

## APPENDIX 1

### HEALTH & SAFETY RISK ASSESSMENT

#### Risk Assessment Form

<p>1.</p> <p>Area: Ayrshire &amp; Arran</p> <p>Directorate: Community / Cancer</p> <p>Ward/Dept: Community</p>	<p>2.</p> <p>Assessment No: H&amp;S/Generic/014</p> <p>Assessment Date: 31/08/2021</p> <p>Revised:</p> <p>Assessor: SACT Governance Group</p>
<p>3. Activity/Process</p> <p>Dealing with spillage of cytotoxic drugs in patients home (including excreta)</p>	<p>4. Number of persons at Risk:</p> <p>1 _____</p> <p>2-5 <u>  X  </u></p> <p>6-10 _____</p> <p>10 plus _____</p>
<p>5. Hazards involved with the Activity/Process:</p> <ul style="list-style-type: none"> <li>• Staff exposure to cytotoxic drugs/waste.</li> <li>• Patient/family/relatives exposure to cytotoxic drug/waste.</li> <li>• Ineffective cleaning of the spill, leading to patient/staff/family exposure to cytotoxic drugs.</li> <li>• Pregnant workers exposed to cytotoxic drugs/waste.</li> <li>• Incorrect disposal of waste.</li> </ul>	
<p>6. Existing Safety Measures/Controls</p> <ul style="list-style-type: none"> <li>• Disposal of Chemotherapy Waste in the Community Guideline</li> <li>• Staff awareness of risk of spillage</li> <li>• Chemotherapy eLearning packages on the LearnPro site – Covers safe handling</li> <li>• Spillage kit supplied to patient on commencing cytotoxic treatment in the community</li> <li>• Patients provided with sharps/cytotoxic bin at each cycle of cytotoxic treatment</li> <li>• Code of Practice for Medicines Governance – Section 12.2 “Cytotoxic Chemotherapy Specialist Guidance” on Drugs and Therapeutics site on AthenA – Covers safe handling / dealing with spillages</li> <li>• MISC 615 Safe Handling of Cytotoxic Drugs (HSE Website)</li> <li>• Staff Training on Cytotoxic Spillages (incorporated in CVAD Training)</li> <li>• Patient information leaflet – Chemotherapy Ayrshire and Arran: A guide for patients and carers – Covers safe handling</li> <li>• Personal Protective Equipment (PPE) (Contained within Spillage kit)</li> <li>• Pregnant Worker Risk Assessment will identify any staff member who is required to handle Cytotoxic material and appropriate action should be taken by Line Manager</li> <li>• On disconnection of an ambulatory 5FU pump the district nurses place a Non PVC Dual Function white leur lok cap (order no. MX49 1P1) on to the end of the completed pump which ensures that no cytotoxic waste can escape from the pump / line following disconnection.</li> </ul>	

<p>7. The Risk(s) Remaining: (After Existing Control Measures)</p> <p>If there are none, or the residual risks are acceptable write "Controls Adequate" below &amp; line manager signs Section 10 to signify approval of the assessment If Risks still exist, detail them below and rate the Residual Risks &amp; proceed to Section 8 if additional controls are required.</p> <p>Exposure to Cytotoxic Drugs (i.e. spillage, excreta)</p>	<p style="text-align: center;">Risk Rating:</p> <p style="text-align: center;">Severity x Likelihood = Rating</p> <p style="text-align: center;">1 x 1 = 1 (LOW)</p>			
<p>8. Additional controls required: (To reduce residual risk(s) if reasonably practicable to a Risk Rating of 6 or below) <b>To be completed by the department, where further controls are required.</b></p> <p>Controls adequate.</p>				
<p>9. Additional Controls Agreed: [Yes/No] (If "yes" detail the action to be taken)</p> <p>John Gibson contacted to establish price prior to escalating to District Nurse Team Leaders and Associate Nurse Director for approval / cost code.</p> <p><b>To be completed by responsible managers who has authority for implementation of further control measures, where applicable and indicated in Section 8.</b></p> <p>Target Date for Implementation:</p> <p>Signature..... (Senior Line Manager responsible for Activity /Process)</p> <p>Designation.....</p>				
<p>10. Line Manager/Assessment Approval/Review: Revised</p> <p>Risk Rating:</p> <p>Date Implemented:                      Controls Effective: Yes/No                      Severity x Likelihood =</p> <p>Rating</p> <p>Comments</p> <p>Signed and Appointment:                      Date:.....</p> <p>Name:                      (Senior Line Manager responsible for Activity / Process)</p>				
<p>Assessment Review Dates: Every 3 years</p>				
Date Due	Reviewed by	Signature	Date Reviewed	New Assessment Required
14/9/2011	RATS Group (to reflect guidance on Drugs & Therapeutics site)		9/9/2010	Yes [ ] No [ <input checked="" type="checkbox"/> ]

9/9/2013	Cancer Clinical Governance Group		17/12/2013	Yes [ ] No [ <input checked="" type="checkbox"/> ]
17/12/2016	Cancer Clinical Governance Group		08/12/2016	Yes [ ] No [ <input checked="" type="checkbox"/> ]
08/12/2019	SACT Governance Group		06/12/2018	Yes [ <input checked="" type="checkbox"/> ] No [ ]
27/10/2021	SACT Governance Group		31/08/21	Yes [ ] No [ <input checked="" type="checkbox"/> ]
12/06/2024	SACT Governance Group		12/06/27	Yes [ ] No [ <input checked="" type="checkbox"/> ]