



**Lindsey Lodge Hospice & Healthcare**

**Policy and Procedure for the Safe  
Handling and Disposal of  
Waste including Hazardous Waste**

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## **1. Aim**

It is very important for hospices, hospitals, and other medical settings to properly dispose of their waste to help reduce the risk of causing accidental infections. The Environmental Protection Act 1995 is the principal legislation, which imposes a "Duty of Care" on the producers of waste.

Lindsey Lodge Hospice & Healthcare is committed to ensuring the health, safety and welfare of all employees and contractors who are involved in the disposal of waste and of others who may be affected by waste materials. As a result of its duties, the hospice has produced this policy for the Safe Handling and Disposal of Waste. The policy applies to all employees and volunteers, as well as contracted staff involved in the handling, storage and disposal of waste.

The policy will identify waste and outlines processes to help minimise the risks associated with the various categories of waste. This will be achieved by developing safe systems for the containment of the waste and by defining standards for disposal in accordance with statutory requirements.

The policy includes hazardous waste and the related documentation needed to be completed to support risk assessment and Control of Substances Hazardous to Health (COSHH).

## **2. Responsibilities**

### **2.1 The Chief Executive**

The Chief Executive has overall responsibility for waste management with delegated responsibility to the Infection Control Lead

### **2.2 Team Leaders**

All Team Leaders have a duty to ensure that potential hazards from waste are correctly assessed and identified. Appropriate measures must then be taken to ensure that the health and safety of those who may come into contact with the waste is not jeopardised. Team Leaders are responsible for implementing the Safe Handling and Disposal Waste policy and procedures and are responsible for ensuring that staff are trained (at department level) in line with the requirements of their role in relation to waste disposal and matters relating to specific manual handling problems relating to waste in their area. This should be covered at departmental induction.

In addition, they must ensure that the correct bags are provided and used for each category of waste produced in their area of work.

### **2.3 Employees and Volunteers**

For the waste management system to work the co-operation of all individuals is needed. The success of a good waste management system depends on waste producers assuming responsibility for their own actions.

The majority of LLH employees will handle some form of waste, at some point in their working day whether it is a piece of scrap paper, an empty drinks can or a used syringe.

How that waste is disposed of is important, as it only takes one item placed in the wrong container to cause an accident, environmental incident or infect a person, which may result in Lindsey Lodge Hospice & Healthcare being liable for prosecution.

If you deal with waste, you have a legally binding “Duty of Care” and responsibility to ensure that waste is handled and disposed of safely, or correctly stored.

## **2.4 Health & Safety Officer/Business Manager**

The Health & Safety Officer/Business Manager will ensure there are managed contracts in place for the safe disposal of waste from LLH site. They are also responsible for ensuring that safe storage areas are identified at LLH until collections are made.

Team Leaders are primarily the support for staff in their team but the facilities officer may be able to support staff should they have a particular query with the disposal of certain types of waste. The Infection Prevention & Control lead may also be a source of advice.

## **3. General Principles**

- All waste will be presented for collection in a manner that eliminates the risk from potential injury or infection.
- Areas that use chemicals or other hazardous waste must ensure that COSHH assessments are regularly reviewed and updated. Copies of the COSHH assessments must be updated in the COSHH folders before use. Where necessary new measures to control the risk of contamination must be implemented and continuously monitored.
- All waste must be segregated at the point of origin and secured in containers or bags that meet the hospice’s specified standards, colour and design for that particular category of waste.
- Waste containers that are damaged or defective i.e. broken locks must be reported to the Health & Safety Officer/Business Manager
- The Team Leader will be responsible for ensuring that the number of waste bags etc. provided is compatible with the volume of waste produced in their area of responsibility.
- The frequency of waste collection will be planned to avoid the unnecessary accumulation of waste on clinical areas and in departments. All waste must be presented and identified correctly in accordance with this policy.

## **4. What is Clinical Waste?**

**Clinical waste** (also known as medical waste) is waste from medical facilities that are likely to contain infectious substances such as blood and other bodily fluids. Examples of clinical waste include:

- Blood soaked bandages
- Sharps (used needles and syringes)
- Towels, bed sheets, and other linens contaminated with bodily fluids
- Used surgical tools such as scalpels and forceps

Clinical waste is collected from LLH by Stericycle (SRCL) on a weekly basis.

## **5. Personal Protection**

The types of hazards present in clinical waste containers/bags will vary. Products such as blood, bodily fluids, secretions or excretions and human tissues may be present. Any of these substances may contain potentially infectious micro-organisms, which may be liberated by:

- Contaminated sharp objects penetrating containers/bags and injuring staff.
- Waste bags being over filled, thereby bursting and liberating the contents.
- Containers leaking.
- Unauthorised tampering with the waste.

The probability of particular harmful organisms being present varies considerably as does their capacity for causing harm. Blood borne viruses cause most concern, particularly the Hepatitis B (HBV) and Human Immunodeficiency Viruses (HIV, the causative agent of AIDS) and possibly Creutzfeldt-Jakob Disease (CJD).

Other possible sources of infection include viruses such as Hepatitis C agents causing enteric infections and those that cause sepsis Staphylococci and Streptococci or Tuberculosis (Mycobacteria). Where hazards and risks remain after control methods have been implemented, personal protective equipment must be provided which is suitable for the purpose for which it is intended. Line Manager/Team Leaders are responsible for the provision of any personal protective equipment and ensuring it is worn/used appropriately. Staff must be aware that all cuts and grazes must be covered with a waterproof dressing (sticking plaster).

Where personal protective equipment is provided, employees are required to wear it and report any defect, excessive wear or malfunction to their Team Leader. The level of personal protective equipment shall vary according to the risk present during the handling of waste, but shall include:

- Protective gloves
- Protective aprons or leggings
- Eye/face protection

## **6. Incidents**

All incidents involving the handling and disposal of waste must be reported to the nurse in charge/team leader on duty immediately in order that appropriate action can be taken. They should also be recorded on an incident database immediately.

## **7. Segregation**

Various types of waste in a medical facility should be separated. Clinical waste should be separated from non-clinical waste (paper, office supplies, etc.). Also, various types of clinical waste should be divided and separated into their proper groups. For example, sharps waste should be separated from non-sharps waste, such as soiled blankets and sheets.

The effective segregation of waste is an essential element of the safe handling and disposal of waste. The following table below offers a guide to waste segregation:

**Guide for correct colour waste streams**

<b>Colour waste stream and disposal type</b>	<b>Container type</b>	<b>Description</b>
<p><b>Orange: infectious waste</b> Can be sent for treatment to render it safe prior to disposal or incinerated in a permitted or licenced facility</p>	Orange bag or orange lidded sharps container	<p><b>Waste classified as infectious:</b> Waste contaminated with body fluids from a service user with a known or suspected infection, but no contamination with medicines or chemicals. Examples are:</p> <ul style="list-style-type: none"> <li>• Contaminated PPE (gloves, aprons etc.)</li> <li>• Contaminated dressings</li> <li>• Very small pieces of tissue</li> <li>• Syringe bodies contaminated with body fluids but not medicines</li> </ul>
<p><b>Yellow and black striped: Offensive hygiene waste</b> May be landfilled in a permitted or licenced waste facility</p>	Yellow and black striped bag	<p><b>Waste classified as offensive (non-hazardous)</b> Waste from service users with no known or suspected infection which may be contaminated with body fluids. Examples are:</p> <ul style="list-style-type: none"> <li>• Stoma or catheter bags</li> <li>• Incontinence bags</li> <li>• Hygiene waste</li> <li>• Gloves, aprons</li> <li>• Dressings ( including blood stained)</li> </ul>
<p><b>Purple: Cytotoxic or cytostatic medicine waste</b> or any items contaminated with these must be sent for incineration in a permitted or licenced waste facility.</p>	Purple bag or yellow and purple striped bag. Purple lidded sharps container	<p><b>Waste classified as hazardous</b> consisting of, or contaminated with, cytotoxic and/or cytostatic medicines. Examples are:</p> <ul style="list-style-type: none"> <li>• Medicine containers with residues of cytotoxic or cytostatic medicines (bottles, infusion bags or syringe barrels)</li> <li>• Items contaminated with cytotoxic or cytostatic medicines e.g. swabs</li> <li>• Used sharps from treatment using cytotoxic or cytostatic medicines</li> </ul>
<b>Black</b>	Black bag	Domestic waste, non- infectious waste destined for landfill
<b>Clear</b>	Clear plastic bag	Paper/Plastics

An easy way to segregate and separate clinical waste is to place each type of waste in their proper receptacle. For example, there are special containers specifically designed for sharps. These containers are made of thick, yellow puncture-proof plastic and are labeled with a biohazard sticker.

## 8. Disposal of pharmacological waste

See Medicine Code Policy. Please note medicine bottles are not domestic glass waste and all patient identifiers should be removed before bottles are disposed of.

## 9. General Waste

- **Plastic** – to be rinsed and put in labelled box in ward kitchens. At LLH this is recycled and can be placed in the black /re top waste container in the car park.
- **Glass** – to be rinsed and put into labelled box in kitchens
  - Broken glass to be taken immediately to main kitchen to be put into broken glass container.
  - Domestic glass can be put in the general waste (black bags) or it can be recycled. Domestic recycled glass it placed in a blue box.
- **Light card & non confidential paper** – to be put into white plastic boxes in offices and reception areas.
- **Large cardboard** - to be completely flattened and placed in the black bin/red top for recycling in the car park.
- All other waste to be put in black bags to be placed in the waste bins and as full taken to the large green waste bins in the car park.

## 10. Hazardous waste regulations

Hazardous waste is essentially waste that contains hazardous properties which if mismanaged has the potential to cause greater harm to the environment and human health than non-hazardous. As a result, strict controls apply from the point of its production, to its movement, management, and recovery or disposal, hazardous waste accounts only for a small percentage of total waste.

**Appendix 1** offers further detail on the arrangements for control of substances hazardous to health.

A COSHH assessment is a systematic examination of a task or process that involves using a potentially hazardous substance. A COSHH Assessment is carried out for the purpose of identifying hazardous substances you may use, whether the precautions you have taken are acceptable and what control measures are in place,

**Appendix 2** - offers a template risk assessment form to assess the process or environment in which the substance is to be used. Both forms must be completed and offered to a Senior Manager- these will be filed on the L Drive/Risk Assessments

We must ensure that the following is undertaken:

- Identification of substances that we use that are potentially **hazardous** (a hazard is something that has the potential to cause someone harm or ill health).

- Decide whether the precautions we/you have already taken reduces the risk of someone being harmed to an acceptable level, and if not;
- Deciding on what further **control measures** must be taken to prevent or control the exposure to an acceptable level.

Hazardous substances include;

- Substances used directly in work activities (e.g. adhesives, paints, cleaning agents)
- Substances generated during work activities (e.g. fumes from soldering and welding)
- Naturally occurring substances (e.g. grain dust)
- Biological agents such as bacteria and other micro-organisms.

**Effects of Hazardous Substances- examples** of the effects of hazardous substances include;

- Skin irritation or dermatitis as a result of skin contact;
- Asthma as a result of developing allergy to substances used at work;
- Losing consciousness as a result of being overcome by toxic fumes;
- Cancer, which may appear long after the exposure to the chemical that caused it;
- Infection from bacteria and other micro-organisms (biological agents).

### 10.1 What COSHH requires

To comply with COSHH you need to follow these 6 steps:

**Step 1.** Assess the risks;

Decide what the risks to health are from hazardous substances used or created by your work

**Step 2.** Decide what precautions are required;

Do not carry out work which might expose staff/volunteers/patients to hazardous substances.

**Step 3.** Prevent or control the exposure.

First try to prevent exposure to hazardous substances, if this is not possible you must control the exposure to defined limits.

**Step 4.** Make sure any control measures are used and maintained.

**Step 5.** Monitor the exposure of the substance where a risk assessment has deemed it necessary.

**Step 6.** Make sure your employees are properly informed, trained and supervised.

## 11. Chemicals

Poor working practices with chemicals (both their use and disposal) may have a serious effect on health or cause chronic disabling diseases after repeat exposure. Therefore operators must adhere to some practices to keep themselves and others as safe as possible.

- Before handling any substance READ THE LABEL and any associated information sheet(s). Some substances can cause problems by being absorbed through the skin and some may cause a skin reaction.
- Do not eat or drink while handling chemicals.
- Hazardous substances must never be taken into an area where food is being stored, prepared or eaten.
- Ensure that the labels are not contaminated, damaged or obliterated.
- Use gloves with any hazardous chemical.
- Keep all dangerous chemicals in a locked place (e.g. cleaning, gardening and hairdressing products).
- Always wash the skin immediately if contamination occurs and dry thoroughly. Report any spillages /incidents to the person in charge of the shift/area as promptly as possible and ensure an incident form is completed.
- Seek advice before disposal from team leaders/ line manager or the facilities officer regarding safe disposal, as depending on the chemical some may be flushed away in sluices e.g. bleaches others may need to be taken off site. Details should be recorded within the associated COSHH assessment and team leaders and managers should refer to this for advice if they remain unsure.

## 12. Sharps Waste

Following the completion of a procedure using sharps e.g. needles, the used sharps must be placed immediately into a sharps bin. Please also refer to the Infection Prevention and Control 'Safe Disposal of Sharps' Policy.

When disposing of infectious sharps waste, the following guidance must be followed:

- Sharps **not** contaminated with cytotoxic/cytostatic products – dispose via **yellow** lidded sharps containers.
- Sharps contaminated **with** cytotoxic/cytostatic products – dispose via red lidded sharps containers.
- Place syringes, needles, cartridges and broken glass into a sharps bin as a single unit. Do not break down in component parts.
- When the sharps bin is  $\frac{3}{4}$  full seal and mark the full sharps bin with the following:

- Date and time of disposal
- Initials of disposer
- Sharps bins must be tagged with a coded black waste tie

- Sharps bins must be kept out of the reach of children and members of the public. The temporary closure mechanism must be deployed when bins are left unattended or being moved. A sliding temporary closure is recommended.
- Sharps bins must not be stored outside of the designated storage areas.
- Sharps bins should not be placed on window ledges or near radiators and other sources of heat. The heat produced in these areas can weaken the container.
- Damaged sharps bins can leak their contents or even allow the needles inside to puncture the bin. Such containers should be placed inside a larger sharps box and re-labelled.
- Sharps bins must not be placed into an orange or yellow waste sack.
- Disposal of sharps will be by incineration only.

### **13. Disposal of Bodily Fluids**

This group of waste includes urine, faeces and other bodily secretions or excretions e.g. disposable bedpan liners and urine containers, which must be placed with contents directly into the macerator.

Incontinence pads, wipes, stoma bags, vacuum units containing bodily fluids etc. must be placed into orange waste bags. Some of the vacuum containers are susceptible to leaking and a solidifying gel should be added to the contents prior to disposal.

### **13. Storage**

Areas designated for the storage of general waste on clinical areas and in departments, such as sluices/utility rooms should be cleaned daily. Waste must not be stored outside these designated areas.

### **14. Removal of Waste**

North Lincolnshire Council will regularly collect refuse from the hospice site, details of the collection schedule is available from the Admin team.

If at any time additional collections are required or collections are missed, the admin team should be contacted and a collection will be arranged.

### **15. General Equipment and Furniture (not electrical)**

Prior to the collection of any redundant equipment or furniture, the item should be cleaned/decontaminated by staff.

Following cleaning the item should be labelled "Redundant Equipment/Furniture". Items not labelled will not be removed.

Any item that is broken or not suitable for use must not be used in any other capacity in any other location, as this could result in serious harm.

Prior to collection the redundant item should remain in the Area/Department and not placed in the corridor, lift area or stairwell. The Admin team should be informed and they will arrange for collection and disposal.

## **16. Waste Electric and Electronic Equipment (WEEE)**

The Waste Electric and Electronic Equipment regulations (WEEE) came into force on 1st July 2007 and places a responsibility on all businesses to dispose of WEEE separately from other waste.

Examples of items covered by WEEE include fridges, freezers, washing machines, televisions, video/dvd recorders, electric cookers, microwaves, toasters, electric fans, vacuum cleaners, telephones, fluorescent light bulbs, medical devices and batteries.

The Health & Safety Officer/Business Manager should be contacted and will arrange appropriate disposal.

## **17. Spillages**

The following procedures must be followed when containing and clearing a spillage of waste materials.

- All spillages must be regarded as potentially hazardous and dealt with immediately.
- Under no circumstances should patients or members of the public be allowed to assist in the clearing or cleaning up of spillages.
- When dealing with a spillage protective equipment should be used. The type of equipment will depend on the risk present in that particular waste spillage. Suitable protective equipment would include disposable nitrile gloves, a disposable apron, new waste container, paper towels, disposable cloths and eye protection.

## **18. Confidential Waste**

Confidential waste will consist of paper work containing any sensitive/confidential information.

### **A confidential waste bag- white**

These will be collected from areas when full and ensure they are sealed and made ready for collection. This waste is collected and recycled by Restore Datashred, the schedule of collection can be obtained from the Data Protection Officer.

## **19. Used Batteries**

All used batteries should be placed in the designated storage container held on Inpatient Unit, admin team will arrange for these to be collected when container is full.

## **20. Recycling Waste**

Items for recycling (other than confidential waste or cardboard) should be placed into the white internal plastic recycling bin provided.

Please do not put any other waste product or envelopes into this recycling bin.

REFERENCES:

The Environmental Protection Act 1995  
 Hazardous Waste Regulations (England) 2005/06  
 The Control of Substances Hazardous to Health Regulations 2002  
 Review by Quality Assurance Committee of the Board of Trustees

ISSUE DATE July 2002 Review 3 yearly

TO BE REVIEWED	REVIEW COMPLETED	BY	APPROVED BY	CIRCULATION
2005	JAN 2005	AT/JG	SMG	Policy Books
JAN 2008	01/03/07	AT/JG	SMG	Policy Books
01/03/10	01/06/10	JG	SMG	Policy Books
01/06/13	18/8/14	KA	SMG	Policy Books
18/8/17	19/4/18	QA		
April 2021	17/11/2021	KF	Clinical Leads/QA	L:Policies, Guidelines & Protocols

## **APPENDIX 1**

### **ARRANGEMENTS FOR CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH**

#### **1. RISK ASSESSMENT**

Under COSHH Regulations, employers must carry out a risk assessment on all work activities where there may be exposure to substances hazardous to health.

It is the responsibility of the Team Leader to ensure risk assessments are undertaken and recorded. Team Leader will document on the online risk assessment (L Drive/Risk Assessment) when they have undertaken a COSHH risk assessment using template documentation.

Manufacturers of products and substances that fall within the remit of the COSHH Regulations have to produce, and make available, Material Safety Data Sheets for all such products. Having a Material Safety Data Sheet available is not a replacement or substitute for undertaking a COSHH risk assessment. COSHH risk assessments must be undertaken utilising information from the Material Safety Data Sheet. The Material Safety Data Sheet must be maintained at departmental level and or scanned onto the L Drive.

#### **2. REPORTING OF COSHH RELATED INCIDENTS**

All incidents involving actual or potential exposure to products or substances that fall within the remit of COSHH must be reported in accordance with the Hospice's Incident Reporting Policy. All incidents will be followed up and investigated by the Health & Safety Officer and if required an appropriate Specialist Adviser to the hospice.

#### **3. MONITORING & HEALTH SURVEILLANCE**

It is not envisaged that any work activities undertaken within LLH will expose employees to the specific hazardous substances listed in the COSHH Regulations that necessitate environmental monitoring and health surveillance; however, any queries on whether health surveillance is appropriate should be referred to the Health & Safety Officer.

Where it is appropriate to undertake monitoring and health surveillance, the technique of investigation must present a low risk to the employee and records of health surveillance must be retained for a minimum of 40 (forty) years.

#### **4. PROVISION OF INFORMATION**

Sufficient information, instruction and training must be given to employees to ensure full understanding of the hazards to health posed by substances in the workplace and also on the importance of the control measures provided. Team Leader must ensure that Risk Assessments and Material Safety Data Sheets for hazardous substances are readily available for all staff who work with the substance(s) to refer to.

The results of any monitoring of exposure and health surveillance must be made available to individuals affected. Should monitoring or health surveillance identify that the maximum exposure limit has been exceeded the individual must be informed forthwith.

#### **5. TRAINING**

Attendance at training is managed by Team Leader in accordance with the Training Policy.

**APPENDIX 2 – COSHH Assessment Form, to be completed before hazardous substances are used**

<b>COSHH Assessment Form</b>		<b>Place of Work</b>	Maintenance					
Date			Facilities					
Person(s) involved in COSHH assessment			Housekeeping (Catering/Cleaning)					
			Other					
1. Eliminating the need to use hazardous substances, please consider is it possible to avoid the need to use hazardous substances?			Yes	No				
2. Before beginning work on the COSHH assessment process ensure you have a copy of the latest <b>Manufacturers Safety Data Sheet (MSDS) for the substance</b> . MSDS's are available from suppliers and manufacturers of products								
Describe the activity or work process. Note: Include how long the task will take, how often it will be repeated and how much of the substance is used.		How long?	How often?	How much?				
<b>Location of work</b>								
<b>Persons at risk:</b>	Employees		Volunteer s/learners		Others		Patients	
<b>Name of the substance</b>								

Please classify the substance (place an 'x' in the box next to the appropriate sign) For a fuller understanding of symbols, abbreviations, risk and safety phrases click on this link <http://www.hse.gov.uk/chip/phrases.htm>

 Very Toxic <input type="checkbox"/>	 Irritant <input type="checkbox"/>	 Highly Flammable <input type="checkbox"/>
 Toxic <input type="checkbox"/>	 Sensitising <input type="checkbox"/>	 Extremely Flammable <input type="checkbox"/>
 Corrosive <input type="checkbox"/>	 Biological <input type="checkbox"/>	 Serious long term health hazard <input type="checkbox"/>
 Harmful <input type="checkbox"/>	 Oxidising <input type="checkbox"/>	 Dangerous to the environment <input type="checkbox"/>
 Explosive <input type="checkbox"/>	 Flammable <input type="checkbox"/>	

3. Substitution	Yes	No
Is it possible to use a less harmful substance to do the work?		

Indicate below which form the substance takes															
Gas		Vapour		Mist		Fume		Dust		Liquid		Solid		Other states	

Indicate below which route(s) of exposure the substance takes

Inhalation		Skin		Eyes		Ingestion		Other state	
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List the risks to health below from exposure to the substance

Control Measures: List below control measures e.g. extraction, ventilation, supervision, include additional controls for vulnerable persons where necessary

Certain substances can react adversely when they come into contact with others, please list any compatibility warnings here:

**Personal Protective Equipment felt required- identify type and specification**

	<input type="checkbox"/>			<input type="checkbox"/>
Dust mask			visor	
	<input type="checkbox"/>			<input type="checkbox"/>
Respirator			Goggles	
	<input type="checkbox"/>			<input type="checkbox"/>
Gloves			Overalls	
	<input type="checkbox"/>			<input type="checkbox"/>
Footwear			Other	

**First Aid Measures in the area**

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**Fire- identify appropriate fire extinguishers required  
During combustion substances may give rise to harmful vapours/gases etc please detail below**

Dry Powder	<input type="checkbox"/>	CO <sup>2</sup>	<input type="checkbox"/>	Water	<input type="checkbox"/>	Foam	<input type="checkbox"/>	Fire blanket	<input type="checkbox"/>
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**Detail where the substance stored**

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**Disposal of waste substances & containers- please indicate below how the substance will be disposed off**

Hazardous waste	<input type="checkbox"/>	General	<input type="checkbox"/>	Waste	<input type="checkbox"/>	Biological waste	<input type="checkbox"/>	Return to supplier	<input type="checkbox"/>
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<b>Is exposure adequately controlled?</b>	Yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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Signature(s)  Line Manager/Team Leader:  Senior Manager:  *Please file L Drive/Risk Assessment after Senior Manager sign off, copy to Facilities Officer	Date	Review Date
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**APPENDIX 3 – Lindsey Lodge Hospice**

Please complete for the work related task or process where substance is to be used e.g. hairdressing, gardening, catering, cleaning, etc.

Hazard	Person at risk	Initial risk			Controls	Risk after precautions taken		
		Likelihood	Severity	Risk Rating		Likelihood	Severity	Risk Rating
<b>likelihood</b> 1 = Almost impossible 2 = Improbable 3 = Possible 4 = Very Likely 5 = Almost certain	<b>Severity</b> 1 = No injury 2 = Minor injury, no lost time 3 = Lost time less than 3 days 4 = Reportable under RIDDOR 5 = Death	<b>Risk rating</b> 1–8 = LOW - risk acceptable & adequately controlled 9-15 = MEDIUM - implement control measures within a defined period 16-25 = HIGH – work must not be started or continued until the risk has been reduced to an acceptable level						

**Date of Completion.....Completed by.....Job Title.....**

**Line Manager.....Job Title..... Date.....**

**\*Please file L Drive/Risk Assessment after Senior Manager signs off**