awareness (E-Learning) Training as per statutory/Mandatory Training.

17. LOCAL EXHAUST VENTILATION (LEV)/ SAFETY CABINETS/ FUME CUPBOARDS

Is LEV/ safety cabinet/ fume cupboard in use as a control?	NO
Has it been inspected and passed as suitable for the task by a competent person?	NO
Detail any additional maintenance/ weekly checks undertaken?	N/A

18. ESTIMATED RISK TO HEALTH (Likelihood x Severity= Risk Rating)

LIKELIHOOD	SEVERITY/CONSEQUENCE	RISK RATING
Possible (3)	Moderate (3)	Medium (9)

19. RECOMMENDATIONS/ACTION REQUIRED – CONSULT RELEVANT SOURCES OF INFORMATION FOR GUIDANCE - (e.g. elimination, substitution of product, relocate the work activity, introduce LEV, enclose process, improve general ventilation, development of safe systems of work, reduce the number of employees exposed, training requirements, provision of information/guidance to staff and provision of personal protective equipment, etc)

RECOMMENDED REMEDIAL ACTION	DATE TO BE COMPLETED	PERSON CO-ORDINATING IMPLEMENTATION OF REMEDIAL ACTION	DATE COMPLETED
To ensure that staff maintain their knowledge and skills both from a theoretical and practical perspective through retraining (by attending the Beeches Clinical Education Centre Venepuncture Courses) and subsequent completion of a requests for supervised practice form and attendance at relevant link meetings and particularly with the introduction of safer devices	During practice supervision	Senior CT staff/ Radiologists/ [REDACTED] [REDACTED] CT lead	Ongoing
To ensure that all sharps incidents are investigated and lessons learnt communicated to all relevant staff, in particular, incidents resulting in appropriate disposal	Raise at staff briefing following any incidents	[REDACTED] CT lead/ [REDACTED] Site Lead	Ongoing

20. REVISED RISK RATING (Likelihood x Severity= Risk Rating)

LIKELIHOOD	SEVERITY / CONSEQUENCE	RISK RATING
Unlikely (2)	Moderate (3)	Medium (6)

21. NAME OF COSHH ASSESSOR(S)

DATE COSHH ASSESSMENT COMPLETED

SIGNATURE

DATE COSHH ASSESSOR TRAINED

[REDACTED]	05.01.2021		13.10.2020
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22.	NAME OF LINE MANAGER	SIGNATURE	DATE
	[REDACTED]	[REDACTED]	

23. CIRCULATION (Please tick as applicable)
Staff: (Available to all staff) <input checked="" type="checkbox"/> Manager/supervisor: <input checked="" type="checkbox"/> Other (Specify):
24. REVIEW OF ASSESSMENT (see attached review sheet for details)

Table 1- Substance Sheet
Substances to which staff are exposed in connection with the work activity
 (Refer to Guidance Notes to assist you when completing this section.)

5A) HAZARDOUS COMPONENTS OF SUBSTANCE & SUBSTANCE(S) PRODUCED WHEN USING PRODUCT	5B) HAZARD STATEMENT(S)	5C) WORKPLACE EXPOSURE LIMITS (WEL'S) (If applicable)	5D) DNELs (If applicable)	5E) DMELs (If applicable)	5F) PNECs (If applicable)	5G) OTHER COMMENTS (eg SK, Sen, Carc, Bmgv- Refer to EH40)
Precautionary Statements						

5H) HAZARD CLASSIFICATION (Tick the applicable Hazard Classification(s))

Details of Hazard Classification(s) are detailed in Safety Data Sheets Section 2,3 and 15 and COSHH Guidance Notes (Available on the Hub)



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