



	<h1>Health &amp; Safety Risk Assessment Guidance</h1>		
<b>Ref:</b> CF:024:02	<b>RE: Guidance on completing a Cytotoxic Drug Risk Assessment Form</b>		
<b>Issue date:</b>	November 2015	<b>Revised date:</b>	June 2020
<b>Author(s):</b>	National Health & Safety Function		
<b>Legislation</b>	Under the <b>Safety Health and Welfare at Work (Carcinogens) Regulations, 2001</b> , it is the duty of the employer to identify the hazards and assess the risks associated with the risk of exposure /use of carcinogens in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented.		
<b>Note:</b>	<p>Please note exposure to COVID-19 may present a health risk to staff and others at our places of work. It is essential that the latest public health advice is followed and suitable control measures identified and implemented to mitigate the risk of COVID-19 infection.</p> <p>When conducting Cytotoxic Drug risk assessments consideration should be paid to the risk presented and the means of avoiding and mitigating any such risk so far as is reasonably practicable.</p> <p>Where 2 metre worker separation cannot be ensured a specific activity risk assessment must be conducted and alternative protective measures must be put in place e.g. comprehensive hygiene measures, minimising the frequency and time staff are within 2 metres of each other, minimising the number of staff involved in the task, physical barriers, provision of face masks</p> <p><i>It is responsibility of local management to implement any remedial actions identified.</i></p> <p><i>To assist in carrying out the risk assessment guidance is provided on the cytotoxic drug risk assessment form “in italics”.</i></p>		












### Cytotoxic Drug Risk Assessment Form – Part 1 of 3

<b>Division:</b> <i>Insert Division e.g. Mental Health Division / Acute Hospital</i>		<b>Source of Risk:</b> <i>Document the sources of the risk e.g. Risk assessment, Audit, Inspection Report result of incident</i>	
<b>HG/CHO/NAS Function:</b> <i>Insert as appropriate</i>		<b>Primary Impact Category:</b> <i>Choose the Primary risk category from the HSE Impact Table i.e. Harm to a Person / Compliance</i>	
<b>Hospital Site/ Service:</b> <i>Insert as appropriate</i>		<b>Risk Type:</b> <b>Choose whether it is</b> Strategic (most commonly identified at corporate / senior Mgt level) <b>OR</b> Operational (most commonly identified at service delivery level). <i>(Delete as appropriate)</i>	
<b>Dept/Service Site:</b> <i>Insert name of ward / department e.g St Marys Ward</i>		<b>Name of Risk Owner (BLOCKS):</b> <i>Insert the name of the person with responsibility to assess and manage the risk in line with organisational policy i.e. normally the Line Manager of Service / Area.</i>	
<b>Date of Assessment:</b> <i>Insert date of risk assessment</i>		<b>Signature of Risk Owner:</b> <i>As above</i>	
<b>Unique ID No:</b> <i>Assign a number for each risk assessment</i>		<b>Risk Co-ordinator:</b> <i>N/A</i>	
		<b>*Risk Assessor (s):</b> <i>Insert names of those completing the risk assessment</i>	
<b>Description of Work Activity:</b> <i>Describe the work activity being undertaken:</i>		<b>Name(s) of cytotoxic(s) drug(s) in use in the work activity:</b> <i>Insert name of drug(s):</i>	
<b>Number of Employees Exposed:</b> <i>Insert number of employees exposed</i>	<b>Categories of employees likely to be exposed: (Tick)</b> Nursing Staff <input type="checkbox"/> Medical Staff <input type="checkbox"/> Care Staff <input type="checkbox"/> Maintenance Staff <input type="checkbox"/> Housekeeping <input type="checkbox"/> Pharmacy <input type="checkbox"/> Others (please specify)	<b>Duration and frequency of contact (Hr/day):</b> <i>E.g. 5 mins/4 times per day, 10 mins/twice daily</i>	
<b>Safety Data Sheet(s) available:</b> <input type="checkbox"/> <input type="checkbox"/>	<b>Location of SDS(s):</b> <i>Describe</i>	<b>Date of SDS(s):</b> <i>Insert date</i>	
<b>Amount used and quantity stored</b> <i>Insert amount used and quantity stored</i>	<b>Hazard and risk associated with Cytotoxic drug(s)</b> <i>Refer to section 2 of SDS. Insert hazard classification and hazard (H) statements or risk phrases.</i>	<b>Exposure Route(s) (Tick)</b> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/>	<b>Dustiness or Volatility, High, Medium or Low</b> <i>To determine volatility refer to section 9 of the SDS for boiling point if applicable.</i>

### Cytotoxic Drug Risk Assessment Form – Part 2 of 3

#### Hazard Symbols

CLP Symbols									
	Acute toxicity hazard	Serious long term health hazard	Health hazard	Corrosion Hazard	Environmental hazard	Flammability hazard	Oxidising Hazard	Explosion Hazard	Stored as gas under pressure
Tick appropriate pictogram. Refer to section 2 of SDS									
Insert appropriate signal word i.e. <b>danger</b> or <b>warning</b> . Refer to section 2 of the SDS									



\*Risk Assessor to be recorded for OSH risks only.

\*\*Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only.

### Cytotoxic Drug Risk Assessment Form – Part 3 of 3

**HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROL REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
<p><b>Identify the hazard(s) and risk(s) associated with the Cytotoxic Drug</b></p> <p>Refer to hazard classification and hazard statement(s) or risk phrases</p> <p><b>Describe the risks associated with the activity being undertaken</b></p> <p>For example - risk of ill health due to potential exposure to (name chemical) of (specify category of staff) via (specify route of exposure, e.g. skin contact) while (describe work activity) on a (specify the frequency – e.g. daily) basis.</p>	<p>Detail the control measures in place – include all measures to eliminate or reduce the risks e.g.(non-exhaustively):</p> <ul style="list-style-type: none"> <li>• Storage</li> <li>• Waste</li> <li>• Emergency Procedures</li> <li>• Personal Protective Equipment</li> <li>• Hygiene Measures</li> <li>• First Aid</li> <li>• Health Surveillance</li> <li>• Training</li> </ul> <p>When examining existing control measures, consider the adequacy, method of implementation and level of effectiveness in eliminating or minimising risk to the lowest practicable level.</p> <p>Consider the precautionary statements where applicable (refer to Section 2 of the SDS).</p>	<p>Detail the measures necessary to eliminate or further reduce the level of risk as far as technically possible</p> <p>Consider the hierarchy of controls: Elimination/ substitution/ engineering/ administrative/ PPE.</p> <p>Consider the interim and long term measures.</p>	<p>Enter the name of the responsible person for implementation of each control measure.</p>	<p>Enter the date by which implementation of the additional controls to mitigate the risk are due.</p>

INITIAL RISK			Risk Status		
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed

Rating of risk is carried out taking account of existing control measures. Please refer to HSE Risk Assessment Tool for assignment of likelihood and impact scores and the rating of risk

Assessment Form

Each of the risk should be assigned a risk **status**.  
**Open**, i.e. additional controls have been identified as necessary  
**Monitor**, i.e. existing controls are deemed adequate to manage the risk but these need to be periodically reviewed  
**Closed**, i.e. that the risk no longer exists e.g. where an unsuitable premises is replaced by a suitable one