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| **Site / Area:** | |  | | **Date of assessment:** |  | **Risk Assessment #:** | **031RA** |
| **Completed by (name):** | |  | | **Signature:** |  | | |
| **In Consultation with** | |  | | **Signature:** |  | | |
| **Identify / describe activity, equipment, area or event you are assessing:** | | | | | **STORAGE AND USE OF ALCOHOL-BASED HAND RUBS / GELS** | | |
| **In conjunction with this risk assessment, training / education and development of a relevant SOP may be required.** | | | | | | | |
| **Step 1:** **Identify the hazard/s:**What do you believe are the hazards?(Refer Risk Assessment Guideline (015G) | | **Step 2: Assess the risks:**  What do you believe are the risks?  (Refer *Risk Assessment Guideline (015G)* | | **Step 3: Reducing the risk:** What do you believe can be done to reduce the risk? (Refer *Risk Assessment Guideline (015G)* | | |
| **What could cause harm?** | | **What could go wrong?** | | **Controls** | | |
| **Hazardous Chemical**   * Splash | | * Irritation to eyes * Corneal damage * Irritation to skin (for those with sensitive skin) | | * Metered dose dispenser used * Appropriate dispenser locations (e.g. dispensers can be wall mounted or in supervised locations) * Avoid placing at eye level * Workers and others are educated on safe use and handling * Where anyone reports skin irritation, this must be reported so an alternative product can be made available * Product not to be used on inflamed, broken or sensitive skin | | |
| **Hazardous Chemical**   * Ingestion | | * Minor toxicity – headache, nausea, vomiting, dizziness * Moderate / Severe toxicity – hypotension, unconsciousness, coma, respiratory problems | | * Metered dose dispenser used * Where possible, lockable dispenser bottles are installed * Kept out of reach of children or any other person who may ingest the substance * Used under supervision * All containers are appropriately labelled | | |
| **Hazardous Chemical**   * Deliberate or unintentional misuse | | * Persons swallowing / inhaling due to nature of illness and / or cognitive impairment * Illness * fire | | * Ensure workers and others use both hands to dispense hand gel. * Spills are cleaned up immediately | | |
| **Hazardous Chemical**   * Sudden / unexpected discharge (contents under pressure) | | * Irritation to eyes / skin | | * Ensure all containers are appropriately labelled * Used under supervision (for children or any other person deemed at risk) * Kept secured at all times * Keep containers away from sunlight and excessive heat * If keeping containers in the vehicle, keep out of direct sunlight and in an insulated cooler bag. * To be stored below 30°C. | | |
| **Hazardous Chemical**   * Disposal of containers | | * Fire | | * Keep containers away from sunlight and excessive heat * If keeping containers in the vehicle, keep out of direct sunlight and in an insulated cooler bag. * To be stored below 30°C. | | |
| **Gravity**   * Spillage / splash onto floor | | * Slips resulting in sprains / strains * Bruising * Broken limbs | | * Ensure workers and others use both hands to dispense hand gel. * Spills are cleaned up immediately | | |
| **Other**   * Fire | | * Burns to person * Damage to property | | * Firefighting equipment available * Bottles are not stored or used near open flames or ignition sources * Emergency procedures are implemented at the worksite * If unsure of how much a person / student has consumed, contact Poisons information hotline on 13 11 26 | | |
| **Other** | |  | |  | | |

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| **Authorised by (name):** |  | **Signature:** |  | **Date:** |  |

**Review hazard/risk assessment if task or circumstances change and at intervals appropriate to the level of risk (minimum 5 years).**

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| **Step 4: Monitor & review:**  (Refer to hazard sheet)  **Please tick Yes or No** | | | | | | | | |
| **Were the controls effective?** | | | | **Were there any unforeseen hazards/ incidents?** | | | | **New controls** |
| **Yes** |  | **No** |  | **Yes** |  | **No** |  |
| **DETAILS** | | | | **DETAILS** | | | | **DETAILS** |
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| **Name:** |  | **Signature:** |  | **Date:** |  |