required for 3-5 minutes (256 x 256 matrix). The Co^{57} flood must be used underneath the patient to provide outline. However the procedures used at both sides are slightly different if compared with the literature recommendations.

Table 10 - Differences between [redacted]

	[redacted]	[redacted]
Radiopharmaceutical	Tc^{99m} - Nanocolloid	
Activity	20 MBq if surgery is on the same day or 40MB if surgery is on the next day	
Time of acquisition	20 minutes after injection	
Images acquired	Anterior and Lateral statics views for 5 minutes per view. 256 x 256 matrix	
Patient positioning	Patient imaged lying supine on bed **Anterior Image** – arm is out to side **Lateral Image** – arm is above head	Patient imaged in standing position **Anterior image** – arm is angled (hand on hip) **Lateral Image** – arm is above head
[redacted]	Masking of the injection site as required	
[redacted]	Patients outline produced using a cobalt flood	

There are differences in the imaging method used across sites. The reason for this is because [redacted] patients attend as a group, typically with 3 patients, all due to go for pre-surgery preparation then straight to theatre. For this reason, it is important that the scanning for all patients is performed within an hour. If no nodes are seen, patient is sent back to the waiting area to allow more time for uptake, whilst another patient is taken into the camera room to start the scan, therefore having the patient standing aides this process. Initially, the difference in the results could be due to patient positioning with those at [redacted] having breast tissue overlying any SLN and the scanning was not being extended if no SLN observed.

In the next step, a review was performed to analyse if the difference could be down to frequency of performing the study and staff experience. At [redacted] the BSLN procedures were

performed up to 6 per week, consequently when performing so frequently and going straight to surgery we will be aware very quickly if it is a problem with technique. However, at [redacted] the BSLN procedures were typically performed once a week and for that reason it could take longer to notice a problem.

Table 11 - Frequency of BSLN procedures at both sides

	[redacted]	[redacted]
Date of Imaging	23/06/15 – 14/08/15	06/03/13 – 23/02/15
Number of Patients	30	30
Age Range (Mean)	41-79 (59.4)	31-79 (54.2)

Regarding the investigation of patients groups no significant differences between the groups was found. Nodes positive for metastatic cells were seen in 30% of patients at [redacted] and 18.8% of patients at [redacted][20] and no significant difference in tumour stage or grade between the two patients groups.

Table 12 - Comparation of different procedures at both departments

Procedure	[redacted]	[redacted]
Wide Local Excision & SLN Biopsy	6 (20%)	28 (88%)
Mastectomy & SLN Biopsy	24 (80%)	3 (9%)
SLN Biopsy	0 (0%)	1 (3%)

Based on investigation results, the scanning procedures were changed at [redacted] to ensure all images checked prior to patient leaving the department. If no nodes seen the next steps would be followed:

- Establish if masked/unmasked images are required;
- Remove cobalt flood and acquire image;
- Consider delayed imaging.

The new changes were implemented and both departments decided to re-audit in the follow year.

[20] BNMS referred 20-30% of SLNs should contain metastatic disease.

In May of 2016, the staff at [redacted] raised on-going issues with imaging of BSLN so a further review of imaging was performed and it was decided that staff should scan for longer without the cobalt flood. However, in August regarding a patient with no uptake and poor counts a review of injection technique for SLN was performed. The results showed that some staff were not using all the volume in syringe due to back-pressure. As a result size of injection needle was changed from orange (25G, 0.5 mm) to a diabetic needle and syringe (29G, 0.33mm) and staff were encouraged to use the entire volume in syringe.

In 2017, 38 patients' images (all patients were females and the scans date from May 2016 to May 2017) and CRIS reports were reviewed at [redacted] to investigate if there was any improvement in the results. As can be observed in the graph, [redacted] had a huge improvement in the results with the changes referred before.

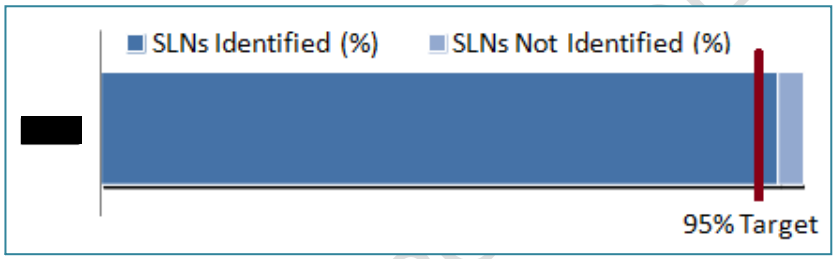

Figure 31 - Results of SLN identified and not identified at [redacted]

Being the only member of the clinical technologist/nurse staff working at both departments and performing different protocols, I strongly believe the problem was focused on the injection technique of the staff at [redacted] and not on the image acquisition procedure. Also, I think it is important to continue to re-audit this procedure to ensure both departments are maintaining the improvement on the results.

12.6. Safe Working Practice

12.6.1. Induction Form

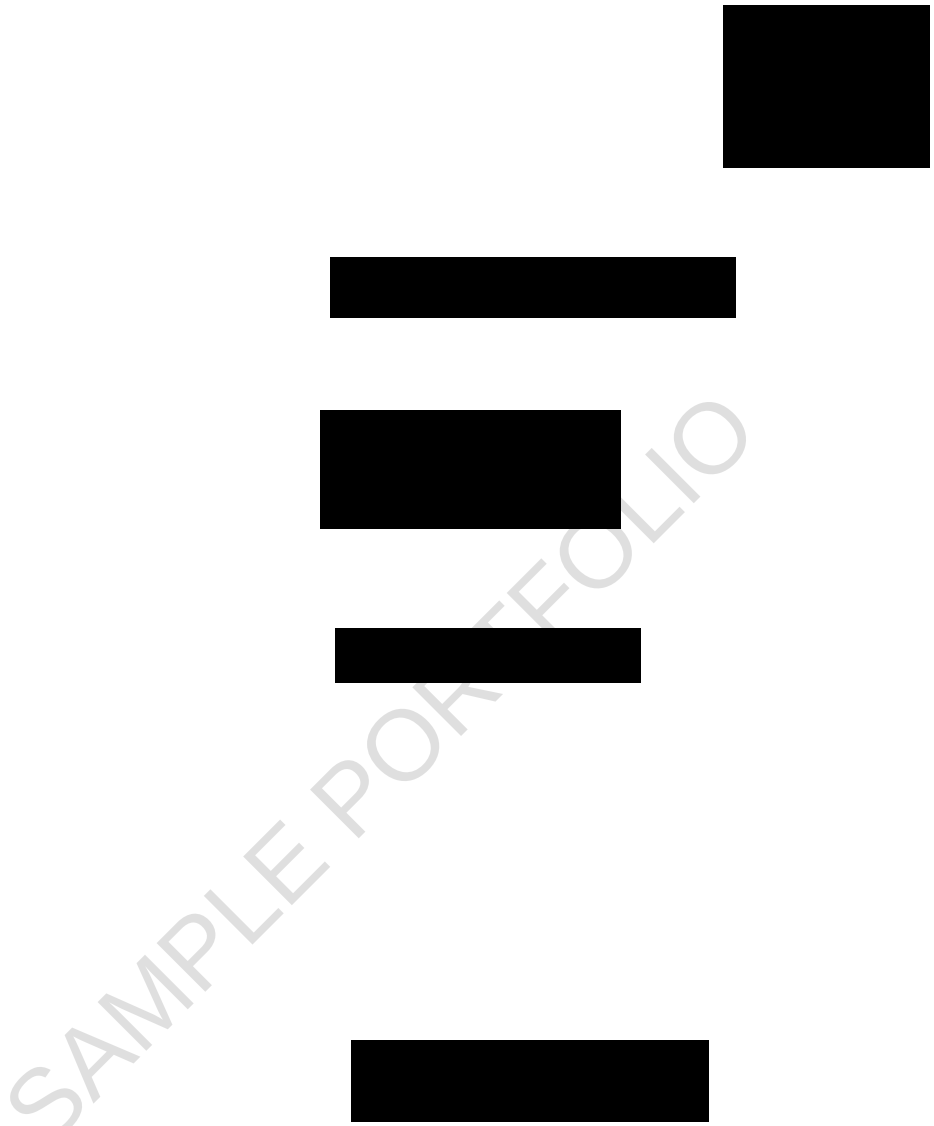

Figure 32 - Induction checklist record – Part 1

Figure 33 - Induction checklist record – Part 2

Figure 34 - Induction checklist record – Part 3

Figure 35 - Induction checklist record – Part 4

Figure 36 - Induction checklist record – Part 5

Figure 37 - Induction checklist record – Part 6

Induction Portal		Item	Details	Date Achieved	Tick box when completed
Step 3 **Statutory and Mandatory Training Information**	**Week 1- Month 3**	**Professional Development and Training**	Learning and Education There are a number of Learning and Education opportunities for staff which can be found on HR Connect A complete list of Statutory/ Mandatory training can be found by clicking here.	9/4/17	☑

Induction Portal		Item	Details	Date Achieved	Tick box when completed
Step 4 ***Healthcare Support Workers***		***Healthcare Support Workers***	• If your new member of staff has been identified as a Health Care Support Worker, then they must additionally meet a set of 14 induction standards and also agree to a Code of conduct. HCSW's must also complete a workbook providing evidence on how they are meeting the above standards. If your member of staff is not a HCSW, you do not need to complete this section and please to go to Step 5. The Standards are below: 1. Protecting the public from harm and abuse. 2. Being fit (healthy) to work. 3. Maintaining health and safety at work. 4. Assessing risks at work. 5. Reporting incidents at work. 6. Working within confidentiality guidelines. 7. Developing your knowledge and practice. 8. Reviewing your working practice to improve your knowledge. 9. Contributing to team work. 10. Building "customer" relationships".	N/A	☐

Figure 38 - Induction checklist record – Part 7

		11. Managing yourself as a resource. 12. Working within your own limits. 13. Working in line with the equality, diversity, rights and responsibilities of people. 14. "Whistle-blowing" in cases of harm and abuse. **Reviewer Handbook** This document is a guide for reviewers who are overseeing the process of HCSW induction completion **HCSW Workbook** This document is for HCSW's. It explains what they need to do in order to meet the induction standards. Your new start should be given a copy of this document so that they understand the background and process of what is required. **Completing the Workbook** The HCSW will require to submit evidence to you via the workbook. This can be done in two ways 1. They can download a paper version of the workbook and print this off. They can write their evidence in the space provided or 2. They can download an electronic version of the workbook. This file is in PDF (Adobe) format and it enables your HCSW to type and save information and if required amend and delete their evidence.			

Figure 39 - Induction checklist record – Part 8

Figure 40 - Induction checklist record – Part 9

Induction Portal		Item	Details	Date Achieved	Tick box when completed
Step 5		***Induction Governance***	This section of the list is the final part of the induction checklist. As a manager, here is quick reminder of what your new start should have achieved • If the new start is a HCSW, the workbook needs to be completed, reviewed and signed off. • The induction checklist (this document) and Induction Checklist Record (first page) has been completed. Keep this in the Personnel File. • The statutory/ mandatory training on LearnPro has been completed. • A copy of the completed Induction checklist has been given to the employee and the original is in the personnel file of the new start. • **IMPORTANT**- Please now complete the induction completion online form. • This is important as it allows us to update the employee record on EMPOWER (HR database). If you do not complete and return this form, your member of staff will be listed as non compliant and will be highlighted to HR.	24/3/17	☑

END OF CHECKLIST

Induction Portal		Item	Details	Date Achieved	Tick box when completed
Step 6		***Profession and Role Specific Training***	• Complete Step 6: Role Specific Induction has been identified and agreed following completion of statutory/ mandatory training.	24/3/17	☑

12.6.2. Learn-Pro Statutory Courses

[redacted]

CERTIFICATE
OF ACHIEVEMENT
10/01/2018

Name: [redacted]
Health Service:
Registration Date:
Job Family:
Role:

Division / Trust: [redacted]
Hospital:
Ward:
Sub Family:
Date Generated:

ELEARNING COURSES

Assessments Completed 1 courses

Dementia Informed Level DVD Assessment
Completed on 06/12/17.

MODULE LIST	
Dementia Informed Level DVD Assessment	Passed assessment on 06/12/17.

CPD Completed 3 courses

[redacted] **Food Hygiene**
Completed on 24/03/17. Valid until 24/06/25.

MODULE LIST	
Legal Requirements, Food Poisoning and Bacteria	Passed assessment on 24/03/17.
Food Contamination	Passed assessment on 24/03/17.
Preventing Food Poisoning	Passed assessment on 24/03/17.

[redacted] **IV3000 Venepuncture & Peripheral Cannulation**
Completed on 06/12/17.

MODULE LIST	
Introduction	Accessed module on 06/04/17.
1. Professional and Legal Issues	Completed module on 06/04/17.
2. Related Anatomy and Physiology	Completed module on 24/05/17.
3. Site Selection and Vein Assessment	Completed module on 02/08/17.
4. Equipment Choice	Completed module on 02/08/17.
5. Principles and Practice	Completed module on 05/12/17.
6. Potential Complications	Completed module on 05/12/17.
7. Post Insertion Care (Cannulation)	Completed module on 06/12/17.
8. Infection Prevention	Completed module on 06/12/17.

Figure 41 - Learn-pro courses – Part 1

[redacted]anagement of Needlestick & Similar Injuries
Completed on 28/12/17. Valid until 28/12/19.

MODULE LIST	
[redacted]Management of Needlestick & Similar Injuries	Passed assessment on 28/12/17.

Infection Prevention and Control Completed 1 courses

NES: Prevention and Management of Occ. Exposure
Completed on 28/12/17.
This module is part of the Scottish Infection Prevention and Control Education Pathway. The anticipated learning time for module plus assessment is 40 minutes. Learning outcomes: - Recognise risks of occupational exposure to blood and body fluids. - Take actions to prevent and minimise the risks by avoiding and managing potential hazards including the safe management of sharps. - Take appropriate action in the event of an occupational exposure incident.

MODULE LIST	
[redacted]Prevention and Management of Occ. Exposure	Completed module on 28/12/17.
[redacted]Prev. and Mgmt. of Occ. Exposure (Assessment)	Completed module on 28/12/17.

Statutory / Mandatory Completed 6 courses

[redacted]Adult Support & Protection - Basic
Completed on 27/03/17. Valid until 27/03/20.

MODULE LIST	
Adult Support and Protection Act	Passed assessment on 27/03/17.

[redacted]Child Protection - Level One
Completed on 06/12/17. Valid until 06/12/20.

MODULE LIST	
[redacted]Child Protection - Level one	Passed assessment on 06/12/17.

[redacted] Child Protection Webinar
Completed on 27/03/17.

MODULE LIST	
[redacted]Child Protection Webinar	Accessed module on 27/03/17.

[redacted] Equality and Diversity
Completed on 24/03/17. Valid until 24/06/25.

MODULE LIST	
Introduction to Equality and Diversity	Passed assessment on 24/03/17.

[redacted] Fire Safety
Completed on 24/03/17. Valid until 22/03/19.

MODULE LIST	
Introduction and General Fire Safety	Passed assessment on 22/03/17.
Fire Prevention	Passed assessment on 24/03/17.
Fire Fighting Equipment	Passed assessment on 24/03/17.
Specialist Roles	Passed assessment on 24/03/17.
Fire Emergency within the Ward	Passed assessment on 24/03/17.

[redacted]Health and Safety
Completed on 06/04/17. Valid until 27/03/18.

MODULE LIST	
Health and Safety Awareness	Passed assessment on 27/03/17.

Figure 42 - Learn-pro courses – Part 2

Risk Assessment	Passed assessment on 27/03/17.
Incident Reporting	Passed assessment on 27/03/17.
Violence and Aggression	Passed assessment on 27/03/17.
Manual Handling (Patient) - Legislation	Passed assessment on 27/03/17.
Manual Handling (Patient) - Ergonomics	Passed assessment on 27/03/17.
Manual Handling (Patient) – Anatomy	Passed assessment on 27/03/17.
Manual Handling (Patient) – Causes of Injury	Passed assessment on 28/03/17.
Manual Handling (Patient) - Efficient Movement	Passed assessment on 28/03/17.
Manual Handling (Non Patient) - Legislation	Passed assessment on 28/03/17.
Manual Handling (Non Patient) - Ergonomics	Passed assessment on 28/03/17.
Manual Handling (Non Patient) – Anatomy	Passed assessment on 28/03/17.
Manual Handling (Non Patient) – Causes of Injury	Passed assessment on 28/03/17.
Manual Handling (Non Patient) - Efficient Movement	Passed assessment on 28/03/17.
COSHH	Passed assessment on 04/04/17.
Display Screen Equipment	Passed assessment on 04/04/17.
Lone Working	Passed assessment on 06/04/17.

Figure 43 - Learn-pro courses – Part 3

12.6.3. Sharp and Needlestick Injury Risk Assessment

Ionising Radiation Regulations 1999: Risk Assessment

Subject of Assessment	Use of sharps and associated disposal (including radioactive sharps).
Date of Commencement	26/10/2017
Hazards	Sharps injury including potential exposure to blood borne viruses and/or contamination with radiopharmaceutical.
Description of risk	Risk staff of sharp and needle stick injury. Safe sharps products are used in the majority of activities. Activities identified as a potential risk and/or not compatible/conducive with the use of safe sharps practices are outlined below: 1. Drawing up radiopharmaceuticals from vials into syringes for patient and non-patient use. 2. Drawing up pharmaceuticals from vials into syringes for patient use. 3. Administering pharmaceuticals and radiopharmaceuticals to patients (several times per day). 4. Re-sheathing needles for measurement of syringe radioactivity without contaminating the measuring device or work area (these sharps are not used on patients). 5. Transfer of blood products between syringe and vacuette container. 6. Preparation of blood samples for assay/reinjection. 7. Disposal of sharps
Staff involved	Clinical technologists, nursing staff, healthcare imaging assistants, scientific and medical staff all undertake some work within the department which carries the potential risk of needle stick injury.
Other Persons Involved	None.

Assessment

Existing Precautions

Activities 1, 2 & 3	• Disposable protective gloves to be worn during preparation and administration of radiopharmaceutical/pharmaceutical. • Only trained staff are permitted to prepare radiopharmaceuticals and/or manipulate volumes of unsealed radionuclide's with sharps. • A blunt filter needle is required for pharmaceuticals drawn up from glass vials (e.g. furosemide, heparin). These must be resheathed using a Safe-T-Cap device in conjunction with a 'single hand' technique. • A needle is required for vials with a bung i.e patient radiopharmaceuticals or pharmaceuticals. These must be resheathed using a Safe-T-Cap device in conjunction with a 'single hand' technique. • Safety butterflies, venflons and cannulas are used for all IV administrations. • Only trained staff are permitted to administer radiopharmaceuticals and and/or pharmaceuticals intravenously. Training is via successful completion of an [redacted] course, observation of a number of injections. And finally, competence will only be achieved once a number of successful injections have been undertaken under supervision. • To avoid/minimise patient distress and subsequent movement staff explain the injection procedure to the patient warning immediately prior to injection. • Sharps that have been in contact with a patient during IV administration are not re-sheathed and disposed of immediately. *Radiation protection measures require the use of syringe shields, these shields are not compatible with safety syringes. However these have not been in contact with any patient and the risk is low. Re-sheathed*

	needles are removed, disposed of directly to sharps container and replaced by a sterile syringe end cap prior to use, this practice minimised further use of non-sharp products.
Activity 3	• **<u>Sentinel Node Studies (Breast):</u>** Only trained staff are permitted to administer radiopharmaceuticals intra-dermally. Training is via successful completion of an [redacted] course, observation of a number of injections. And finally, competence will only be achieved once a number of successful injections have been undertaken under supervision. • The intra-dermal injections required for the procedure are undertaken using a diabetic insulin needle. • Sharps that have been in contact with a patient during IV administration are not re-sheathed. *Safety diabetic insulin needle are being trialled within the department, it should be noted that some operators have found difficulty using these i.e. significant back pressure from plunger during administration, resulting in compromise of technique. Compromise of the technique can result in the operator administering the radiopharmaceutical too deeply or depressing the plunger with force could result contamination of the area of interest. As this procedure is used to guide surgeons to radioactive lymph nodes in theatre, any compromise in the technique, as described, could result in this part of the surgical procedure being abandoned.*
Activity 4	• Re-sheathing of syringes containing radiopharmaceuticals drawn up from glass vials is only permitted when a Safe-T-Cap device is used in conjunction with a 'single hand' technique. *This practice is required to minimise the risk of radioactive contamination of the work area and radionuclide calibrator and therefore ensure accuracy of the measured activity administered to the*

	patient. There have been no reported instances in the NE sector of needlestick injury using the re-sheathing Safe-T-Cap device so it is felt that the risk remains minimal.
Activity 5	• **Blood volume studies**: Two 9ml vacuette containers of blood are required at three discreet time intervals. Sampling is achieved via the use of an IV safety cannula with 20ml syringe attached. 20ml of blood is removed from the patient and the blood decanted into the two separate 9ml vacuette containers by removing their tops and discharging the syringe without the use of a needle. *This deviation of safe sharp practice is required to minimise inaccuracies in blood sampling, direct use of two vacuette's is problematic in part due to the nature of the patient's blood disorder i.e. Polycythaemia, and can result in delays between sampling for a single time point. This in turn could affect the clinical result of the test.*
Activity 6	• **Blood volume studies**: Blood products are manipulated using blunt mixing needles rather than safety sharps to eliminate the risk of a needlestick injury resulting in a blood borne virus risk. Safety sharps are not conducive to the transfer of blood products between the various containers required during the procedure. • **Blood labelling and blood volume studies:** Blood products for reinjection are drawn up using a needle and syringe. The needles are then re-sheathed using a Safe-T-Cap device in conjunction with a 'single hand' technique. Once the activity within the syringe has been measured the sheathed needle is removed and replaced by a safety cap. *Limited distance between the retracted safety sheath and needle end within the receptacle containing the blood product restricts adequate insertion of a safety needle and causes difficulty when drawing up. Full*

	insertion of the safety needle into the blood would result in contamination of the operators hand and/or working environment. In addition, patients attending for blood volume procedures often have very viscous blood, the use of mixer needles is prohibited due to the potential for clots being drawn into the syringe for re-administration to the patient. A needle is required to avoid clots being drawn into the syringe.
Activity 7	• Staff member should ensure sharps containers are available prior to undertaking work involving the use of sharps, safety or otherwise. • Needles used for patients should be disposed of in a sharps container for disposal without disconnecting the needle from the syringe – dispose of the whole assembly. • Never leave sharps for someone else to tidy up – it is the responsibility of the staff member using the needle to dispose of it properly. • Needles are disposed of in an approved puncture resistant sharps container. • Do not overfill sharps containers. • Full (3/4 full) sharps containers should be sealed for incineration and placed into the waste store.

In the event of a needlestick injury, the following facilities are in place:

• Appropriate hand washing facilities with elbow operated taps are provided in all areas where radioactive material is handled and injections carried out.

The poster ***'Management of Needlestick Injuries and Exposures to Blood and High-Risk Body Fluids'*** is displayed in each section and details [redacted] procedures to be followed if an incident occurs, which include:

• Encourage bleeding as much as possible and wash the injury under running water.

• Do not suck the injured area.

- Wipe the area with a small alcohol wipe (mediswab).
- Contact Occupational Health for advice.
- Report the incident
- Attend A&E if the injury occurs out of hours and Occupational Health staff are not available.

A formal record of the incident must be reported via DATIX and there is a follow-up procedure in place. Finally, further associated documentation can be accessed on staffnet and Hepatitis B Virus vaccination is provided for all staff members via Occupational Health.

Level of Risk - Is the control of this risk adequate?

Give more than one risk level if the assessment covers a range of circumstances. You can use the 'matrix' to show how 'likelihood' and 'consequences' combine to give a conclusion. Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.

Table 13 - Risk Matrix

Likelihood	Impact/Consequences				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Very High High Medium Low

Current risk level: Medium (likelihood Unlikely, the consequences/impact from a radiation exposure is Low. HOWEVER the consequence is considered Major from BBV).

Action Plan (if risk level is **High (Orange) or Very High (Red)**

Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies.

Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.

Proposed actions to control the problem List the actions required. If action by others is required, you must send them a copy	**By Whom**	**Start Date**	**Action due date**

Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)

Report up management chain for action	
Report to Estates for action	
Contact advisers/specialists	
Alert your staff to problem, new working practice, interim solutions, etc	

Assessor	**Designation**	**Date**	**Review**
Manager			

12.6.4. COSHH Risk Assessments

Department: [redacted] Nuclear Medicine **Ref no: Actichlor Tablets**

Substance / Activity: Effervescent chlorine releasing tablet for cleaning blood spillages. Surface disinfectant
Is there a safe system of work for the activity? Yes

Product / Trade Name / Mixture etc	**Hazard Classification** (Corrosive, Harmful, Irritant, Toxic, Very Toxic)	**Chemical Nature** (aerosol, dust, fume, gas, liquid, powder, etc)	**Route of Entry / Exposure** (Absorption, Ingestion, Inhalation, Injection)
Actichlor Plus Tablets	Harmful; Dangerous to the environment	Solid	Inhalation; intoxication; skin respiratory and eye irritation
Troclosene sodium; organic acids; arylsulfonates; Sodium fatty acid sarcosides	R22; R36/37; R31; R50/53 Xn; N	Soluable	Contact with acid liberates to toxic gas; very toxic to aquatic organisms and may cause long term adverse affects in the aquatic environment.

Individuals or groups exposed	Staff
Duration of exposure	Intermittent
Does the substance have a W.E.L.?	No * If Yes, contact Occupational Hygienist / Health & Safety Practitioner
Is a Safety Data Sheet Available?	Yes

Existing Precautions

Summarise current controls in place Include any procedures for Storage, Transport, Handling, Disposal and Maintenance as well as the general use of the substance.	**Describe how they might fail to prevent adverse outcomes.**
Store 0ºC-25ºC in a well ventilated, cool, dry cupboard and away from food and drink. Separate from acids and in original container. Use only in adequate ventilation and wear appropriate PPE. No smoking, eating or drinking when handling and wash hands after use. If clothes and/or PPE contaminated remove.	

Emergency Procedures	
First Aid Eye Contact: Flush eyes immediately with water for about 15mins making sure no contacts lens and lifting lids. Inhalation: Remove the victim to an area with fresh air and if required provide oxygen. Skin Contact: Wash with plenty of water. If clothes or shoes contaminated remove. Ingestion: Wash mouth with water and do not induce vomiting. Get medical help.	**Spillages**

Level of Risk - Is the control of this risk adequate?

Give more than one risk level if the assessment covers a range of circumstances. You can use the 'matrix' to show how 'likelihood' and 'consequences' combine to give a conclusion.

Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.

Table 14 - Risk Matrix

Likelihood	Impact/Consequences				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Low

Health Surveillance/ Atmospheric Monitoring	
Is Health Surveillance or Atmospheric Monitoring of staff required? (If yes, contact the Occupational Health Service/ Occupational Hygienist)	Yes

New & Expectant Mothers	
Are additional control measures required for new & expectant mothers?	No
If yes, please specify:	

Action Plan (if risk level is **High (Orange) or Very High (Red)**

Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies. Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.

Proposed actions to control the problem List the actions required. If action by others is required, you must send them a	**By Whom**	**Start Date**	**Action due date**

copy			

Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)

Report up management chain for action	
Report to Estates for action	
Contact advisers/specialists	
Alert your staff to problem, new working practice, interim solutions, etc	

Assessor	**Designation**	**Date**	**Review**
Manager			

All COSHH risk assessments should be correctly completed and a record kept. Initially, the substance must be described, including the name of the product, the respective hazard classifications including the associated R-Phrase (this appears on each label and is mandatory), the chemical nature (Liquid, gas, etc) and the route of entry and/or exposure (Inhalation; intoxication, etc).

In the COSHH risk assessment mentioned previously, Actichlor Tablets are classified as harmful and dangerous to the environment and is a R22 (Harmful if swallowed), R31 (Contact with acids liberates toxic gas), R36/37 (Irritating to eyes and respiratory system) and R50/53 (Very toxic to aquatic organism, may cause long-term adverse effects in aquatic environment).

General information about the groups exposed, duration of exposure, if the substances have a Workplace Exposure Limit (W.E.L), a safety data sheet available and the level of risk is completed on the form. To control and reduce the risks derived from Actichlor tablets the department must follow the precautions and the emergency procedures present in the risk assessment.

At these departments, the COSHH revision only occurs if the manufacture and/or a substance changes in the product, otherwise this document need be reviewed annually.