Trust Policy		NHS University Hospitals Plymouth NHS Trust

Control of Substances Hazardous to Health (COSHH) Policy

Issue Date	Review Date	Version
April 2019	April 2024	5.1

Purpose

To meet the Control of Substances Hazardous to Health Regulations 2002 (as amended) and Health & Safety (Sharps Instruments in Healthcare) Regulations 2013

Who should read this document?

- All staff must be conversant with the contents of this Policy. Employees are required to co-operate with the Trust, its partners and contractors so far as is necessary to ensure compliance with related statutory Health and Safety legislation referred to in Section 13 of this Policy
- All Care Group / Service Line Managers have additional responsibilities associated with working practices undertaken within their Care Groups / Service Lines

Key Messages

- Using hazardous substances in the form in which it occurs in the work activity can cause disease or illness

- All staff must follow safe systems of work, which are designed to eliminate the risks and reduce the level of harm

- Every employer shall ensure that the exposure of his employees to substances hazardous to health is either prevented, or where this is not reasonably practicable, adequately controlled

- An employer shall not carry out work which is liable to expose any employee to any substance hazardous to health unless he has made a suitable and sufficient assessment of the risk created by that work to the health of those employees, and of the steps that need to be taken to meet the requirements of these regulations. This can be achieved by following the procedures contained in the Trust COSHH Risk Assessment Standard Operating Procedure

- Staff must be aware of emergency and spillage procedures for the tasks undertaken

- Ensure that sharps are only used where they are required

- Needle-free equipment is available for certain procedures and should be used, where it is reasonably practicable to do so

- Substitute traditional, unprotected medical sharps with a "safer sharp" where it is reasonably practicable to do so

- If a suitable safer sharp is not available to reduce the risk of injury, ensure that risk assessment has been undertaken identifying safe procedures for working with and disposal of the sharp are in place. These risks should be placed on the Trust's risk register and managed appropriately.

Core accountabilities

Owner	Health & Safety Advisor
Review	Health & Safety Committee
Ratification	Director of Corporate Business
Dissemination	Health & Safety Advisor
Compliance	Health & Safety Committee

Links to other policies and procedures

Health & Safety Policy
Risk Management Policy
COSHH Risk Assessment SOP
Fire and Arson Prevention Policy
DSEAR (Dangerous Substances and Explosive Atmospheres Regulations 2002) Risk Assessment SOP
Incident Management Policy
Prevention of Contamination Incidents SOP
Management of Contamination Incidents SOP
Policy for the Safe Employment of Contractors
Policy and Procedures for the Safe Handling Management and Disposal of Hospital Waste
Policy for the Safe Administration of Intrathecal Cytotoxic Drugs
New and Expectant Mothers Risk Assessment
The Management and Use of Medical Devices Policy
Medicines Management Policy
Operational Policy for Medical Gases
Water Safety Plan
Water Management Policy
Water Flushing SOP
Specimen Transport Policy
Moving and Handling People and Objects Policy

Version History

V1	July 2008	Created and approved by the Health and Safety Committee
V2	June 2010	Reviewed by the Health and Safety Committee
V3	April 2013	Reviewed by the Health and Safety Committee
V4	June 2016	Minor Amendments
V5	June 2018	Minor Amendments
V5.1	April 2019	Minor Amendments

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Contents

1   Introduction

University Hospitals Plymouth NHS Trust (thereafter known as "the Trust") recognises that people in the workplace, including those who are affected by such work, may be exposed to hazardous substances which have the potential to damage their health.

Staff will be provided with COSHH training in designated areas where it is deemed essential to undertake their role. Once trained such personnel may be nominated as COSHH Risk Assessors. COSHH Risk Assessors will be competent to conduct COSHH Risk Assessments of substances used, produced or emitted within the area of their responsibility. Names of COSHH competent Risk Assessors who are trained to a competent standard enabling them to carry out risk assessments may be included at the front of each Department's COSHH folder

Further information is contained in the COSHH Risk Assessment Standard Operating Procedure

2   Purpose

The COSHH Regulations ("the Regulations") require the employer to identify ALL hazardous or potentially hazardous substances which may be used in the workplace, or that may be produced by a process, e.g. end product, by-product, etc, or that may be emitted during any process. This may include gases, vapours, organic compounds, and other products. The employer must conduct a risk assessment of these substances, evaluate the risk of exposure to people, and where necessary, take appropriate precautions to prevent or control that exposure

3   Definitions

Hazard: Something that has the potential to cause harm or (loss)

Risk: The likelihood of a given loss occurring in defined circumstances

Employer: Individual Directors and Managers with managerial responsibilities

Competent Person: A person with the assessed ability to undertake responsibilities and perform activities to a recognised standard on a regular basis. It is a combination of skills, experience and knowledge.

Significant finding: An identified deficiency which is capable of creating a risk to health and safety, which could lead to enforcement action. Each significant finding must have an action plan to reduce the risk to a tolerable level if it cannot be removed completely

Incident: An event or circumstance which could have resulted, or did result in, unnecessary or unintended harm, loss or damage to a patient, staff, visitors, members of the public or the Trust

Near Miss: An unplanned event or chain of events in which injury, damage to plant / equipment or loss has been avoided by chance

Substances Hazardous to Health

Substances hazardous to health include any material, mixture or compound used at work, or arising from work activities, which is harmful to people's health in the form in which it occurs in the work activity (e.g. solid, liquid, dust, fume, vapour, gas or micro-organism)

The Control of Substances Hazardous to Health Regulations (COSHH) and The Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) must be taken into account together when assessing hazardous substances

(COSHH) Regulations ("the Regulations")

The Control of Substances Hazardous to Health Regulations applies to all substances:-

- from the time of receipt on Trust premises
- during internal transportation,
- during storage
- when in use
- throughout disposal process
- including those substances transported by or on behalf of the Trust

(DSEAR) Regulations ("the Regulations")
The Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR)
DSEAR applies to all substances that present a fire, explosion or a similar event in the workplace.

- Find out what dangerous substances are in the workplace and what the fire and explosion risks are;
- Put control measures in place to either remove those risks or, where this is not possible, control them;
- Put controls in place to reduce the effects of any incidents involving dangerous substances;
- Prepare plans and procedures to deal with accidents, incidents and emergencies involving dangerous substances;
- Make sure employees are properly informed about and trained to control or deal with the risks from the dangerous substances;
- Identify and classify areas of the workplace where explosive atmospheres may occur and avoid ignition sources (from unprotected equipment, for example) in those areas.

Material Safety Data Sheets (MSDS)

Safety data sheets provide information on chemical products that help users of those chemicals to make a risk assessment. They describe the hazards the chemical presents, and provide information on handling, storage and emergency measures in case of accident.

Please note suppliers do change chemical properties in their products and update the MSDS. Therefore you must review the MSDS on receipt of each delivery

Inventory

An inventory is a basic list of the substances or preparations that come into the Trust premises.

4	Duties

4.1 The Chief Executive and Board Responsibilities

While ultimate responsibility is vested in the Trust Board, executive responsibility is delegated to the nominated Director with responsibility for Health and Safety. Compliance with this policy will be achieved by:-

- Systematic identification and assessment of risk
- Allocating appropriate resources to achieve reduction in risk so far as is reasonably practicable
- Implementation of effective control measures

4.2 Chief Pharmacist

Responsibility for overseeing safe practice in relation to COSHH substances sourced through Pharmacy, including:

- Medical gases are medicines and, as such, it is recommended that, regardless of operational infrastructure, the chief pharmacist must take an active role in the management of medical gas cylinders. It is essential that risk assessments are carried out as part of the cylinder management process.

- From the receipt / delivery at goods inwards

- During transportation by Pharmacy staff to the Ward / Department Provision of substance MSDS and COSHH risk assessments for substances issued Trust wide

- Ensuring that information, instruction and training is available for the use of COSHH substances, e.g. for Formalin and Medical Gases provided in cylinders

- Responsibility for the internal preparation of drugs and substances, ie Cytotoxic substances

- Complying with Approved Classification and Labelling Guidance (Sixth edition) Chemical (Hazards Information and Packaging for Supply Regulations 2009 (Chip 4)).

4.3 Health and Safety Advisor

The Trust Health and Safety Advisor has the responsibility to:

- Ensure the Trust is aware of its duties under the COSHH Regulations

- Ensure the Organisation has current policies and procedures in place to comply with COSHH Regulations

- Advise Managers in relation to COSHH Regulations in order to ensure compliance

- Ensure that COSHH related dangerous occurrence incidents are reported to the HSE in accordance with the RIDDOR Regulations, and that all COSHH related incidents will be reported to the Health and Safety Committee on at least a bi-monthly basis

4.4 Director of Planning and Site Services

- Ensures that where engineering control such as Local Exhaust Ventilation (LEV) or piped medical gases are used, these are tested and maintained in accordance with the Regulations.

- Ensures guidance note EH40 Workplace Exposure Limits WELs is complied with Trust wide

- Ensures that monitoring arrangements are established to assess compliance with the COSHH Regulations and that appropriate action is taken to rectify any areas of non-compliance

- Ensures that contracts include the requirement for Contractors to meet the legislative requirements of COSHH

Note: Managers must notify Site Services of LEV under their control that is NOT the subject of an external maintenance contract

- Managing the medical gas pipeline systems in accordance with the Department of Health's Health Technical Memorandum htm 02-01 Part B Medical gas pipeline systems

- Ensures COSHH assessments are in place during commissioning work in accordance with the Safe Employment of Contractor Policy

- Local managers must provide COSHH risk assessments and related documents to the Estates when requesting EH40 Workplace Exposure Limits WELs monitoring

- Liaise with Managers regarding regular maintenance of all engineering controls ie LEV systems installed with regard to COSHH, keep records of the maintenance undertaken and include a copy of the inspection record in their COSHH folder

4.5 Occupational Health and Well Being (OHWB) Team

Will provide:-
- advice on adverse health effects of substances, and

- advice on measures to eliminate / reduce such effects

- a health advisory service to "at risk" staff. (This is determined through the COSHH assessment). The nature of the health surveillance will be appropriate to the potential health hazard. Examples of substances for which exposure may

necessitate health surveillance include blood borne viruses as a result of contamination incidents. Staff with a known Latex allergy must be identified to Occupational Health and Well Being to enable health surveillance to take place

- Will investigate all reported contamination adverse events involving substances hazardous to health – as per the Incident Management Standard Operating Procedure

- Retain health surveillance records for a period of at least five years, or 40 years where employees can be personally identified

4.6 Procurement and Logistics Department

The Procurement and Logistics Department shall ensure, so far as reasonably practicable, that prior to the purchase and distribution of a hazardous substance that they have satisfied themselves that no safer alternative product is available. Where a hazardous substance has been provided through the Trust Procurement procedure, the Head of Procurement shall ensure that the end user is provided with a copy of the relevant Safety Data Sheet. Where Managers purchase substances directly from the supplier then it will be they, the Manager, who is responsible for identifying safer alternatives and when this is not reasonably practicable ensuring that relevant safety data sheets are provided. The implementation of this requirement will be audited annually by Care Group / Service Line / Managers as appropriate

4.7 Care Group Managers / Service Line Managers / Managers

Whilst executive responsibility is delegated to the nominated Director with responsibility for Health and Safety, Care Group Managers, Service Line Managers and Managers may achieve compliance by:-

- Systematic identification and assessment of risk
- Allocating appropriate resources to achieve reduction in risk so far as is reasonably practicable
- Implementation of effective control measures

Managers may delegate various tasks under COSHH to suitably qualified staff, but cannot delegate their managerial responsibility to ensure that these tasks are undertaken, such as the appointment of trained Managers or Supervisors to assist and oversee the implementation of health and safety arrangements

All Managers must ensure that:-

- All hazardous substances used, produced, or that the Department is exposed to, have been identified and documented in the inventory maintained within the Departmental COSHH folder

- The Departmental COSHH folder must be located in an area easily accessible for use. Managers must provide staff with information, instruction and training in the use of the COSHH folder contents.

- Risk assessments have been carried out for each hazardous substance and work activity, and that they are reviewed as and when necessary, but at no less than at 2 yearly intervals, and sooner if there is any reason to suggest the risk assessment is no longer valid

- Risk assessments are documented and are available, along with the Materials Safety Data Sheets (MSDS) for reference in the department's COSHH folder

- Managers must provide COSHH risk assessments and related documents to the Health & Safety Team when requested

- The risk assessment must include any identified dangerous substances in the workplace that present a fire and explosion risk. The Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR) and COSHH Regulations must be referred to for specific compliance purposes.

- Liaise with Site Services regarding regular maintenance of all engineering controls ie LEV systems installed with regard to COSHH in line with the Trust procedures/policies, and keep records of the maintenance undertaken and include a copy of the inspection record in their COSHH folders

- Managers must provide COSHH risk assessments and related documents to Estates when requesting EH40 Workplace Exposure Limits WELs monitoring

- Disciplinary action is taken if the control measures identified by the risk assessment are not being followed

- The Health and Safety Advisor and/or Staff Health and Well Being Department are consulted if it is suspected that health surveillance may be required for instances where there has been unplanned exposure to hazardous substances

- The Trust Incident Reporting procedure is followed for any unplanned exposure to hazardous substances, with a full investigation undertaken, led by the Care Group / Service Line / Manager

- All employees receive appropriate information, instruction, training and supervision as required in order to comply with their professional requirements, so that they are aware of the risks to health created by their exposure to hazardous substances, and the precautions that must be taken. Specific information on potentially hazardous substances should be included in the local induction of new staff

- Managers who appoint Contractors (including Site Services and IT Departments) must ensure that this requirement is included in the specification document produced and disseminated to potential Contractors as part of the tender / selection process, and during site induction

- Exposure to substances hazardous to health is prevented, or where this is not reasonably practicable, that appropriate steps are taken to ensure that the exposure is adequately controlled

- Implement appropriate control measures identified by COSHH assessments, e.g. eliminate completely the use of the substances (e.g. by replacing the hazardous substance with a non-hazardous one)

- Establish procedures to ensure that control measures, including items of Personal Protective Equipment (PPE) are properly and appropriately used, and where Respiratory Protective Equipment is used, Fit Testing is required under the COSHH Regulations for all tight-fitting face-pieces. Evidence must be recorded of fit testing training for each mask worn. A Fit test can only be carried out by a competent person.

- Information, instruction and training must be provided for employees to facilitate the correct use of Respiratory Protective Equipment

- Ensure where relevant, control measures (e.g. formalin isolation cabinet) are maintained in an efficient state; in efficient working order (in accordance with manufacturers' instructions); and in good repair

- Ensure where engineering controls (e.g. Local Exhaust Ventilation (LEV) are being used that they are subject to an outside maintenance contract and that Site Services are notified. Thorough examination / testing should be undertaken at suitable intervals and records kept

- Ensure that all new substances brought into the Trust have been through the correct procurement channels

- Arrange at least one competent person is nominated and trained as a COSHH Co-ordinator for their area, and that all staff have access to the COSHH file at all times when on duty

- Review DATIX incidents and actions and completed in a timely manner, putting into place control measure to prevent a reoccurrence

- Review DATIX risks and identified actions in accordance with the Risk Management Framework

- Prior to the purchase and distribution of a hazardous substance that they have satisfied themselves that no safer alternative product is available. Where a hazardous substance has been provided ensure that the end user is provided with a copy of the relevant Safety Data Sheet. Where Managers purchase substances directly from the supplier then it will be they, the Manager, who is responsible for identifying safer alternatives and when this is not reasonably practicable ensuring that relevant safety data sheets are provided. The implementation of this requirement will be audited annually by Care Group / Service Line / Managers as appropriate

4.8 Departments Nominated COSHH Co-ordinator(s)

The Department COSHH Co-ordinator shall:-

- Ensure that the COSHH folder contains up to date inventory, COSHH Risk Assessments, and SOP and MSDS for each substance, including emergency procedures

- Support the nominated incident investigation personnel, act as co-ordinator during completion of the DATIX incident investigation report (RCA) for COSHH related incidents

- Review the Department's COSHH risk assessments after any DATIX incident

- Assist Managers in providing information, instruction and training to employees

4.9 Employees including temporary / locum staff

All employees are required to comply with Trust Policies and Procedures to ensure that the Trust meets the legal responsibilities detailed in the Health and Safety at Work Act 1974 and the COSHH Regulations. Employees must ensure that:

- They are familiar with relevant COSHH risk assessments so that when coming into contact with substances they are aware of potential risks regarding substances used/stored in their place of work, adhere to the contents of the COSHH Risk Assessment, Standard Operating Procedure, and emergency procedures
- COSHH folder and its contents
- They read container labels, being particularly careful with those having a hazard classification (see section 5.4)

- They attend health and safety training as required by legislation and by Trust policies

- They must report hazards, risks and incidents, and symptoms of ill-health arising from their work with materials / substances to their Manager and where appropriate report on the DATIX reporting system.

- They make full and proper use of any control measures implemented by their Manager including:-

  - Following safe systems of work
  - Wearing any PPE provided, using it as intended and in the manner instructed
  - Reporting any defects in PPE and withdrawing such defective items from use. (Failure to do so may result in disciplinary action against the individual)
  - Reporting any illness suspected of being related to exposure to a substance at work, and co-operate with any health surveillance programme established to monitor their health (Failure to do so may result in disciplinary action against the individual)
  - Informing their Manager immediately should they have an injury or condition, or are pregnant, which might be affected by working with a hazardous substance
  - Storing substances safely
  - Never putting substances into unmarked containers
  - They are familiar with the relevant spillage procedures and any emergency procedures put in place by their Care Group / Service Line / Manager
  - They co-operate with their Manager with regard to implementation of this Policy
  - They purchase all substances via EPROC/Procurement and not buy them in locally

4.10 Non-Trust employees (Contractors) working on Trust Sites

There is a requirement for Contractors to supply the Trust with information in relation to the work they are carrying out. This must include informing the Trust of their intention to use any hazardous substances on Trust sites.

Managers who appoint Contractors must ensure that this requirement is included in the specification document produced and disseminated to potential Contractors as part of the tender / selection process

In such cases the Contractor must supply a MSDS and COSHH risk assessment for the task / process and include within this, any associated risks. Activities that may generate harmful substances, i.e. dust, fumes, etc, shall likewise be fully assessed prior to commencement of work

Any service providers working in Trust sites, under Service Level Agreements, must inform the Site Services Team of their intention to use any hazardous substance in their activities prior to commencement of work

This information must be provided to the Site Services Team and the Building Projects Manager (if appropriate) before any works commence

5	Key Elements

COSHH covers any substance, or the preparation (i.e. mixture of two or more substances) used at work or arising from work activities, which is harmful to human health in the form in which it occurs in the work activity. It may be a solid, liquid, dust, fume, vapour, gas or micro-organism, and will have the potential to cause harm by inhalation, ingestion, absorption or inoculation. Examples are given in the Control of Substances Hazardous to Health (COSHH) Risk Assessment and Standard Operating Procedure

5.1 Adverse Health Effects

If not properly controlled, hazardous substances can cause ill health. They can enter the body through four main routes:

- Inhalation

- Ingestion

- Absorption (through the skin/eyes/mucous membranes)

- Injection

The health effects that hazardous substances cause will be

- Acute – (for example, immediate throat and eye irritation)

- Chronic – (such as occupational asthma)

- How we determine the Acute or Chronic effects of a substance under the Regulations will be determined though a robust COSHH risk assessment

5.2 Factors which could indicate a risk to health

The following are examples of indicators where exposure to a substance is likely to constitute a risk to the health of employees:

- Warning symbols and text such as risk phrases (R-phrases) on packaging or on safety data sheets

- Fine deposits of dust on people or surfaces

- Fumes or particles visible in the air

- Broken, defective or badly maintained control measures

- Poor working practices or departure from agreed good practice, e.g. personal protective equipment that is not replaced, nor maintained and / or not used

- Complaints of discomfort or excessive odour, e.g. dust, vapour, smell, etc

- Known concerns within the industry discussed in journals, HSE guidance, professional literature

5.3 Workplace Exposure Limits

- Some hazardous substances have been assigned a "Workplace Exposure Limit". These limits are set for substances that may cause the most serious health effects, such as occupational asthma or cancer. The Workplace Exposure Limits (WELs) (referred to in the COSHH Risk Assessment) replace previous Maximum Exposure Limits (MELs) and Occupational Exposure Standards (OESs)
- A list of substances with WELs is published in the guidance note EH40 the HSE list of substances that have an occupational exposure limit. This list is updated annually by the HSE. The current EH40 list can be obtained from the Trusts Health and Safety Team (Site Services)

NOTE: The absence of a substance from the list of WELs does not mean it is safe; a COSHH assessment should still be undertaken to establish any necessary control measures

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5.4 Hazard Symbols / abbreviation / description of hazard

Since 2009 international symbols (without a single word describing the hazard) have replaced the European symbols. The new symbols are added below:-

	Acute toxicity Very toxic (fatal), Toxic etc
	Gases under pressure
	Harmful skin irritation, serious eye irritation
	Flammable gases, flammable liquids, flammable solids, flammable aerosols, Organic peroxides, self-reactive, pyrophoric, self-heating, contact with water emits flammable gas
	Explosive, self-reactive, organic peroxide
	Harmful to the environment
	Oxidising gases, oxidising liquids, oxidising solids
	Respiratory sensitiser, mutagen, carcinogen, reproductive toxicity, systemic target organ toxicity, aspiration hazard
	Corrosive (causes severe skin burns and eye damage), serious eye damage

5.5 COSHH Risk Assessment

A COSHH risk assessment is an examination of how substances used in the workplace could potentially damage the health of employees

Under the Regulations, the assessment must be 'suitable and sufficient' i.e. the detail and expertise with which it is carried out should be commensurate with the nature and degree of risk arising from the work, as well as the complexity and variability of the process.

COSHH assessments should only be undertaken by trained COSHH Assessors, i.e. suitably trained and competent staff who have sufficient knowledge, skill and experience to perform an assessment effectively.

Consideration must be given to the requirements of the Dangerous substances and explosive atmosphere Regulations (DSEAR)
The results of COSHH assessments must be communicated to staff as appropriate and should be maintained in the Department COSHH folder in a location that is easily accessible

5.6 Preventing and Controlling Risks: Adequate Control

Under COSHH, adequate control of exposure to a substance hazardous to health means:

- Applying the eight principles of good practice set out in the Control of Substances Hazardous to Health Regulations 2002 as (Amendment) 2004 in Schedule 2A.

5.7 Eight Principles of Good Practice

The COSHH Regulations define good control practice in schedule 2A as follows:

1. Design and operate processes and activities to minimise emission, release and spread of substances hazardous to health.

2. Take into account all relevant routes of exposure – inhalation, skin absorption and ingestion – when developing control measures.

3. Control exposure by measures that are proportionate to the health risk.

4. Choose the most effective and reliable control options which minimise the escape and spread of substances hazardous to health.

5. Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment.

6. Check and review regularly all elements of control measures for their continuing effectiveness.

7. Inform and train all employees on the hazards and risks from the substances they work with and the use of control measures developed to minimise the risks.

8. Ensure that the introduction of control measures does not increase the overall risk to health and safety.

In order of preference for preventing or controlling risks, the following hierarchy of control measures (either one, or a combination of the measures), should be considered and applied where possible, to prevent exposure to a hazardous substance

Eliminate (change the process or activity so that the hazardous substance is not used or generated); or replace the process or activity with an alternative

Substitute (using it in a safer form e.g. pellets instead of powder)

Contain (physically containing the process within an isolated environment, e.g. decontamination of endoscopes in sealed cabinets to prevent exposure to hazardous chemicals. Automation may also be employed to remove / minimise human involvement in the process)

Control the extent of the exposure or contact with hazard (through a safe system of work, or by partial enclosure and extraction equipment, e.g. local exhaust ventilation (LEV), by improving general ventilation, by procedural controls such as reducing the number of people exposed and frequency and duration of exposure, or applying good hygiene measures – e.g. avoid eating within the work area, providing washing and changing facilities

If you cannot adequately prevent or control exposure by any combination of the measures above, the provision of Personal Protective Equipment (PPE) suitable for the purpose, - e.g. gloves, a mask, respirator, protective clothing etc. may be sufficient. There are many practical elements that should be considered when issuing PPE, for example, ensuring that the equipment fits properly and does not cause any other problem which poses a greater risk to the individual – please refer to the Health & Safety Advisor if you are unsure of the PPE Regulations

6	Health Surveillance

Health surveillance is required by COSHH Regulation 11 and MHSWR Regulations 11
Health surveillance is about putting in place procedures to detect early signs of work-related ill health among employees exposed to certain health risks, and acting on the results.

The COSHH Risk Assessment may require health surveillance to be carried out in the following circumstances:

6.1 Where the risk assessment has identified that an employee is exposed to one of the substances listed in Schedule 6 of the COSHH Regulations as a Substances for which medical surveillance is appropriate, and is working in one of the related processes. (E.g. manufacture of certain compounds of benzene) and there is a reasonable likelihood that an identifiable disease or adverse health effect will result from that exposure

6.2 Where employees are exposed to a substance such as a Micro-organism and there is a reasonable likelihood that during the course of their work activity they could be adversely affected

6.3 Health surveillance can be arranged through the Trust local Staff Health & Well Being Department

6.4 The benefits of health surveillance are that it can:

- provide information so you can detect harmful health effects at an early stage so protecting employees and confirming whether they are still fit to do their jobs
- check that control measures are working well by giving feedback on risk assessments, suggesting where further action might be needed and what it might be;
- provide data, by means of health records, to detect and evaluate health risks;
- provide an opportunity to train and instruct employees further in safe and healthy working practices, e.g. how to use PPE properly; and
- give employees the chance to raise any concerns about the effect of their work on their health.

6.5 Where the New and Expectant Mother Risk Assessment (SHWB) has identified a risk

7	Information, Instruction and Training

7.1 Staff must be provided with COSHH training as part of their Trust local induction and local Departmental induction. The level of training must be provided as appropriate to the risks associated for the work activity as identified during the risk assessment process

7.2 Managers must identify staff to be trained in the role of COSHH Co-ordinator within their Department. Identified staff must be competent to perform COSHH Risk Assessments

7.3 Managers will arrange / source suitable training for COSHH requirements. For more information please refer to, or speak with the Learning and Development Team. Funding for such training will be organised by the Care Group or Service Line Manager

8	Air Monitoring

Some areas / substances need to be monitored at regular intervals, and may require air monitoring by an external company. Heads of Department must contact the Site Services Team to make suitable arrangements for monitoring such substances   Managers / COSHH Assessors should note that their risk assessments may identify the need for air quality monitoring and biological monitoring / biological effect monitoring for many of the substances in use within the Trust. These are legally required control measures where there are Workplace Exposure Limits published by the Health & Safety Executive (HSE) in the publication EH40 (see references). In such cases it is important to consult with the Site Services Team who will assist in arranging or providing the appropriate air quality monitoring system. Funding for such training will be organised by the Care Group or Service Line Manager.

9   Overall Responsibility for the Document

The Director of Corporate Business is responsible for ratifying this document. The Health and Safety Team has responsibility for the dissemination, implementation and review of this Policy

10   Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Health and Safety Committee and ratified by the Director of Corporate Business.

Non-significant amendments to this document may be made, under delegated authority from the Director of Corporate Business, by the nominated owner. These must be ratified by the Director of Corporate Business.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

11   Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director of Corporate Business and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

12   Monitoring Compliance and Effectiveness

This policy and the safety management procedures which stem from it will be monitored in order to confirm their effectiveness in ensuring the health, safety and welfare at work of employees and others who might be affected by the work activities at the Trust

The Monitoring Compliance and Effectiveness of this policy will be integrated and organised by the Care Group Managers, Service Line Managers or other Managers as appropriate.

The Care Group Managers, Service Line Managers and other Managers will analyse workplace health and safety data using the Datix incident reporting system. The Care Groups will identify trends and advise Managers to share good practice and initiate improvements, and ensuring that action plans with appropriate timescales for completion are agreed and entered on to DATIX.

The Health and Safety Team will request Care Groups to provide COSHH inventories and risk assessments following any COSHH related datix incidents or at least annually to ensure compliance with this Policy

13	References and Associated Documentation

A list of regulatory health and safety legislation is detailed below. (This list is not exhaustive):

Control of Substances Hazardous to Health Regulations 2002 (as amended) and Approved Code of Practice
Dangerous Substances and Explosive Atmospheres Regulations 2002
Dangerous Substances and Explosive Atmospheres Approved Code of Practice and guidance
Anaesthetic Agents: Controlling Exposure under COSHH (HSAC 1995)
Control of Asbestos Regulations 2006
Construction (Design and Management) Regulation 2007
Control of Lead at Work Regulations 2002
Confined Spaces Regulations 1997
Corporate Manslaughter and Corporate Homicide Act 2007
Employer's Liability (Compulsory Insurance) Act 1969
Environmental Protection Act 1990
Employment Protection (Consolidation) Act 1978
Handling Cytotoxic drugs in isolators in NHS Pharmacies HSE/Medicines Control Agency 2003 (available from HSE website: www.hse.gov.uk
Harmonised classification and labelling (CLH)
Hazardous Waste Regulations 2005
Health and Safety (Display Screen Equipment) Regulations 1992
Health and Safety (First-Aid) Regulations 1981
Health and Safety at Work, etc. Act 1974
Health and Safety (Consultation with Employees) Regulations 1996
Health and Safety (Safety Signs and Signals) Regulations 1996
Health and Safety (Sharps Instruments in Healthcare) Regulations 2013
Health and Safety (Information for Employees) Regulations 1989
Health and Safety (Miscellaneous Amendments) Regulations 2002
Management of Health and Safety at Work Regulations 1999
National Guidance on the safe administration of intrathecal chemotherapy HSC2008/2001
New and expectant mothers at work: A guide for employers HSG122 (Second edition) HSE Books 2002 ISBN 0 7176 2583 4
Personal Protective Equipment at Work Regulations 1992
Provision and Use of Work Equipment Regulations 1998
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
Regulatory Reform (Fire Safety) Order 2005
Safe handling of cytotoxic drugs HSE Information Sheet MISC615

Safety Representatives and Safety Committees Regulations 1977
Workplace (Health, Safety and Welfare) Regulations 1992
EH40/2005 Workplace Exposure Limits

Dissemination Plan and Review Checklist	Appendix 1

Dissemination Plan	
Document Title	Control of Substances Hazardous to Health (COSHH) Policy
Date Finalised	
Previous Documents	
Action to retrieve old copies	To be managed by the Information Governance Team
Dissemination Plan	

Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Equalities and Human Rights Impact Assessment	Appendix 2

Core Information

Date	01/05/2019
Title	Control of Substances Hazardous to Health (COSHH) Policy
What are the aims, objectives & projected outcomes?	The COSHH Regulations ("the Regulations") require the employer to identify ALL hazardous or potentially hazardous substances which may be used in the workplace, or that may be produced by a process, e.g. end product, by-product, etc, or that may be emitted during any process. This may include gases, vapours, organic compounds, and other products. The employer must conduct a risk assessment of these substances, evaluate the risk of exposure of people, and where necessary, take appropriate precautions to prevent or control that exposure.

Scope of the assessment

This document has been circulated with the accompanying Equality Impact Assessment to the full membership of the Health and Safety Committee. The document has been compiled in line with Health and Safety and COSHH regulation requirements.

Collecting data

Race	There is no evidence to suggest that there is an impact on race regarding this policy. However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored. Consideration will be made if information provided is required in a different language.
Religion	There is no evidence to suggest that there is an impact on religion or belief and non-belief regarding this policy. However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.
Disability	There is no evidence to suggest that there is an impact on disability regarding this policy. However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored. Consideration must be given to staff who require reasonable adjustments for training purposes.
Sex	There is no evidence to suggest that there is an impact on disability regarding this policy. However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored. Consideration must be given to staff who require reasonable adjustments for training purposes.
Gender Identity	There is no evidence to suggest that there is an impact on disability regarding this policy. However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored. Consideration must be given to staff who require reasonable adjustments for training purposes.

Sexual Orientation	There is no evidence to suggest that there is an impact on sexual orientation regarding this policy. However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.
Age	There is no evidence to suggest that there is an impact on age regarding this policy. However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.
Socio-Economic	There is no evidence to suggest that there is an impact on socio-economic regarding this policy. However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.
Human Rights	There is no evidence to suggest that there is an impact on Human Rights regarding this policy. However, data collected from Datix incident reporting, ad hoc inspections and complaints will ensure this is monitored.
What are the overall trends/patterns in the above data?	No comparative data has been used to date which means that no trends or patterns have been identified

Involving and consulting stakeholders	
Internal involvement and consultation	Health and Safety Committee
External involvement and consultation	Serco, SABA, DWMS, MDHU
Impact Assessment	
Overall assessment and analysis of the evidence	Consideration will be made if information provided is required in a different language Consideration must be given to staff who require reasonable adjustments for training purposes Consideration is given to staff who are pregnant and where there may be a risk
Action Plan	

Action	Owner	Risks	Completion Date	Progress update
Specific issues and data gaps that may need to be addressed through consultation or further research	No gaps have been identified at this stage but this will be monitored via data collected from Datix incident reporting, ad hoc inspections and complaints.			