

The Control of Substances Hazardous to Health (COSHH) Policy

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Name of originator/author:	Richard Harwin, Health, Safety, Security and Emergency Planning Manager
Executive Director lead :	Lorraine Sunduza
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Mental Health and LD	
Community Health Services	

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1. INTRODUCTION

The East London NHS Foundation Trust (hereafter referred to (be known as) the Trust, acknowledges it has a Duty of Care to protect the health, safety and welfare of its employees, patients, visitors and others who visit its premises, or who are affected by its activities.

The Control of Substances Hazardous to Health (COSHH) Regulations require an employer to evaluate the risks to the health of their employees or others who might be exposed to substances hazardous to health (referred to hereafter for ease of understanding as hazardous substances) as a result of the employer's work activities and to do everything that is reasonably practicable to prevent or control exposure to such substances.

This policy demonstrates the Trust's a commitment to both discharging this general duty of care and complying with the specific requirements of these Regulations.

All employees and contractors are required to co-operate with the Trust to enable the Trust to meet its obligations in this regard, with this cooperation including making full and proper use of any relevant control measures and reporting any failures, defects or other potential concerns relating to the implementation of the Trust's COSHH arrangements, through the appropriate incident reporting channels.

2. PURPOSE

The overall purpose of this policy is to describe how the Trust intends to identify and evaluate the health, safety and welfare related to risks associated with hazardous substances, and the arrangements through which it intends to either eliminate or reduce these to acceptable levels for all staff (any others) involved, in, or affected by, work activities either using or involving 'exposure' to such substances.

The aim of the policy is to:

- Identify activities which involve the use of or exposure to hazardous substances.
- Assess the risk to health that may arise from the use/exposure to hazardous substances.
- Establish appropriate precautions and control measures for each risk identified, ideally aiming to eliminate the risk where this is either possible or a proportionate' option.
- Monitor agreed control measures to ensure they are adhered to and working properly and remain effective. This includes maintenance and testing of any equipment involved e.g. local exhaust ventilation systems
- Inform, instruct and train relevant employees regarding the hazards, risks, precautions and controls required when undertaking particular work activities.
- Monitor the extent to which employees and others are exposed to hazardous substances and carry out health surveillance where appropriate.

This policy describes the Trust's management, organisation and arrangements for ensuring compliance with the COSHH Regulations, associated Approved Codes of Practice (ACOP) and all other relevant legislation, and in this way supports the Trust's Health & Safety Policy.

3. SCOPE

These policy arrangements apply to all staff working for and on behalf of Trust.

The Trust will identify all substances hazardous to health used in the course of its work activities and where these may pose a significant risk will strive to ideally eliminate their use or more likely, to reduce the number of people exposed to, and mitigate the likely harmful effects of such exposure, to more acceptable levels, including in such assessments the risks of environmental damage or harm associated with the Trust use of hazardous substances.

It applies particularly to all employees of the Trust who may be required to use hazardous substances during the course of their work or who may be exposed to a hazardous substance. It also applies to other staff including temporary staff (e.g. agency and/or bank staff, contractors/trainees) together with other people who may be affected by the Trust's activities

Where Trust staff are working in premises, services or other environments that are controlled by another organisation, the Trust will nevertheless strive to ensure similar standards apply. Trust staff working in such circumstances should report to their line manager any instance where they believe any 'differences in approach' to COSHH related matters are resulting in either them, their colleagues or any others to whom the Trust owes a duty of care, being unacceptably exposed to harm.

Where Trust staff work away from 'fixed' environments, managers must endeavour to maintain the principles detailed in this policy as far as is reasonably practicable, and must understand that working in such situations cannot be accepted as a reason for staff taking, or being exposed, to unacceptable risks relating to hazardous substances.

The COSHH Regulations apply in circumstances where hazardous substances may be present, in addition; where staff administering medicines and undertaking procedures may be affected. Where members of the public, visitors, contractors or volunteers may be affected by substances including drugs, gases and medicines

4. ACCOUNTABILITIES AND RESPONSIBILITIES

Chief Executive

The Chief Executive has overall ultimately responsibility for the health and safety management system of the Trust, and thereby also for the health, safety and welfare of all Trust staff, patients, visitors, contractors and any other who might be affected by its activities. This will be achieved through:

- Ensuring the active maintenance of effective, up to date policy arrangements for managing the risks associated with the use of hazardous substances, and also making available sufficient resources to enable the proper implementation of such policy arrangements and the associated agreed control measures relating to these risks.

Chief Nurse

The Chief Nurse is the lead Director for Health & Safety within the Trust and is responsible for:-

- Ensuring the implementation of this COSHH policy within the Trust through the management structure;
- Referring health and safety matters of a critical nature to the Board.

Director of Estates and Facilities

The Director of Estates and Facilities has responsibility for the management of all waste including clinical, non-clinical and special waste. This person will ensure through delegated processes that there are adequate arrangements in place for the collection and disposal of waste which may contain hazardous substances and include the appointment of waste contractors. The Director of Estates and Facilities is also responsible for ensuring that the requirements of this policy are implemented during:

Any construction phase(s) where external contractors provide that undertaking;

- Any activity where contractors are undertaking service, maintenance and planned work activities;
- Assurance must be provided that contractors have provided suitable and sufficient COSHH assessments and training, prior to starting work. This can be identified at pre-tender phase or prior to works commencing via method statements / risk assessments.

Monitoring of external providers:

- Within the contracts to provide soft facilities management provision, there is a set of key performance indicators and a report of these is provided on a monthly basis to Estates and Facilities. Any concerns arising from these will be brought to the attention of the Health and Safety Team.

Trust Health, Safety & Security Committee

The Health Safety and Security Committee (HSSC) is a focal point for effective staff consultation and participation in all aspects of health and safety. Staff side and union representatives represent employees of the Trust. The HSSC reports directly to the Quality Committee. The Health and Safety has Monitoring and oversight responsibility to ensure directorates adhere and comply to all Trust COSHH policies and protocols.

Service Directors – Boroughs/Directorates

The Director of each Borough/ Directorate is personally responsible for the effective implementation of the Trust COSHH Policy, across all sites, services and staff within his/her sphere of responsibility. Whilst the responsibility for undertaking specific tasks and activities relating to this may be formally delegated to appropriate individuals, the ultimate responsibility for ensuring that any such delegation is properly acted on, and for the safe and effective implementation of all relevant aspects of the policy, remains with the Borough Director.

In order to discharge this responsibility, each Director is required to oversee the introduction and maintenance of appropriate management arrangements within their Borough or Directorate, which clearly explain and describe how each relevant point within the policy is to be discussed, agreed, implemented, monitored and reviewed, and how the assurances related to each are to be produced, reviewed and recorded across the sites and services of their Borough/Directorate.

In addition to the above responsibility to introduce and maintain appropriate management arrangements relating to this policy, each Director must also:

- Be responsible for ensuring appropriate monitoring of the implementation of and compliance with the requirements of this policy and the effectiveness of the associated controls, and for incorporating these, as appropriate, into their existing performance and risk management processes, and assurance framework.
- Promote a high level of awareness amongst all their staff relating to the risks associated with hazardous substances, and encourage appropriate levels of understanding and engagement amongst them in the operating of the various controls agreed as being necessary to manage these risks.
- Ensure their managers are provided with sufficient resources including funding, staff and time, to safely and effectively discharge all these policy related responsibilities, including ensuring the attendance of relevant staff at appropriate training interventions.

Ward Managers/Team Leaders

Team leaders, Service Managers and any other manager with specific delegated COSHH policy related responsibilities are expected to promote a high degree of risk, and health and safety awareness amongst all staff within their sphere of influence and have responsibility for ensuring that:

- The COSHH policy is implemented and COSHH risk assessments are undertaken within their area of responsibility prior to any hazardous substance being used for the first time or; any generation of substance arising from a new work process that may adversely affect the health and safety of any member of staff, patients or others;
- All relevant staff, and anyone else as appropriate, are aware of this policy and associated procedures;
- Hazardous substances are purchased only via the Trust's Procurement function and NHS Supply Chain, and that consideration of less hazardous alternatives is always investigated as the first and preferable option in terms of risk control.
- A 'local' inventory of hazardous substances stored, used or generated is held and kept up to date, along with any relevant Materials Safety Data Sheets (MSDS) and associated COSHH risk assessment, and with all this information being readily available for use by appropriate managers and staff, and for inspection by any legitimately interested parties;
- All COSHH risk assessments are reviewed in line with the formally agreed frequency for each, and any other relevant 'review criteria'

- All equipment for control of hazardous substances is monitored for continued efficacy in line with approved frequencies for this, and appropriate records are maintained.
- Identify and implement any control measures including standard operating procedures (SOP) and safety systems of work (SSW) as necessary to mitigate or reduce risks identified in the COSHH risk assessments.
- Adequate instruction, training and supervision is provided to ensure that work is conducted safely and that control measures are applied and used as necessary and appropriate;
- Emergency arrangements to deal with spillages and leaks are implemented in line with any recommendation contained in the Material Safety Data Sheet (MSDS) and with regard to Trust Policies e.g. Fire Safety Policy, Medical Gases Policy etc. and that where such incidents are particularly likely or foreseeable, or where the consequences are potentially serious, such responses are formally planned, and if necessary, exercised:
- Adequate signage is displayed where necessary;
- Inform Occupational Health Department where symptoms presenting in staff could potentially be as a result of work related use of, or exposure to, hazardous substances;
- The Health, Safety and Security Team are informed if it is suspected that unplanned or unacceptable exposure to hazardous substances has occurred or is suspected, or if it is believed that environmental monitoring might be required;
- Managers must ensure they and staff with new responsibilities receive appropriate instruction and training in COSHH as an integral part of their local induction programme

Nominated Risk Officers

Risk Officers may be formally identified as part of a Borough/Directorates arrangements for meeting the requirements of this policy, with specific responsibilities relating to the undertaking of risk assessments. Nominated Risk Officers have responsibilities to:

- Attend such training (and refresher training) as required in order to become and remain 'competent' with regard to undertaking COSHH risk assessments.
- Conduct a suitable and sufficient risk assessment of all the above referred to hazardous substances in line with Trust agreed requirements for such risk assessments.
- Use relevant documentation to record such assessments
- Make recommendations to the manager in order to develop and/or maintain appropriate safe systems of work and/or standard operating procedures;

Review all such risk assessments in line with agreed frequencies (and at least annually) and as necessary in response to instances of ill-health, new or changes processes, new or improved controls becoming available, changes in relevant guidance, changes in 'acceptability' of particular risks or any other relevant changing circumstances.

All Staff - (including bank/agency and volunteers)

All other staff undertaking work for the Trust or on its behalf have responsibility to ensure that they comply with these policy arrangements at all times and in particular to:

- Familiarise themselves with the requirements of this policy, the results of any COSHH assessments undertaken and control measures relevant to their work activities.
- Make full and proper use of any control measures, safe systems of work and/or operating procedures, (including for instance, the use of ventilation systems and the wearing of PPE) as indicated in relevant risk assessments:
- Take reasonable care of themselves and others who may be affected by their actions or omissions;
- Report all incidents including near misses on the Trust incident Reporting System (Datix);
- Immediately report to their line manager any existing or potential concerns or shortcomings regarding the storage, use, transport and/or disposal of any hazardous substances (such as, for instance, leakage from a specimen container).
- Report immediately any ill-health effects that may be as result of the use of, or exposure to, any hazardous substances to their line manager;
- Present themselves to Occupational Health for health surveillance where requested by their managers with regard to any matter associated with their work with, or exposure to, hazardous substances (as a result of ill health); attend any training relating to work with or exposure to hazardous substances as directed by their line manager; where working in locations that are not controlled by the Trust such as patient homes, local authority premises, to be mindful of the welfare of themselves and others with regard to hazardous substances either taken onto site and also those noted to be present on site.

Occupational Health Department

The Trust's Occupational Health Service provider provides pre-employment screening as well as the Trust's specified health surveillance requirements.

They have a responsibility to:

- Advise relevant Trust managers of any adjustment that might be required to the work activity as a result of pre-employment screening, for such manager to consider with regard to reasonableness;
- accept employees referred by Trust managers to the service for health surveillance and provide follow up where necessary;
- carry out immunizations in relation to exposure to bodily fluid and Tuberculosis, and in other circumstances as detailed in the service specification.
- retain securely and confidentially all employees' health surveillance records for 40 years;

- inform the Trust's Health, Safety and Security Manager promptly of any instance of a Trust, employee contracting an occupational disease, as defined in the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR) 1995 so as to ensure the appropriate is made to the Health & Safety Executive.

Infection Prevention and Control Department:

Infection Control will:

Provide expert guidance and support to managers and nominated assessors where necessary on the risk and necessary use of control measures for any risk identified from microbiological agents. The infection control team will assist in investigating incidents relating to biological agents on request.

- Prepare the Infection Prevention & Control Policy that takes into account (the COSHH Regulations).

Health & Safety (Competent Persons)

The Health, Safety and Security Manager together with the Health, Safety and Security Adviser will:

- Review adverse incidents and ill-health reports relating to the use of hazardous substances;
- report, monitor and collate all reportable incident of ill-health in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013;
- advise managers on undertaking risk assessments where necessary and the recommendation of further control measures. Advise nominated Risk Officers and managers on environmental monitoring services to ensure the efficacy of any control measures and compliance.
- include COSHH Policy related requirements as appropriate in any Borough/Directorate or more specific service or departmental H&S audits or inspections or general H&S 'checks' which might be undertaken or which are being considered.

Contractors

The Trust's competitive tendering and contractor selection processes will require existing and prospective contractors to make appropriate reference to their arrangements for effectively managing the risks associated with hazardous substances, including risk assessment, training, provision and maintenance of control measures, communication of information resulting from COSHH risk assessment and all associated record keeping.

In addition they will:-

- Undertake appropriate risk assessments for all hazardous substances brought onto, used in or generated on, Trust premises;

- reduce the risks from hazardous substances to persons likely to be affected (including other contractors) in line with all the requirements of this policy;
- all information relating to any hazardous substances related risk arising from a contractor's activities and any changes to such risks occurring during the duration of any contract or 'presence' on Trust premises, shall be communicated to the relevant Trust line manager as soon as such change becomes apparent.

Procurement Department

Any hazardous substances used by Trust staff must only be procured through the Trust's Central Purchasing & Supplies Department.

Where hazardous substances are procured for use by Trust staff, they may first be subject to consultation procedures and advice obtained from various relevant Departments and services including health and safety, the Trust's contractor occupational health service provider, the Trust's infection control function and others, in order to ensure the most appropriate substances is obtained, and with a view to reducing the risks associated with particular substances at source.

However, irrespective of any such discussion or action, it remains the relevant manager's responsibility to ensure a thorough COSHH risk assessment for the substance concerned has been undertaken, and appropriate control measures agreed and implemented prior to the first use of any such substance.

5. PROCEDURES AND ACTIONS TO FOLLOW

Risk Assessment

The aim of a risk assessment is to identify any potential health risk both immediate and cumulative from hazardous substances before they are purchased, used or generated for the first time and to reduce the risks so far as is reasonably practicable. The frequency 'depth' details and competence required in order to undertake such a risk assessment should be commensurate with both the nature and degree of risk presented. Therefore a risk assessment must be undertaken before processes are introduced that involve the use of or may generate a hazardous substance.

Potentially hazardous substances must not be purchased without prior acquisition of a MSDS and a preliminary COSHH risk assessment must also be undertaken of potential control measures required to reduce and manage the associated risks.

Substances must NOT be purchased without prior acquisition of a MSDS as appropriate. A preliminary risk assessment must be undertaken of potential control measures required to reduce the risk.

A COSHH risk assessment must be taken into account where there may be the following:

- The physical, chemical or biological nature of the substance and the potential ill-health effects;
- All potential routes of exposure – inhalation, ingestion, injection, contact with absorption;

- All people who may be affected including particular groups such as young persons, new or expectant mothers, immune-compromised and to what degree they may be affected;

The presence of more than one hazardous substance may increase the overall risk faced, either through just the total amount of such substances present or through the risks associated with their coming into contact with each other.

Additional substances present which may increase the overall risk.

Before an assessment is undertaken, the definition and standards (Appendix 4) referred to in this document must be read and understood.

Assessments undertaken for hazardous substances should take a systematic approach and must consider all factors relating to the use of the substances and include:

- Reference to any emergency plans or procedures e.g. fire, spillages, accidental releases and the provision of first aid;
- all the control measures put in place either to prevent exposure or to achieve and maintain adequate control of exposure;
- an action plan for the implementation of control measures with responsibilities clearly defined and an appropriate time frame for the actions to be undertaken.

Control Measures

Measures taken to control the risks from hazardous substances must be determined by the level of risk presented by the substance, in the context in which it is due to be used. A 'Hierarchy of Controls' determines a generally accepted order of priority for achieving the most effective control of risk and must govern these decisions. Control measures towards the top of this hierarchy deliver wider ranging risk reductions such as reducing the risk of the substance itself (through substitution), and increasing the safety, in general terms, of the work environment in which the substance is to be used. Those controls towards the lower end of the hierarchy deliver increased safety and/or protection on a more individual level, and include actions taken by an individual and the use of personal protective equipment (PPE).

The COSHH Regulations require the most effective control measure(s) to be used i.e. they must be reliable, practicable, workable, sustainable and also proportionate to the risks being addressed.

NB. The Hierarchy of Controls approach usually involves the use of controls from one or more 'levels' of the Hierarchy.

Where the use of the hazardous substance cannot be eliminated or the exposure completely prevented, the following hierarchy of controls must be considered and applied as appropriate.

Hierarchy Levels	Example of Controls
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Substitution	<ul style="list-style-type: none"> • Use a less hazardous alternative • User a safer form of the substance – granules or solid rather than powder. • Change the process to produce less dust • Purchasing a pre mixed substance
Engineering Controls	<ul style="list-style-type: none"> • Local Exhaust Ventilation • Fully or partial isolate/enclose the process • Glove box/fume cupboard • Scavenger and air scrubbing systems
Signage/Warnings and administrative Controls	<ul style="list-style-type: none"> • Reduce the number of people exposed/time exposed • Use warning signs – no entry/wear PPE • Training and supervision • Development of SOP's, SSW, protocols • First Aid, welfare and health surveillance
Personal Protective Equipment	<ul style="list-style-type: none"> • Gloves, aprons, gauntlets • Masks • Breathing equipment and Respiratory Protective Equipment (RPE)

OHSAS 18001

Note: PPE must be considered to be the 'last resort', and should only be used in conjunction with other controls, in order to reduce still further residual risk after the application of such controls, or in emergency situations (and is used where; an emergency situation exists; in combination with other control and/or when all other controls are in place and there is a residual risk).

All managers and staff should be aware that failure by any employee to comply with, wear, or properly use any control measure agreed as being required following COSHH risk assessments, might constitute a breach of statutory health and safety legislation, and might also result in disciplinary action by the Trust, up to and including dismissal.

Monitoring of Control Measures

Any physical control measure e.g. fume cupboards, glove boxes, local exhaust ventilation (LEV) must be monitored, inspected and maintained to make sure they remain effective. Records of LEV inspection must be retained for 5 years. Local managers should be aware of the arrangements for these requirements to be met.

Failure of Control Measures

The consequences of failure of any hazardous substance related control measures must be considered, and depending on the risks such a failure would create or exacerbate, appropriate arrangements for responding to it must be identified, and planned for an if necessary exercised, with all relevant staff being made aware in advance of what to do in such a situation. *(If necessary agreed and if necessary exercise in the emergency arrangements of the relevant site or service and all employees affected must be instruction of the action to take in such an event).*

Health Surveillance

Appropriate health surveillance should be offered to employees in situations where they are or might be exposed to a substance known or thought to be associated with a particular disease or adverse health effect and; where there is a reasonable likelihood that exposure to the substance may give risk to an ill health effect under the conditions of the work, and where it would be possible to detect such an effect through biological monitoring or other health surveillance.

In the above situations the COSHH Regulations place a duty on the Trust to provide suitable health surveillance, and this will be delivered through the Trust's contracted Occupational Health Service provider.

Transportation of Hazardous Substances

All transportation of hazardous substances must comply with the Classification, Packaging and Labelling of Dangerous Substances Regulations (CHIP Regs 1994) and the Transport of Infectious Substances Guidance document produced by the Department for Transport. Please refer to the Infection Prevention & Control policy on the transportation of clinical specimen and clinical waste.

Emergency Arrangements

All COSHH risk assessments must include details of any emergency arrangements that may be needed. This could include for instance, fire and/or first aid action in the event of spillages or other accidental releases - refer to Infection Prevention and Control policy on the management of blood/ bodily fluid spillages.

Any such emergency arrangements will need to be documented and brought to the attention of all relevant staff depending on the level of risk; this may include the need for cordoning off or local evacuation of the area.

Where the risks of a hazardous substances 'escaping' or leaking are high e.g. spillage of clinical waste, or where a substance is especially hazardous e.g. mercury, then line managers must ensure that emergency arrangements are known and in place as part of response to the risk assessment process, with if necessary these arrangements being exercised

Occupational Exposure to biological Hazards

Any incidents in the event of an occupational exposure of a biological Hazards must be datix and escalated to the Occupational Health department and relevant line manager.

Incident Reporting

All incidents involving hazardous substances must be reported using the Trust Incident Reporting process (Datix). Incidents and ill-health particularly relevant to hazardous

substances which meets the RIDDOR criteria must be reported to the HSE by the Trust Health, Safety and Security Team.

- Unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- certain poisonings;
- some skin diseases such as occupational dermatitis;
- lung diseases including occupational asthma;
- infections such as: leptospirosis; hepatitis and tuberculosis

If in any doubt as to whether or not an incident should also be reported to HSE, seek advice from the Health, Safety and Security Manager and/or the Health, Safety and Security Adviser and do not delay this as there might be time limits within such incidents must be reported.

6. TRAINING

All employees who work with or who might be exposed to hazardous substances must receive adequate information and training regarding:-

- The hazards of the substances they work or might be exposed to, and the associated risks to health;
- the agreed precautions to be taken to protect themselves and others;
- the use and purpose of agreed control measures including PPE;
- the findings of any risk assessments;
- actions to be taken in the event of an emergency;
- the reporting of incidents including exposure;
- the results of any exposure monitoring and surveillance.

The local manager is accountable for training in service or department specific processes and substances. The content, 'level' and frequency of any such training required will be informed by the level of risk presented by the substance and the working conditions and environment, and may take any form ranging from the most simple and straightforward instruction or advice, to formalised and regular specialist training.

7. MONITORING COMPLIANCE WITH THE DOCUMENT

Monitoring this Policy: Standard/Key Performance Indicators

1.	All hazardous substances are subject to a COSHH risk assessment prior to use in the workplace.
2.	COSHH risk assessments are undertaken whenever hazardous substances are generated or transported.
3.	Evidence of formal scheduled (and ad hoc as and when required) review of existing COSHH risk assessment by a competent person(s) and of follow up action where necessary.
4	Training where work practices dictate the need e.g. working with hazardous substances.
5	That appropriate training is offered and taken up by relevant staff with regard to the identified risks associated with 'locally present' hazardous substances.

The Trust Health & Safety Team will audit the implementation of the policy arrangements as part of the on-going health, safety and security audits. The audits will be will monitored by Health, Safety and Security Committee.

The Health and Safety Manager/ Health & Safety Leads will complete quarterly audits to assess performance. Findings and learning will be shared with the Health & Safety Committee

The Health and Safety will produce annual reports to give assurance to the Health & Safety Committee to give assurance.

Spot checks will be carried by Services to check on adherence to the policy.

WASTE DISPOSAL

As part of the Trust's arrangements for compliance with the COSHH Regulations and the Management of Health and Safety at Work Regulations, the risk of staff coming into contact with potentially infectious wastes will be risk assessed. Please refer to the waste management policy for further guidance.

8. REFERENCES

- Trust Health & Safety Policy
- Trust Infection Prevention & Control Policy
- Trust Incident Policy
- Information on hazardous substances are available on the HSE's website at www.hse.gov.uk including:
 - Free Leaflet: Working with Substances Hazardous to Health. What you need to know about COSHH INDG 136/
- The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and Guidance ISBN 978 0 7176 2981 7

9. ASSOCIATED LEGISLATION

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Health, Safety and Welfare Regulations 1998
- Personal Protective Equipment Regulations 1998
- Regulatory Reform (Fire Safety) Regulations 2005
- Dangerous Substances and Explosive Atmospheres Regulations 2002 (DESEAR)
- Chemical Hazard Information and Packaging for Supply CHIP 4 Regulations 2009
- Control of Substances Hazardous to Health Regulations 2002

APPENDIX 1

COSHH ASSESSMENT SHEET

Date of Assessment:

Assessment No:

Overall Assessment Rating of Risk: (1 – 25) See Appendix F for risk ratings

***Delete those inapplicable.**

Review Date	Assessor	Designation	Action

Work Activity:		Time frequency & duration of using substance:	
Amount of Substance Used			
Persons at Risk:	Employee [] Colleagues [] Contractors [] Public [] Others []		

Name of Hazardous Substance:	
Manufacturer (address/tel no):	
Catalogue number:	

Supplier (address/tel no):						
Safety data sheet attached:	Yes [] No []					
Description/colour:	e.g. solid, liquid, gas, etc					
Container size in litres/kg	20 litre/kg	10 litre/kg	5 litre/kg	>litre/kg	< litre/kg	Other
(tick as appropriate)						

HAZARD (tick all that apply) (OLD SYMBOLS)

 VERY TOXIC	 TOXIC	 HARMFUL	 IRRITANT	 DANGEROUS FOR THE ENVIRONMENT	 CORROSIVE	
 EXTREMELY FLAMMABLE	 HIGHLY FLAMMABLE		 EXPLOSIVE	 OXIDISING	OTHERS (state)	

HAZARD (tick all that apply) NEW SYMBOLS



Environmental Hazard



Flammable



Health Hazard



Respiratory Hazard



Oxidising



Corrosive



Explosive



Acute Toxicity



Compressed Gas

OTHERS

(state)

Known exposure levels: (if applicable)	Workplace Exposure Limits (WELs)				
	Inhaled	Ingested	Absorbed by skin	Eyes	Other
Likely route of entry to body: (tick all that apply)					
Areas of use/exposure:					

Health surveillance required? (state details where appropriate)	Yes [] No []
Known health effects	

CONTROL MEASURES					
Can the exposure/use be eliminated or substituted?	(tick as appropriate)			Yes	No
Is monitoring required?	(tick as appropriate)			Yes	No
Local exhaust ventilation required?	(tick as appropriate)			Yes	No
Documented working method available on safe use and handling?	(tick as appropriate)			Yes	No
Storage: (tick all that apply)	Maximum amount to be stored on site	Secure store out of reach of service users and children	Store to be well ventilated	Separate storage facility available or required	Other
Method of use. (tick all that apply)	Use undiluted	Use diluted	Wash hands after use	Do not mix with other products	Special precautions

State any special/storage requirements or other precautions not listed above:

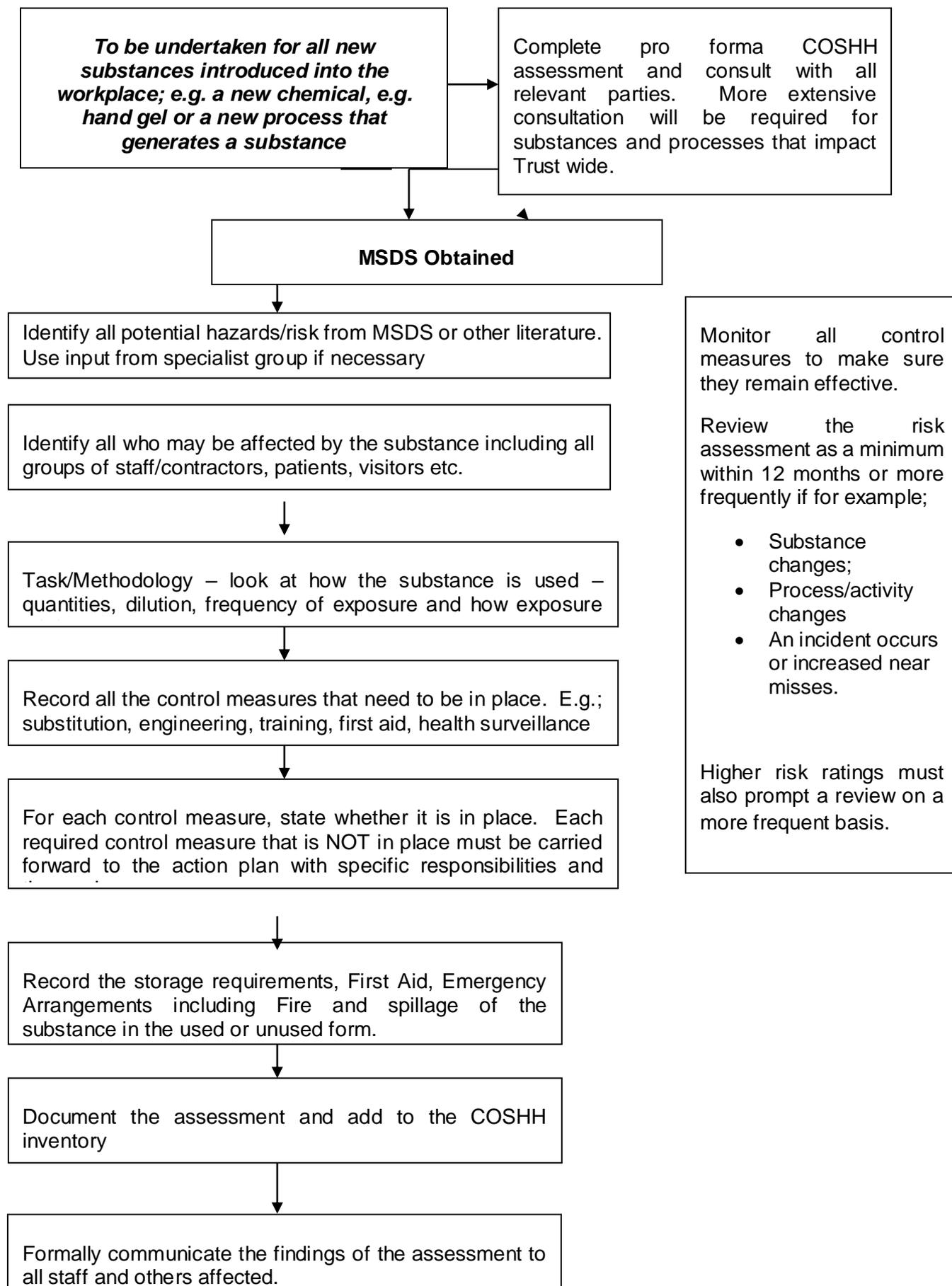
PERSONAL PROTECTIVE EQUIPMENT REQUIREMENT. (tick as appropriate)				
				
<u>Hard Hats</u>	Face Protection	Eye Protection	Dust Mask	Respirator
				
Ear Protection	Overalls	Apron	Foot Protection	Gloves

Type of PPE & Model Nos	Type of PPE & Model Nos
Who orders PPE?	

EMERGENCY CONTROLS	
First Aid:	Eyes
	Skin
	Inhalation
	Ingestion
Dealing with spillage:	
Disposal:	
Precautions already in place:	
Advice available from?	

COSHH FLOW CHART

APPENDIX 2



DEPARTMENTAL COSHH SUBSTANCE INVENTORY

Department Name:

To be held at front of COSHH file for ease of access/reference

Ref No	Name of Substance	Material Safety Data Sheet Held	Date of Assessment Undertaken	Risk Rating	Review Date
Example: 001	Spirogel	Yes	01.11.2017	4 x 4: 16	01/11/2019

SUMMARY OF SUBSTANCES REGARDED AS HAZARDOUS TO HEALTH

Substances or mixtures of substances classified as dangerous to health under the Chemicals (Hazard, Information and Packaging for Supply) Regulations 2002.

These substances can be identified by their warning labels and the supplier must provide a safety data sheet for them.

Substances which have been assigned a Workplace Exposure Limit (WEL).

These substances are listed in the HSE publication: "List of approved Workplace Exposure Limits" (EH40) which is updated every year.

Biological agents (bacterial and other micro-organisms).

These may be naturally occurring or other bio-hazards arising from particular work environment or from patients. These may range from diseases that can be passed from animal to humans or, more commonly, hospital infections and are categorised into 4 groups, as follows:

Group 1

Biological agent unlikely to cause human disease

Group 2

Can cause human disease but effective treatment or prophylaxis is usually available e.g. Legionella

Group 3

Can cause severe human disease but effective treatment or prophylaxis is usually available e.g. Hepatitis B. Zika virus

Group 4

Can cause severe human disease and has no effective treatment or prophylaxis e.g. viral haemorrhagic fever (Ebola Fever), Smallpox.

- Substances that may have chronic or delayed health effects, that is carcinogenic, mutagenic or toxic to reproduction.
- Substantial concentration of dust in the work area e.g. hardwood dusts.

- Any other substances, mixtures, compounds or wastes used at work or arising out of work activities that may cause
- Harm to a person's health.

There are a number of other recognised substances that are hazardous to health that are not covered by the Control of Substances Hazardous to Health Regulations 2002. These substances are controlled by other legislative requirements:

- Asbestos
- Lead
- Radioactive materials
- Ionising radiations

COSHH DEFINITIONS

A substance hazardous to health is defined with the Control of Substances Hazardous to Health Regulations as a substances (including preparation of substances);

For which an indication of danger specified for the substances is very toxic, toxic, harmful, corrosive or irritant;

For which there is an approved Work Exposure Level (WEL)

- Which is a biological agent;
- Which is a dust of an kind in substantive quantities;
- Which is not included above but creates a risk to health of its chemical or toxicological properties and the way it is used or is present at the workplace. Dusts, liquids, Vapours, Gases, Mists fibres solids smoke and fumes.

Biological Agent

Any micro-organism, cell culture or human endo-parasite, including any that have been genetically modified, which may cause any infection, allergy, toxicity or otherwise create a hazard to human health. There are 4 groups:-

1. Unlikely to cause human disease.
2. Can cause human disease and may be a hazard to employees – it is unlikely to spread to the community and there is usually effective prophylaxis or treatment available.
3. Can cause severe human disease and may be a serious hazard to employees – it may spread to the community, but there is usually effective prophylaxis or treatment available.
4. Causes severe human disease and is a serious hazard to employees, it is likely to spread to the community and there is usually no effective prophylaxis or treatment available.

Causes severe human disease and is a serious hazard to employees, it is likely to spread to the community and there is usually no effective prophylaxis or treatment available.

Carcinogenic

A substance which if inhaled or ingested or penetrates the skin may induce cancer or increase its incidence.

Corrosive

Substances that may on contact with living tissue destroy them – usually by burning.

Harmful

A substance which if it is inhaled or ingested or penetrates the skin may involve limited health risks.

Hazard

The adverse consequence to health whether immediate or delayed arising from exposure with a biological, chemical, physical substance or process.

Irritant

A non-corrosive substance that, through immediate, prolonged or repeated contact with the skin or mucous membrane can cause inflammation.

MSDS

Manufacturers Safety Data Sheet which contains relevant information for use in COSHH assessments. It is a legal requirement for the supplier of the substance to provide these when a produce is supplied for the first time and when there are any changes to the formulation of the substance.

Mutagenic

A substance that if it is inhaled or ingested or it penetrates the skin, may involve a risk of hereditary genetic defects.

Personal Protective Equipment – PPE

Personal Protective Equipment, i.e. disposable gloves, aprons, goggles, etc.

Risks

The risk from a substance is the likelihood that it will harm people in the actual circumstance of use.

Safe System of Work

A formal procedure which results from the systematic examination of a task in order to identify all the hazards. It defines and documents safe methods to ensure that hazards are eliminated or risks are minimised.

Teratogenic

A substance which if it is inhaled or ingested or penetrates the skin, may involve a risk of subsequent non-hereditary birth defects in offspring.

Toxic/Very Toxic

A substance which if inhaled or ingested or penetrates the skin, may involve extremely serious/serious acute or chronic health risks and death.

Workplace Exposure Limit – WEL

A maximum acceptable concentration of a hazardous substance in workplace air for a particular material or class of materials that may be inhaled. EH40 – is the HSE's approved list of approved workplace exposure limits.

Two averaged time references are used:

- STEL – short term (15 minutes) exposure limit to prevent acute effects such as eye irritation or burns

- LTEL – long term (8 hours) exposure limit to prevent development of chronic conditions.

Table 1 Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table
Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review)	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry

		<p>Single failure to meet internal standards</p> <p>Minor implications for patient safety if unresolved</p> <p>Reduced performance rating if unresolved</p>	<p>Repeated failure to meet internal standards</p> <p>Major patient safety implications if findings are not acted on</p>	<p>rating</p> <p>Critical report</p>	<p>Gross failure to meet national standards</p>
<p>Human resources/ organisational development/staffing/ competence</p>	<p>Short-term low staffing level that temporarily reduces service quality (< 1 day)</p>	<p>Low staffing level that reduces the service quality</p>	<p>Late delivery of key objective/ service due to lack of staff</p> <p>Unsafe staffing level or competence (>1 day)</p> <p>Low staff morale</p> <p>Poor staff attendance for mandatory/key training</p>	<p>Uncertain delivery of key objective/service due to lack of staff</p> <p>Unsafe staffing level or competence (>5 days)</p> <p>Loss of key staff</p> <p>Very low staff morale</p> <p>No staff attending mandatory/ key training</p>	<p>Non-delivery of key objective/service due to lack of staff</p> <p>Ongoing unsafe staffing levels or competence</p> <p>Loss of several key staff</p> <p>No staff attending mandatory training /key training on an ongoing basis</p>
<p>Statutory inspections duty/</p>	<p>No or minimal impact or breach of guidance/ statutory duty</p>	<p>Breach of statutory legislation</p> <p>Reduced performance rating if unresolved</p>	<p>Single breach in statutory duty</p> <p>Challenging external recommendations/ improvement notice</p>	<p>Enforcement action</p> <p>Multiple breaches in statutory duty</p> <p>Improvement notices</p> <p>Low performance rating</p> <p>Critical report</p>	<p>Multiple breaches in statutory duty</p> <p>Prosecution</p> <p>Complete systems change required</p> <p>Zero performance rating</p> <p>Severely critical report</p>

Adverse reputation	publicity/ Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business projects	objectives/ Insignificant cost increase/schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance claims	including Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment
Additional examples	Incorrect medication dispensed but not taken Incident resulting	Wrong drug or dosage administered, with no adverse effects Physical attack such as pushing, shoving or	Wrong drug or dosage administered with potential adverse effects Physical attack causing	Wrong drug or dosage administered with adverse effects Physical attack resulting in serious	Unexpected death Suicide of a patient known to the service in the past 12 months

	in a bruise/graze Delay in routine transport for patient	pinching, causing minor injury Self-harm resulting in minor injuries Grade 1 pressure ulcer Laceration, sprain, anxiety requiring occupational health counselling (no time off work required)	moderate injury Self-harm requiring medical attention Grade 2/3 pressure ulcer Healthcare-acquired infection (HCAI) Incorrect or inadequate information/communication on transfer of care Vehicle carrying patient involved in a road traffic accident Slip/fall resulting in injury such as a sprain	injury Grade 4 pressure ulcer Long-term HCAI Slip/fall resulting in injury such as dislocation/fracture/ blow to the head Loss of a limb Post-traumatic stress disorder	Homicide committed by a mental health patient Incident leading to long-term mental health problem Rape/serious sexual assault
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Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?

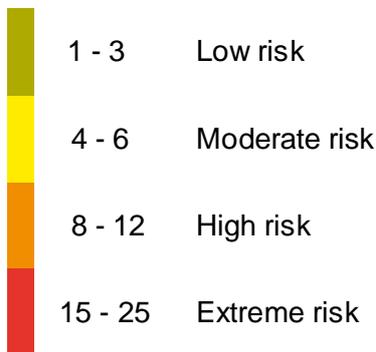
The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Table 3 Risk scoring = consequence x likelihood (C x L)

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows



Instructions for use

- 1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
- 2 Use table 1 (page 13) to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
- 3 Use table 2 (above) to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.
- 4 Calculate the risk score the risk multiplying the consequence by the likelihood: C (consequence) x L (likelihood) = R (risk score)

- 5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system.