

Control of Substances Hazardous to Health Policy

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P055	Health and Safety Manager	Quality and Standards Committee	3 years

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In case of emergency with a hazardous substance.

For FIRST AID and Spillage instructions – consult the Hazard Data Sheet

If in doubt contact the on-call manager for further advice.

If you need to seek medical advice, take the Hazard Data Sheet and the container of any product you believe was involved in the incident to A&E.

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Control of Substances Hazardous to Health Policy

1. Introduction

The Trust recognises the statutory responsibilities placed upon it and its employees by the COSHH Regulations, and will take all necessary measures to ensure staff are properly trained and competent in the safe use of hazardous substances, the correct methods of disposal and the action to take in the event of an emergency so far as is reasonably practicable.

The Trust will ensure appropriate and adequate advice is available to all members of staff by employing competent persons with the ability to provide the necessary information and support in achieving the standards above.

2. Purpose or Aim

The primary aim of this policy is to ensure no one will be harmed as a result of the use of hazardous substances in the workplace within the Trust.

The main objectives are

- To identify all hazardous substances in use
- To carry out an assessment of all identified products
- To undertake action identified by the assessment
- To monitor and review

3. Policy Statement

The Trust is aware of the risks associated with the use of hazardous substances in the workplace and is committed to reducing this risk to such a level the possibility of adverse health effect to members of staff, or any others likely to be affected by their use, will be minimal.

In order to reduce of the risk from hazardous substances, the Trust will follow the principles of good control practice as described in the Approved Code of Practice:

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

To do this the Trust will:

- Identify and record all substances being used or stored
- Assess and record the risk from those substances
- Reduce and control the risk

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- Train staff in the safe use of hazardous substances
- Monitor the effectiveness of controls
- Provide health surveillance where appropriate

4. Scope

This policy covers all settings and teams within the Trust without exception

5. Standards

Control of exposure to hazardous materials is regulated by the Control of Substances Hazardous to Health Regulations 2002 (COSHH). The general provisions of the Health & Safety at Work Act 1974 also apply.

The COSHH regulations require, where a hazardous substance is used, an assessment of risk is made and exposure is reduced as far as is reasonable and practicable. Exposure should be controlled by a range of methods starting with elimination of the substance or, where this is not reasonably practicable, through other means including substitution for a less hazardous material, containment and finally, as a last resort, personal protective equipment.

5.1 Definitions

Substances Hazardous to Health includes a material, mixture or preparation or by-product:

- Having a published WEL (Workplace Exposure Limit)
- which is a biological agent (this will include clinical waste)
- which give off concentrations of airborne dust
- or is any product that displays a HAZARD warning label on its packaging e.g. Corrosive, Irritant, Toxic, Carcinogenic etc.

This will include carcinogenic substances, respiratory sensitisers and any other substance that may pose a risk to health, including latex containing products (e.g. blood pressure cuffs) and mercury filled devices.

6. Roles and Responsibilities

6.1 Executive Management

The Board has overall responsibility for the health, safety and welfare of all staff, service users, visitors and others within AWP. The Chief Executive is responsible for monitoring and reviewing health and safety in the Trust. The Board will be informed of health and safety matters on a regular basis and ensure adequate resources are made available to provide and maintain the necessary standards of health and safety in the Trust.

Members of the Executive Management Team have full responsibility for the health, safety and welfare of all service users under their specific care.

All Directors have a corporate responsibility to promote a responsible approach in health and safety in the Trust.

6.2 Chief Executive

While ultimate responsibility is vested in the Trust Board, executive responsibility is delegated to the Chief Executive for managing health and safety, including compliance with relevant legislation and Trust policies.

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6.3 Clinical Executive

The Director of Nursing and the Medical Director takes responsibility for ensuring this policy is implemented within medical and nursing teams. The Director of Nursing is the responsible Director for Health and Safety.

6.4 Director of Operations

The Director of Operations will ensure all LDU's implement and follow the policy and all levels of management fulfil their responsibilities as described within this policy.

6.5 Clinical Directors & Corporate Directors

All LDU Directors should ensure this policy is implemented within their respective directorates.

Locality Clinical Directors are responsible for:

- Appointing sufficient competent risk assessors in the workplace, delegating to line managers as necessary so all necessary risk assessments in their area of responsibility may be undertaken on an annual basis
- Providing sufficient resources to ensure the recommendations of risk assessments are complied with
- Co-ordinating, where applicable, the sharing of information between services or sites so as to develop a comprehensive substance inventory
- Ensuring service level agreements and contracts include the requirement to provide COSHH information to AWP staff

6.6 Head of Learning & Development

The Head of Learning & Development has overall responsibility for learning and development and will ensure an appropriate programme of COSHH training is made available to all staff. The training records of staff attending COSHH training are held with the Learning and Development department.

6.7 Team/Ward Managers

Team/Ward Managers are responsible for:

- Ensuring no material is to be used by any employee of the Trust without it first being vetted by any one of the COSHH assessors and being the subject of a risk assessment by the risk assessor within that specific application (see section 9)
- Ensuring suitable and sufficient risk assessments are carried out on all tasks where exposure to hazardous substances is likely. Ensuring hazard data sheets are obtained before ordering a new substance and an assessment of the new substance is made before first use
- Ensuring, where services are provided through service level agreements or external contractors, copies of assessments should be made available to staff and copies retained
- Ensuring safe systems of work are developed and followed for all activities within their department or area of responsibility
- Ensuring any remedial actions are carried out. The assessor shall recommend what action should be carried to correct any deficiencies in equipment, controls or training. Target dates for action points should be discussed between the assessor and manager and set down in the action plan
- Responsible for ensuring any remedial actions are carried out in accordance with the action plan and within the time scale set out

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- Maintaining a file containing all relevant information i.e. substance inventory, data sheets and risk assessments
- Providing employees with information on the risks identified by the assessment together with the protective and preventative measures to be adopted
- Referring any staff who report adverse health effects from working hazardous substances to the Trusts Occupational Health Service provider

6.8 Employees

All staff have responsibility for their own safety and the safety of others through the duties imposed by the Health and Safety at Work Act 1974, to ensure that their acts and omissions do not impact on the safety of themselves or others.

- Users of hazardous substances are required to report any symptoms arising from their work with materials to their line manager
- Users of hazardous substances are required to follow safe usage instructions given for the use of hazardous materials and not to deviate from these
- Users of hazardous substances are required to use all control measures (i.e. ventilation, personal protective equipment) provided in the interests of safety in the manner shown in their training and systems of work
- Assist the risk assessor to undertake workplace assessments

6.9 The Health & Safety Manager

The Trust's Health and Safety Manager will provide:

- Advice on the COSHH Regulations
- A central database of hazard data sheets is available
- Advice on occupational hygiene issues in conjunction with Infection Control such as exposure, control measures and personnel protective equipment
- Advice on the suitability of training and information provided to employees

6.10 Risk Assessors (Competent Person)

It should be noted the risk assessor is not responsible for carrying out the actions in the assessment. This is the responsibility of the line manager.

Risk assessors are responsible for:

- Assessing, in consultation with safety representatives and with staff, the risk to health utilising the COSHH assessment form
- Advising team/ward managers of the results of the risk assessment
- Recommending where specialist advice should be sought

6.11 Staff with Purchasing Responsibility

Persons responsible for ordering materials should:

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Ensure no new substance is purchased without prior risk assessment conducted by a competent assessor. Where necessary, further guidance should be sought from the Health & Safety Department or Estates & Facilities

6.12 Contractors/Estates Departments etc.

Estates and Facilities will ensure contractors and service providers under SLA's inform the Trust of their intention of using any hazardous substance during their activities and prior to commencement of such work. In such cases the contractor should supply a hazard data sheet and up to date risk assessment for the task/process and include within this, where appropriate, where service users and staff are exposed to risk. Activities that may generate harmful substances, i.e. dust, fumes etc., shall likewise be fully assessed prior to commencement of work.

This information should be shared with the Team/Ward manager and the local risk assessor.

7. Arrangements for Implementing this Policy

7.1 Risk Assessors

Team managers are required to ensure there are adequately trained and sufficient numbers of competent risk assessors in their area of responsibility to carry out all necessary risk assessments on an annual basis, or as is required.

7.2 Procurement of new materials

No material is to be used by any employee of the Trust without it first being vetted by any one of the COSHH assessors and being the subject of a risk assessment by the risk assessor within that specific application (see section 9).

7.3 Suppliers

Suppliers of materials are legally bound to supply hazard data sheets with any new purchase (does not apply to reorders) and inform the Trust of any changes to existing materials.

7.4 Substance Inventory

Each unit/team base should maintain a site inventory of all hazardous substances in use or stored within the site. This inventory should be updated whenever there is a change and in any case within one year. This inventory should be available at any time to employees of the unit and safety reps. An example substance inventory form is shown in Appendix 2.

The Trust will also maintain a database of all substances for library purposes.

7.5 COSHH Folder/Hazard Data Sheets

Each unit/team base should maintain an up to date file of hazard data sheets for all hazardous substances in use or stored within the site. This file should be updated whenever there is a change and in any case within one year. This file should be available at any time to employees of the unit and safety reps. It may be kept with the site inventory.

7.6 Risk Assessors

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Team managers are required to ensure there are adequately trained and sufficient numbers of competent risk assessors in their area of responsibility to carry out all necessary risk assessments on an annual basis, or as is required.

8. Risk Assessment

Risk assessments should be undertaken using the standard AWP COSHH Assessment Form shown in Appendix 1. Risk assessment needs to consider many aspects including the substances properties, its potential for harm, the task the substance is involved in (and how this affects the possible routes of exposure) and finally the level of that exposure. These should be undertaken annually and/or where there has been significant change to the work.

The risk assessment must cover the following elements:

8.1 Identification of all hazardous materials within the area

This should be carried out by conducting an audit, checking existing substance inventories and cross checking against procurement orders etc.

8.2 Identifying the level of risk these materials pose.

To arrive at this conclusion it will be necessary to consider:

- How much of the substance is used;
- What the routes of exposure are;
- Who is likely to be exposed and whether they are competent or are from a vulnerable group;
- What the substances potential hazards are;
- Existing controls, safe systems of work, security and storage arrangements;
- Emergency situations and non-routine tasks. (I.e. spillages or maintenance).

The risk assessment should also address risks in the following areas (where applicable)

- Any special storage requirements
- Labelling
- Transport requirements
- Use / safe systems of work
- Need for any local exhaust ventilation
- Need for any general ventilation
- Waste disposal
- Provision of Personal Protective Equipment (PPE)
- Training in safe use
- Health surveillance
- Whether exposure monitoring is required
- Availability of welfare/washing facilities
- Emergency procedures
- Infection control issues

The hazard, probability (or likelihood) and level of risk should be recorded as per the risk assessment guidance matrix (see tables 1, 2 and 3 in Appendix 3). Inevitably there will be difficulties in addressing short term versus long term health risks. Long term health risks should be treated with the same vigour as short term illness.

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A simple scale of hazard and probability is shown in tables 1 & 2 within Appendix 3.

In some cases of exposure, where it is difficult to assess or is of a critical nature, the use of occupational exposure monitoring may be required. Monitoring may be by physically measuring the quantity of material present, i.e. by measuring vapour or dust concentrations in air or by measuring metabolites in the body, i.e. blood and urine samples. These measurements can usually be compared to known occupational health standards such as those stated in EH40 or in approved codes of practice (ACoP) such as the Lead at Work Regulations. In all cases these tests must be undertaken by accredited laboratories.

8.3 Bi-product hazards

Hazardous materials may include bi-products of a process, i.e. products of combustion (pyrography, petrol mowers), polymerisation (glass fibre resin) or dusts from cleaning operations (pottery rooms, wood dusts). These risks should be considered in the assessment and in some cases may be the more significant risk.

8.4 Drugs and medicines

Although drugs and medicines used in medical treatment are not covered under the COSHH regulations insofar as they relate to the treatment of a patient the effects on employees from exposure are covered under the regulations. Areas where this may be an issue are the use of cytotoxic drugs, exposure to anaesthetic gases, exposure to dusts in pharmacies, accidental inoculation during rapid tranquillisation etc. Risk assessments should explore where exposure is a possibility and assess the risk to health from these exposures.

8.5 Biological hazards

Biological agents such as HIV, Hepatitis and Legionella are all covered by the COSHH regulations as they are agents for which exposure under some circumstances are under the control of the Trust. Where work or activities is likely to put anyone at risk of exposure to these agents a risk assessment is required. Specific assessments for Legionella are carried out by estates as propagation of the Legionella organism is a building and plant related issue.

Exposure to agents such as Hepatitis and HIV are persistent risks working with blood and body fluids. These are considered under universal precautions and use of safer sharps within the Safe Handling and Disposal of Sharps Procedure and the Prevention of Occupational Exposure to Blood-Borne Viruses (BBVs) including Prevention of Sharps Injuries Procedure

8.6 Hierarchy of Control

The COSHH Regulations require exposure to be reduced to lowest level which is reasonable & practicable. There is a definite order or hierarchy of how this should be achieved with those at the top of the following list being the most acceptable and those at the bottom the least.

- Elimination of the risk
- Combating the risk at source
- Minimising risk by the design of suitable systems of work
- Minimising risk by the use of personnel protective clothing and equipment

9. Exclusions from the COSHH Policy

Certain materials are excluded from COSHH. These are:

- Radioactive materials
- Asbestos
- Lead and lead products
- Materials hazardous due to their flammability only
- Substances used for medical treatment (risk to patient only and not staff)

Exclusion from the COSHH Policy should not be construed as that use or exposure to these materials does not require risk assessment. Indeed many of the above have very stringent controls on their safe use, handling and exposure. Other regulations and policies should be referred to as appropriate.

10. Record Keeping of Risk Assessments

All risk assessments must be recorded and kept on file in the unit to which they relate. The Trust form (see Appendix 1) should be used to record the assessment.

11. Reassessment of Risk

There is a statutory duty to reassess the risk from substances hazardous to health when there has been significant change. Significant change includes:

- A change in substance used in a task
- A new application for a substance
- A change in the environment where the substance is used
- A new data sheet is supplied
- Any other change which may lead to a change in exposure

In any event the risk assessment will be reviewed on an annual basis. This reassessment need only be a review of the conditions of use and the datasheet to ensure that all factors remain the same. Any review of the assessment should be resaved and dated and the old assessment archived for audit purposes.

12. Escalation of Risk

The approach to risk management is detailed in section 7 of the [Risk Assessment Policy P054](#)

The Risk Strategy describes the risk escalation process for managing all risks.

Any risks identified as significant may require addition to the LDU/Directorate risk register (see Section 5.3 and 5.4 of the [Risk Management Strategy - P112](#)), and escalation to relevant Director whilst actions are being implemented (see also the chart in [Appendix 5 of the Risk Assessment Policy P054](#))

Risks must be communicated to the organisation via the appropriate risk register (see Section 5.3 and 5.4 of the [Risk Management Strategy - P112](#)). The structure of the risk registers are described in Section 5.5 of the [Risk Management Policy - P136](#).

Risks will remain the responsibility of the local management team to actively manage and address and escalate as necessary to their LDU/Directorate risk register.

13. Availability of Information

Assessment records, monitoring results and datasheets should be available to staff, safety representatives and health and safety personnel. These may be electronic, paper or both. However they must be available at all times.

Datasheets must be available in paper format and kept in one file.

14. Use of Personal Protective Equipment (PPE)

Personnel protective clothing or PPE is the last resort in controlling exposure to hazardous substance and as such before it is accepted as the control measure to be employed all other reasonable and practicable steps to avoid or reduce exposure should have been considered.

Where personnel protective clothing is required then it should be subject to a risk assessment to ensure that it is suitable for the substance it is being exposed to, appropriate to the task and individual who will be wearing it.

Re-useable personnel protective clothing must be allocated clean and safe storage space with personnel marking for hygiene reasons. Disposable or single use personnel protective clothing should not be reused.

Re-useable personnel protective clothing should be kept clean and be inspected as required according to manufacturer's guidelines and records kept of checks and maintenance.

All personnel protective clothing will be provided by the Trust free of charge.

15. Use of Ventilation and Other Engineering Controls

All ventilation and extraction provided to control hazardous substances will be subject to periodic inspection and test at least every 14 months. Tests should include maintenance of filters; fans etc. and are the responsibility of the Estates and Facilities Directorate.

16. Monitoring and Audit

Implementation of this policy will follow a number of lines, and include:

- Monitoring of the risk assessments by the Health and Safety Team.
- Annually all teams will undertake a self-assessment audit
- Review of adverse incident reports involving chemicals (thematic reviews)

17. Training

The Trust's overarching policy for training is the [Learning and Development Policy](#) and this should be read in conjunction with this policy. Attached as appendices to that policy are the Trust's learning and development matrices. These matrices describe the minimum statutory, mandatory and required training for all staff groups in respect of health and safety.

The [Learning and Development Policy](#) also describes the Trust's arrangements for training, in particular how there are processes in place to ensure staff receive the training they require and how non-attendance is followed up. These arrangements are further supported by management supervision and appraisal processes.

18. Archiving of Documents

This procedural document form part of a formal Trust record, and is to be managed in accordance with the Trust's records management policies and retention and disposal schedules.

An audit trail of all previous versions of this document is required for auditing purposes and will be automatically stored by the Board Library document repository.

The Board Library on Share Point is the only recognised repository for master versions of procedural documents. Copies of this document must therefore not be stored elsewhere on the system, e.g. in workgroups. The library system will provide records management functionality to allow for the retrieval of previous versions of procedural documents stored on it.

19. References

EH 40 Occupational Exposure limits. Published annually by HSE

Provision and Use of Personal Protective Equipment Regulations 1992

AWPs COSHH Guidance Pages on Ourspace (click [here](#)).

20. Associated and Related Procedural Documents

[P094](#) Health and Safety Policy

[P054](#) Risk Assessment Policy

[P009](#) Infection Prevention & Control & Decontamination Strategy

[P025](#) Policy for the Management of Communicable Diseases

[P028](#) Management of Infection Policy

[P042](#) Management of Building Water Supply Systems Estates Policy

[P029](#) Segregation, Handling & Disposal of Healthcare, Domestic & Hazardous Waste Policy

[M15](#) Safe Handling and Disposal of Sharps Procedure

[M13](#) Management of Occupational Exposure to Blood Borne Viruses (BBVs) and Post Exposure Prophylaxis (PEP) Procedure

21. Appendices

[Appendix 1 – Risk assessment form](#)

[Appendix 2 – Substance Inventory](#)

[Appendix 3 - Risk Assessment Matrix](#)

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Version History				
Version	Date	Revision description	Editor	Status
1.0	01 Dec 2005	New policy	PAD	Approved
2.0	23 Apr 2008	Approved by Board	PAD	Approved
3.0	17 Dec 2010	Approved by the Quality and Healthcare Governance Committee	PAD	Approved
3.1	27 Jun 2013	Administrative Changes – removal of appendices (now hyperlinked)	PAD	Approved
4.0	7 May 2014	Approved by the Quality and Standards Committee	PAD	Approved
4.1	11 May 2015	Draft for Health, Safety, Security and Fire Group	PAD	Draft
4.2	18 May 2015	Approved by the Health, Safety, Security and Fire Group	PAD	Draft
5.0	1 Sept 2015	Approved by Quality and Standards Committee	PAD	Approved
5.1	6 Sept 2018	Extended to 30 September and marked as under review	JW	Approved
5.2	15 Jan 2019	Draft for Health, Safety, Security and Fire Group	BL	Draft