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| **Safety Task Card** | | | | |
| **CAT 21** | **Sterilising Sinks** | | | |
| **Workplace Safety Hazards** | | | | |
| What are the hazards?  Hot water  Electricity and/or gas hazards  Knives and sharp objects  Broken glassware and crockery  Manual handling  Slips from spillages | | | How might they be harmed?  Scalds  Electric shock and burns  Fire and explosion  Cuts and lacerations  Back and muscle strain  Slips and falls | |
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| **Safe System of Work** | | | | |
| * Maintain hot water in the sterilising sink at around 85°C to ensure effective sterilisation. * Suitable long-handled baskets must be used to immerse and remove items from the sink. * A warning sign to be displayed stating “Caution Very Hot Water”. * Provision and use of PPE, including rubber gauntlets and waterproof aprons. * Sharp knives and other sharp objects to be washed and rinsed individually and never place into sterilising sinks. * When glass or crockery break in the sink the water must first be drained out before carefully removing items with gloved hands. * Broken glass, china and other sharp objects to be securely wrapped before placing in a bin liner or disposed of separately in a rigid container. * Sinks not to be overfilled with water to reduce the risk of splashing water onto the floor area. * Spillages cleaned up as they occur, and wet floor warning signs used when appropriate. * Implement the Safe System of Work/Control Measures in the Electrical Safety, Ref. MAN 05, and/or Gas Safety, Ref. COM 03 and Floor Safety Risk Assessment, Ref MAN 08 and the manual handling safety precautions * **For Sector Specific Controls please review and complete the box below.** | | | | |
| **Site Specific Actions**  List any actions required in addition to the above safe system of work | | | | |
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| The above control measures are implemented within my unit. All relevant staff are aware of these control measures and this is recorded in the training record for this safety task card. | | | | |
| Unit Manager Name | | Signed | | Date |
| **Safety Card Training Record** | | | | |
| **CAT 21** | **Sterilising Sinks** | | | |
| I confirm that I fully understand the risks and control measures associated with the task  and that I will follow the Safe System of Work at all times. | | | | |
| Operative Name | | Signature | | Date |
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