

DOCUMENT CONTROL	
Title:	Control of Substances Hazardous to Health (COSHH)
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Scope:	
This policy applies to employees, patients and members of the public who might be exposed, by direct contact, airborne contact or any other method of contamination, to hazardous substances.	
Purpose:	
The purpose of this document is to integrate the health and safety guidelines on Control of Substances Hazardous to Health into the Trust Health & Safety policy.	
Requirement for Policy	
<ul style="list-style-type: none"> • The Health and Safety at Work, etc. Act 1974 (HSW Act) • Management of Health and Safety at Work Regulations 1999 • Control of Substances Hazardous to Health Regulations 2002 (COSHH) 	
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Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly:	
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Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CL122	Safeguarding Families Policy
CL004	Infection Prevention and Control Policy
Policy Associated Documents:	
TAD_CO032_01	Flowchart of the COSHH Assessment Process
TAD_CO032_02	Substance Inventory
TAD_CO032_03	COSHH Assessment Form

Other external documentation/resources to which this policy relates:	
	The Health and Safety at Work Act 1974
	Consumer Protection Act 1987
	Health and Social Care Act 2008
	Equality Act 2010
	Freedom of Information Act 2000
CQC Regulations	
This guideline supports the following CQC regulations:	
Regulation 12	Safe care and treatment
Regulation 17	Good governance
Regulation 18	Staffing

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1. INTRODUCTION

- Using hazardous substances can put people's health at risk. COSHH requires employers to control exposures to hazardous substances to protect both employees and others who may be exposed from work activities.
- The Control of Substances Hazardous to Health Regulations 2002 is intended to prevent workplace injury and disease resulting from exposure to hazardous substances.
- Following these regulations will comply with basic occupational hygiene principles which introduce a control framework by requiring:
 - An adequate assessment of the risks to health arising from work activities associated with hazardous substances
 - The introduction of adequate control measures
 - Maintenance of the measures and equipment associated with them
 - Monitoring and reviewing the effectiveness of the measure and the health of employees.
- Compliance with this policy will be achieved by:
 - Allocating appropriate resources to achieve reduction in risk, so far as is reasonable practicable.
 - Identifying levels of risk using a process of systematic assessment.
 - Implementing effective control measures to eliminate reduce or manage risks.

2. PURPOSE

The purpose of this policy is to integrate the health and safety guidelines on Control of Substances Hazardous to Health into the Trust Health & Safety policy.

Pennine Care NHS Foundation Trust recognises its duty to protect employees, patients and members of the public who might be exposed, by direct contact, airborne contact or any other method of contamination, to hazardous substances.

It is the policy of the Trust to ensure, so far as is reasonably practicable, the health, safety and welfare of all its employees, clients, contractors and other persons who may be affected by its operations in accordance with current legislation.

3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

- The Trust has identified that a “Competent Person” is required to conduct or support the risk assessment process on behalf of The Trust.
- The “**Competent Person**” shall have a good knowledge of interpreting the manufacturers information provided, the suitability of substances to be used, the risks involved and appropriate control measures required.
- Should the competent person feel that further specialist assistance is required, they should contact the Health and Safety Department for advice and guidance.

The Chief Executive and Trust Board

Whilst ultimate responsibility is that of the Trust Board, executive responsibility is delegated to the Chief Executive for managing health and safety.

Management

The Management, or their delegated COSHH Assessors, have a primary role in complying with these regulations in the workplace as they will understand how tasks are actually undertaken and are therefore best placed to judge what changes in practice are possible.

Their responsibilities will include:

- Identify what hazardous substances are used in the work place
- Undertake risk assessments to account for all work practices in the department in which exposure to hazardous materials may occur
- Assess the risks from using these substances to people's health.
- Decide what precautions are needed before starting work with hazardous substances.
- Prevent people being exposed to hazardous substances by eliminating the need to use harmful chemicals, where this is not reasonably practicable, substitute with less harmful substance or control the exposure to the lowest possible level.
- Make sure control measures are used and maintained properly and that safety procedures are followed.
- When required, monitor exposure of employees to hazardous substances.
- Carry out health surveillance where your assessment has shown that this is necessary or COSHH makes specific requirements.
- Establish the departmental system for complying with the regulations, including clear individual responsibilities and informing employees of these arrangements
- Ensure all employees receive appropriate information, instructions and training as required so that they are aware of the risks to health created by their exposure to hazardous substances and the precautions that must be taken
- Ensure that there is an arrangement to maintain all engineering controls appropriately e.g. local exhaust ventilation, enclosures, fume cupboards and that relevant certificates and records are submitted to the Estates Department.
- Ensure that any incidents involving hazardous substances are reported, investigated and managed in accordance with the Trust's Policy.

The Employee

- Employees have a responsibility to co-operate with the Trust to ensure its legal obligations are met by attending for instruction and training in the use of substances and wearing the appropriate personal protective equipment when required to do so.
- Users of hazardous substances are required to report any symptoms arising from their work with materials to their line manager and attend health surveillance as required.

- Users of hazardous substances are required to use all control measures (i.e. ventilation, personal protective equipment) provided in the interests of safety in the manner shown in their training and systems of work.
- Assist the Competent Person, management or their delegated COSHH assessor's, undertake workplace assessments and report any accidents, near misses or incidents.

4. LEGISLATION

The Health and Safety at Work, etc. Act 1974 (HSW Act)
 Control of Substances Hazardous to Health Regulations 2002 (COSHH)
 Management of Health and Safety at Work Regulations 1999
 Consumer Protection Act 1987
 Chemicals (Hazard Information and Packaging Supply) Regulations 2002 (CHIP 04)
 Registration, Evaluation, Authorisation and restriction of Chemicals (REACH) 2007
 Health and Social Care Act 2008
 CQC Essential Standards for Quality & Safety
 Reporting of Injuries Diseases and dangerous Occurrences 2013 (RIDDOR)
 Personal Protective Equipment at Work Regulations 1992
 Dangerous Substances and Explosive Atmosphere Regulations 2002 (DSEAR)

5. DEFINITIONS

Hazardous Substances

For the purpose of this policy Hazardous Substances are anything, whether it is fume, gas, vapour, liquid, powder, dust, solid or micro-organisms, which have the potential to cause harm. The level of harm may range from minor irritation to a fatality

Competent Person

Meaning "a person who has sufficient training and experience or knowledge and other qualities" (to enable him or her to assist the employer in complying with legal requirements). The important thing to remember is that anyone who fulfils a health and safety function and who is involved in an operation which is inherently hazardous, should be competent to perform that operation safely and employers should do all that is reasonably practicable to ensure that this is the case.

6. IDENTIFYING HAZARDOUS SUBSTANCES

Hazardous substances are found in nearly all work places e.g. offices, wards, kitchens, storerooms, meeting places etc.

Substances can include:

- Substances used directly in work activities e.g. glues, paints, and cleaning agents, Natural Rubber Latex (e.g. latex gloves)
- Substances generated during work activities e.g. fumes, wood dust / drilling

- Naturally occurring substances e.g. grain dust and biological agents such as micro-organism, body fluids etc.
- Asthmagens as a result of developing a respiratory allergy to substances at work
- Carcinogens, cancer forming substances which may appear long after exposure to the chemical/agent which caused it.

For the vast majority of commercial chemicals, the presence (or not) of a warning label will indicate whether COSHH is relevant. For example, household washing up liquid doesn't have a warning label but bleach does - so COSHH applies to bleach but not washing up liquid when used at work.

The term 'substance hazardous to health' includes any material, mixture or compound used at work or arising from work activities that is harmful to people's health in the form in which it occurs in the work activity. Categories specifically mentioned are:

- Substances labelled as toxic, very toxic, harmful, corrosive and irritant e.g. cleaning agents and radiographic chemicals
- Substances assigned an occupational exposure standard or a maximum exposure limit - airborne concentrations of chemicals. e.g. Glutaraldehyde
- Substantial airborne quantities of dust in air e.g. plaster dust
- Harmful micro-organisms e.g. Hepatitis B, HIV and Tuberculosis

Further information on the management of micro-organisms can be found in the Trust CL004 Infection Prevention and Control Policy

7. SUBSTANCES EXCLUDED FROM COSHH REGULATIONS

The following substances are excluded from COSHH being covered by their own Regulations:

- Asbestos
- Lead
- Radioactive substances
- Flammable or explosive substances
- Substances used in medical treatment - the risk to patient is excluded *but* risk to doctor or nurse handling the substance *is included*

8. RESPONSIBILITY FOR CONTROL MEASURES: Management & Employees

Managers should be prepared to take disciplinary steps against individuals who endanger themselves or others by refusing to use substances, equipment or procedures correctly.

Employees have a duty to make full use of the control measures provided and to report immediately any defects found.

9. COSHH RISK ASSESSMENTS

- The Trust has an obligation to ensure that, all its employees or other persons are not put at risk of health and safety whilst at work by, their undertakings.
- Any risk assessment conducted should be suitable and sufficient to identify foreseeable hazards and risks to health and safety. Risk assessments should also include the necessary control measures to manage those risks to their lowest possible impact on any health effects that may occur through using substances hazardous to health
- The COSHH assessment should be undertaken by person familiar with the materials, substances and systems of work within the area being assessed, the assessment can also be undertaken by, or supported by, a competent person trained in COSHH assessment. It may be necessary to undertake more than one assessment for each area e.g. an assessment for nursing activities and another for housekeeping activities.
- It is the responsibility of managers of the Trust to ensure that a COSHH assessment is undertaken for their areas of responsibility and their assessment documentation is kept up-to-date. Where there are no substances hazardous to health within this area this must be clearly noted.
- Every shift should be assessed as the working practices and therefore risks may differ.

Assessment includes:

- Identification of all hazardous substances within the area.
- Identify the level of risk the substances pose, to arrive at this conclusion it will be necessary to consider:
 - How much of the substance is used, what the routes of exposure are; who is likely to be exposed, are competent or are they from a vulnerable group, what the substances potential hazards are?
 - If there is no risk to health or the risk is trivial, no more action is needed.
 - If there are health risks, then the manager must consider what else needs to be done to comply fully with COSHH requirements. (i.e. control measures, first aid provisions, PPE, instruction, training, health surveillance)
 - Assessments should take a systematic approach by considering all activities relating to the use of substances hazardous to health these should include the following: delivery, storage, preparation, transportation, use, clear-up, disposal and accidental release etc.
- The assessment must also include reference to any emergency plans or procedures e.g. dealing with fire, spillage or first aid. They must clearly show all the control measures put in place either to prevent exposure or to achieve and maintain adequate control of exposure

10. CONTROL

Control measures must be applied before any substance is put into use by the Trust

The COSHH Regulations require that 8 principles of good practice for the control of substances hazardous to health, known as the 'Hierarchy' must be followed: These are:

- Design and operate processes and activities to minimise emission, release and spread of substances hazardous to health.
- Take into account all relevant routes of exposure – inhalation, skin absorption and ingestion – when developing control measures.
- Control exposure by measures that are proportionate to the health risk.
- Choose the most effective and reliable control options which minimise the escape and spread of substances hazardous to health.
- Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment.
- Check and review regularly all elements of control measures for their continuing effectiveness.
- Inform and train all employees on the hazards and risks from the substances with which they work and the use of control measures developed to minimise the risks.
- Ensure that the introduction of control measures does not increase the overall risk to health and safety.

11. REVIEW OF COSHH ASSESSMENTS

The assessment documentation is a working document that must be kept up-to-date.

New assessments must be undertaken when a new substance is used in the workplace that is classified as a substance hazardous to health.

The original documentation should state when the assessment should be reviewed.

Reviews should also be undertaken:

- Where there has been a significant change in the work.
- If the substance is used for a different task
- If the substance in use has changed i.e. manufacturer or concentration
- As directed by HSE
- Following any adverse incident involving the person, the task or the substance

12. MAINTENANCE AND TESTING OF CONTROL MEASURES

The precautions to be taken for adequate controls must be maintained in an efficient state.

Engineering controls must be examined periodically and a suitable record kept of such examinations.

For local exhaust ventilation (including fume cupboards, dust extraction systems etc.) examinations must be made at least once every 14 months and will normally be undertaken by arrangement with the Estates Department or a specialist contractor.

The record of these tests must be kept for 10 years and 8 months under the **Consumer Protection Act 1987**: they should include details of the test method, a comparison of the measured performance with the required performance and conclusions as to its continuing effectiveness.

Respirators, if used, must similarly be examined, kept clean and, where appropriate, tests carried out to demonstrate their effectiveness.

13. HEALTH SURVEILLANCE

- Routine surveillance of individual's health must be undertaken when it is warranted by the degree of exposure and the nature of the effects.
- Where there is substantial exposure to skin irritants, the regular checking of hands and forearms should be considered for early detection of dermatitis.
- There may be instances where the regular analysis of blood or urine is required.
- Where employees are exposed to materials with possible long-term effects (such as sensitisers or carcinogens) a note of the fact should be attached to their personnel records.
- Where health surveillance is needed a health record must be established for each individual containing particulars approved by the Health and Safety Executive (HSE) and held for at least 40 years.
- Advice on all health surveillance matters should be sought from the appropriate Occupational Health Department
- The collective results of any health surveillance must also be made known to employees in addition to the specific results of tests pertaining to individuals (without giving names).
- There may be instances where staff to be recalled for health surveillance based on the level of exposure.

14. INFORMATION - INSTRUCTION AND TRAINING

Wherever employees are exposed to hazardous substances they must receive whatever information, instruction and training is required so that they are aware of the following:

- The risks to health created by their exposure
- The precaution, which should be taken
- Control measures, their purpose and how to use them;
- How to use personal protective equipment and clothing provided
- Results of any exposure monitoring and health surveillance (without giving names)
- Emergency procedures
- Employees should also be informed of the results of any monitoring carried out in the workplace.
- Following the completion of departmental risk assessments the need for information, instruction and training must be considered and appropriate arrangements made. These might range from a simple instruction to regular formal training sessions.
- Employees should also be made aware of the arrangements for COSHH compliance within the department so that they can play an active part in improving health and safety standards.
- Where the employees of other departments or contractors may be affected, appropriate channels of communications must be established to ensure they are properly informed.

- Hazardous substances **MUST** be clearly labelled – they **MUST** be in appropriate containers, and they **MUST** under **no circumstance** lead the user to believe there is anything other than the correct substance in the container.
- Manufacturer's instructions must be followed at all times regarding storage, decanting, use and disposal.

15. CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH) PROCEDURE

Completing the COSHH Assessment – See TAD_CO032_03

STAGE ONE - Identify Hazardous Substances In The Work Area

Complete the **substance inventory**.

Check what substances are used / present in the area

Ensure Materials Supplier Data Sheets (MSDS) are obtained for each substance (via the supplier)

STAGE TWO - Identify Risks To Health From Substance Exposure

Complete the **assessment form**.

Section A Enter the name of the substance.

Use the name that has the most meaning, i.e. Trade, common or scientific name.

If the substance has an exposure limit, note this as well.

Section B Enter the exposure point i.e. the task or action that results in exposure to the substance.

A substance can be recorded more than once if it is used for multiple tasks.

A task can be recorded more than once if it requires multiple substances.

Both can be repeated if the exposure is likely to affect different person

Groups.

Section C List the health effects from likely exposure to the substance.

Grade the **severity** (grade 1 to 5 - see bottom of assessment form).

Section D List all those people who may be exposed to the substance at the specific exposure points.

Consider that these people may be exposed in different ways.

Section E List all the controls used to prevent/control the exposure at the exposure point.

Evaluate the probability of extent of exposure occurring.

Grade the **probability** (grade 1 to 5 - see bottom of assessment form).

CALCULATE THE LEVEL OF RISK FROM THE PROCESS (severity x probability = level of risk)

STAGE THREE – CONCLUSIONS and ACTION PLAN to ensure safety

Draw **conclusions** from the assessment.

From the COSHH Assessment form, record adequacy of controls identified against the checklist.

Record any recommended actions as a result of the assessment.

Complete additional **comments** sheet.

Record any non-compliance and observations. Include any justification for the conclusions.

Record any recommendations for additional controls or changes in task or procedure.

STAGE FOUR – Review Assessment

Assessment Reviews should be undertaken:

Annually

Where there has been a significant change in the work.

If the substance is used for a different task

If the substance used is changed i.e. manufacturer or concentration

As directed by HSE

Following any adverse incident involving the person, task or substance

Further information can be obtained from the HSE publication –“COSHH a brief guide to the regulations” available from the Health & Safety department 0161 716 3132 and on the Trust Intranet under Health and Safety Department

16. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust’s analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

17. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust’s website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm

to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

18. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

19. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

20. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

21. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

22. REFERENCES

Equality Act 2010

Freedom of Information Act 2000