

## Control of Substances Hazardous to Health (COSHH) Procedure

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<b>AUTHOR</b>	H&S Advisor
<b>CONSULTATION GROUPS</b>	Risk Management, HSSC, Quality Committee
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<b>POLICY SUMMARY</b>
By implementing this Procedure the Trust will ensure that it complies with Statutory requirements under the Health and Safety at Work etc. Act 1974; the Control of Substances Hazardous to Health Regulations 2002 (amended) (COSHH); and the Classification, Labelling and Packaging of substances and mixtures (CLP) Regulations 2009. These require each organisation to properly control the exposure of persons to substances hazardous to their health

<b>The Trust monitors the implementation of and compliance with this policy in the following ways;</b>
By adopting this Procedure the Trust can produce evidence that it has set out its organisational structure for the proper control of the exposure of persons to substances hazardous to health, and has provided guidance on the assessment requirements for managing that risk.

Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this policy is  
Executive Director of Strategy & Transformation**

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**Control of Substances Hazardous to Health (COSHH) Procedure**

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Appendix 1 – COSHH Risk Assessment Template

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**Control of Substances Hazardous to Health (COSHH) Procedure**

**1.0 INTRODUCTION**

- 1.1. The Control of Substances Hazardous to Health (COSHH) Regulations are primarily management requirements to identify, assess and eliminate or control exposure to hazardous substances.
- 1.2. Only substances with the potential to cause a significant risk to health are addressed under the COSHH Regulations. These include:
- a) Fibres: small solid particles posing an inhalation risk when less than 3 microns (micrometres) in diameter.
  - b) Dust: small solid particles posing an inhalation risk when less than 10 microns in diameter.
  - c) Fume: solid particles formed by condensation of vaporised materials such as metals. Usually sub-micron in size and very reactive.
  - d) Mist: small droplets of liquid suspended in air.
  - e) Gas: under normal conditions, elements or compounds of low molecular weight in gaseous form.
  - f) Vapour: the gaseous form of a substance which normally exists as a liquid.
  - g) Aerosol: the suspension of solid particles or liquid droplets in air.
  - h) Micro-organisms: viruses, bacteria, fungi and parasites able to cause an infection or diseases.
- 1.3. The COSHH Regulations do not apply to the following:
- a) Lead, asbestos and radioactive substances (these are subject to their own regulations).
  - b) Biological agents outside of the Employers control, e.g. catching a “cold” from a work colleague.
  - c) Substances which are hazardous only because they are at high pressure, extremes of temperature or have explosive or flammable properties (these are subject to their own regulations).
  - d) Medical Treatment (subject to their own regulations).
  - e) Asphyxiates that are not toxic e.g. Nitrogen.
  - f) Chemicals that are not ‘hazard marked’
- 1.4. This Procedure and its associated Policy set out the processes that the Trust will follow in respect of the identification, assessment, elimination or control of exposure to hazardous substances in order to comply with the ‘Section 1.0’ in the associated Policy.

## **2.0 RESPONSIBILITIES**

### **2.1. Trust Board**

The Trust Board is ultimately responsible for Health and Safety throughout the Trust and is deemed as the “employer” for the purposes of the Health and Safety at Work Act. Members of the Board have both collective and individual responsibility for health and safety. It therefore needs to ensure that there are written systems in place to effectively identify and assess health and safety risks. The systems the Board puts in place must also ensure that those risks are adequately controlled and that the controls are planned, implemented, monitored and reviewed to ensure that they remain effective.

### **2.2. Chief Executive**

The Chief Executive is responsible for ensuring that this policy is implemented throughout the Trust. Operational responsibility will be delegated to the nominated Director who will ensure the implementation, review and day-to-day effectiveness of this procedure and associated policy.

### **2.3. Risk Management Department**

It is the responsibility of the Risk Management Department to:

- Advise the Trust on what is necessary to carry out suitable and sufficient COSHH risk assessments;
- Assist with COSHH risk assessments where required;
- To provide training and instruction on COSHH Risk Assessment;
- Monitor the COSHH Risk Assessment process; and
- Provide competent advice, such as when COSHH assessments result in the submission of a general risk assessment for potential inclusion on the Risk Register.

### **2.4. Occupational Health Service**

The Occupational Health Service provides health advice on the toxicology of exposure to known hazardous substances. In the event of ill health effects due to exposure to a hazardous substance, they will provide occupational health services to the affected person(s) and advice on health surveillance needs.

### **2.5. Estates and Facilities Department**

The Head of Estates and Facilities is the Senior Manager who has on-going responsibility and oversight over COSHH storage, handling, control and use along with Estates and Facilities Managers, Officers and Team Leaders, with reference to the Health & Safety Advisor. Most COSHH items are chemicals used by members of the Estates and Facilities Team.

## **2.6. Trust Directors and Heads of Department / Service Leads / Line Managers**

Trust Directors and Heads of Department / Service Leads / Line Managers will ensure that:

- This procedure and associated policy is implemented in their areas of responsibility;
- That staff are familiar with the contents and supported to carry it out;
- All personnel who require information on the range of hazards identified are apprised of the necessary facts prior to commencement of work with the Trust. This includes all direct and non-direct contractors, personnel from the relevant statutory authorities who require access to the Trust's working environment and any other person who may lawfully enter onto the Trust's premises.
- They carry out their work in relation to COSHH in compliance with the eight Principles listed in Section 4.1;
- All hazardous substances in use within their area of responsibility are identified, assessed, eliminated / controlled and their use monitored within the workplace;
- The Department Manager will arrange health surveillance via the Occupational Health Department, if required, in respect of exposure to substances hazardous to health.

## **2.7. Pharmacy Department**

Pharmacy department are responsible for ensuring that if they use or store any substances which require to be assessed under COSHH, they must ensure that the risk assessments have been completed and the required relevant controls are put in place.

## **2.8. Contracting and Business Development Services**

Contracting and Business Development Services are responsible for ensuring that the requirements of this policy are implemented during:

- Any construction phase where external contractors are undertaking the work;
- Any activity where contractors or directly employed staff are on Trust premises undertaking a service, maintenance and planned work activities;
- Assurance must be provided that contractors have provided suitable and sufficient COSHH assessment prior to starting work. This can be identified at pre-tender phase or prior to commencing work via method statement/ risk assessments;
- Ensure engineering controls are properly maintained and monitored by planned preventative maintenance and regular monitoring to ensure continued effectiveness;
- Ensure PPE is assessed as appropriate for use and systems are in place for maintenance. Encourage standardisation wherever appropriate;
- Ensure that there is standardisation of substances wherever possible utilising close links with the procurement department;

- Provide risk assessments for all cleaning products used in the Trust by directly employed support services staff;
- Ensure all cleaning contractors comply with COSHH regulations and where cleaning materials are available to Trust staff that risk assessments are shared with Trust staff.

### **2.9. All Employees (including permanent, temporary and bank staff)**

All employees must look after their own and others health and safety and co-operate with the Trust in implementing this procedure and associated policy. This includes:

- Supporting the COSHH risk assessment process;
- Reporting near misses, unplanned exposures, hazards and wherever controls are not effective or not implemented;
- Undergoing instruction and receiving information and training as necessary;
- Taking all reasonable steps to ensure that anything which is provided under the COSHH regulations is fully and properly used or applied according to required safe systems of work;
- Presenting themselves for such health surveillance procedures as may be required if liable to hazardous exposure; and
- Seeking medical attention if an accidental over exposure causing ill health occurs as soon as possible and advising Occupational Health.

### **2.10. Contractors and Specialist Consultants**

Contractors must comply with COSHH regulations, cooperate with COSHH Risk Assessments and observe measures necessary to control risks. All contractors shall ensure that the contract initiator is notified of any substance hazardous to health which may be used in connection with the contract.

As part of the contract tender and agreement process, (legally binding), Risk assessments and Method Statements provided will include the responsibility on the contractor to manage their risks associated with COSHH compliance to regulation and involve and communicate where required, any emerging concerns that may impinge on the H&S of trust employees.

## **3.0 GOVERNANCE STRUCTURE**

- 3.1. The Health, Safety and Security Committee will oversee the implementation and operation of this Policy, reporting to the corporate Quality and Governance Steering Committee which is a sub-committee of the Trust Board. They will maintain an oversight of COSHH risk assessments and of progression of action plans arising from these assessments.
- 3.2. Local Quality and Safety Committees will monitor COSHH risk assessments relevant to their area and will be responsible for maintaining oversight that actions have been implemented. Any concerns will be escalated to the Health, Safety and Security Committee.
- 3.3. This robust governance structure ensures that assurance can be provided to the Trust Board and that any matters of concern are escalated within the organisation to the appropriate level, up to and including to the Trust Board.

<b>4.0 PROCEDURES FOR COSHH</b>
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**4.1. 8 Principles of Good Practice for COSHH**

4.1.1. It is a requirement that 8 Principles of good practice are to be used by all Employers. The 8 Principles are listed below and the trust is committed to their use and will ensure that Policy and enactment of the Policy is consistent with these principles :

- 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 [and other workers] on the hazards and risks from the substances with which they work and the use of the control measures developed to minimise the risks.
- 8) Ensure that the introduction of control measures to control exposure does not increase the overall risk to health and safety.

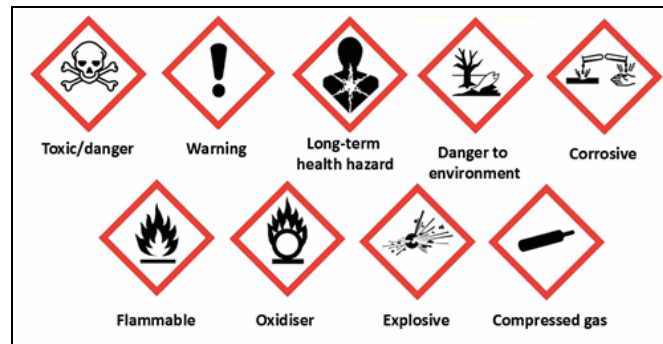
**4.2. What is classed as a Substance Hazardous to Health?**

4.2.1. Only substances with the potential to cause a significant risk to health are addressed under the COSHH Regulations. These are listed at paragraph 1.2 above. Those substances **not** covered by the COSHH Regulations are listed at paragraph 1.3 above.

4.2.2. Where a substance is supplied for use in a work process e.g. from NHS Supplies, the container it comes in must be marked by the manufacturer to comply with the Regulations, including the Classification, Labelling and Packaging of Substances and Mixtures (CLP) Regulations 2009. These markings (where present) show either:

- a) Explosive
- b) Flammable
- c) Oxidising
- d) Gas under pressure (Compressed Gas)
- e) Corrosive
- f) Toxic / Danger
- g) Caution – Less serious health hazards (Warning)
- h) Long-term health hazards
- i) Danger to environment

The signs used are:



### 4.3. Risk assessment of Substances Hazardous to Health

- 4.3.1. A Risk Assessment will only be completed for those products that have an identifiable CLP mark on the packaging as indicated in section 4.2 above. The packaging (and associated data sheet from the manufacturer) will identify the preventative and protective control measures recommended by the manufacturer to mitigate the risk. This will be taken account of in the risk assessment undertaken by the Trust.
- 4.3.2. A Workplace Exposure Limit (WEL) is a national value set and is legally binding (Workplace Exposure Limits EH40); these are reviewed annually. The WEL expresses the maximum exposure a worker can receive in the workplace of the substances listed, averaged over a specific time period. Two time periods are listed: Long-term (8 hours) and Short-term (15 minutes). WEL's are enacted under the current COSHH Regulations 2002 (as amended). These must be taken into account when undertaking the risk assessment.
- 4.3.3. The Person in Charge in the area (manager) will obtain the data sheet for the substance and arrange for a Risk Assessment to be undertaken—of any substances classed as hazardous to health (i.e. have an identifiable CLP mark) which are used within the Service. For the purposes of risk assessment the assessor should have received sufficient training and/or experience or knowledge of the work tasks involved and of the necessary processes. – Wherever possible this assessment will be carried out by more than one person.
- 4.3.4. The process of risk assessment will be as described in the General Workplace Risk Assessment Policy (RM11), which identifies the steps necessary to be undertaken to control exposure and for a competent person to produce a suitable and sufficient assessment.
- 4.3.5. The risk assessment of substances hazardous to health must take account not only of the toxicity of the substance but also the environment in which it is to be used and the type of work undertaken.
- 4.3.6. The full Risk Assessment must be recorded on the COSHH Risk Assessment template (Appendix 1) and approved by the Manager and Service Director. The data sheet for the substance must be obtained from the manufacturer (usually available on-line) and attached to the Risk Assessment.



4.3.7. The identification of the need for these Risk Assessments are the responsibility of the Manager whose staff are using the COSHH product. They will also be responsible for ensuring the Risk Assessment is undertaken by the appropriate person.

4.3.8. Written Risk Assessments must be reviewed and updated regularly and always after any change to the workplace or work practices. It is the responsibility of the Manager to ensure that appropriate reviews are undertaken.

#### **4.4. Identifying and Implementing Control Measures**

4.4.1. Hierarchy of Control: Where control measures are needed as a result of the assessment, they must show a priority of action. This must be demonstrated in the assessment recommendations. The priority order of actions to control the risks can be summarised as follows (ERIC):

*Eliminate* the risk

*Reduce* the risk

*Implement* measures of control

*Control* exposure or method of use

In terms of COSHH, the following should be considered:

**Elimination** - can the substances be removed?

**Substitution** - can a less toxic substance be used?

**Control Exposure** - can the exposure time be reduced? Or the route of exposure prevented?

**Ventilation** - can general ventilation be improved or local exhaust ventilation\* employed to reduce exposure?

**Procedures** – are appropriate operational procedures in place to mitigate risks?

**Personal Protective Equipment\*\*** – can gloves/masks/aprons etc. be used to minimise exposure?

**Health Surveillance** – where over exposure to a hazardous substance has been recorded

\* Local Exhaust Ventilation or LEV's can be as simple as a desk fan for low risk substances, or as complex as hired-in high powered exhaust ventilation with collection bags and self-contained disposal units.

\*\*Personal Protective Equipment must be regarded as one of the last resorts to control exposure after all other measures have been proven to be not appropriate. If personal protective equipment is needed, its use must be enforced and the necessary facilities provided for its use.

4.4.2. The measures put in place to control exposure to a hazardous substance to an acceptable level may include a combination of the above.

4.4.3. The control measures agreed must be documented on the Risk Assessment and action taken to implement them by the Manager. Monitoring of implementation of actions will be undertaken in accordance with the process outlined in the General Workplace Risk Assessment Policy / Procedure (RM11).

- 4.4.4. Managers will ensure that any control measures put in place are used / followed by their staff at all times.
- 4.4.5. Managers will also ensure that any controls are maintained in an efficient state, in efficient working order, in good repair and in a clean condition. They will liaise with any relevant Trust departments to ensure that this is undertaken (for example, Purchasing, Estates and Facilities etc.).
- 4.4.6. Managers will also ensure that, where a control measure is a system of work and supervision, or another measure, the control will be reviewed at suitable intervals and revised if (as) necessary.

#### **4.5. Safe Storage and Disposal of Hazardous Substances**

- 4.5.1. All hazardous substances must be stored in a locked cupboard and only accessible to staff who are required to use the substances.
- 4.5.2. When being used on wards there should be a locked cabinet available for the chemicals in use. Only sufficient quantities of chemicals should be used for tasks being undertaken.
- 4.5.3. The disposal of hazardous substances that are no longer required and are in partially filled or empty containers is to be undertaken following contact with the Trust Estates and Facilities Department and in accordance with manufacturer's guidelines and data sheet.

#### **4.6. Monitoring of Exposure to Hazardous Substances**

- 4.6.1. It is a line manager's responsibility to monitor staff exposure to hazardous substances and to ensure that control measures are being implemented and maximum exposure limits adhered to at all times.
- 4.6.2. The Health and Safety Inspections undertaken on a regular basis by the Risk Team include Inspection questions relating to the storage of and use of substances hazardous to health. Through undertaking these inspections on a regular basis, the Trust is able provide assurance that the safe use of hazardous substances are being implemented.
- 4.6.3. The Estates and Facilities Officer will compile a risk assessment for substances used by the estates and facilities staff, which will be filed on all relevant units and held in a central electronic folder.
- 4.6.4. Organisation-wide monitoring of acceptable exposure to hazardous substances will be undertaken through the organisational processes of monitoring incident report forms, (Datix) identifying trends, ensuring lessons are learnt etc.

**4.7. Procedures to be followed in the event of accidents, incidents and emergencies involving hazardous substances**

- 4.7.1. The procedures to be followed in the event of accidents, incidents and emergencies involving hazardous substances will be set and displayed within departments. The existence of, and adherence to these, will be audited as part of the Health and Safety Inspections. The Estates and Facilities Officer will make the product data sheet available for items that are provided to the estates and facilities department, which will include the action to undertake in the event of an emergency. Where staff has been exposed to hazardous substances the data sheet will be made available to A & E and Occupational Health.
- 4.7.2. Essentially these procedures must include immediate reporting (& Datix), of any incident, accident or emergency to the line manager/person in charge; and immediate assessment of any injury and summoning suitable medical attention dependent on the nature of the injury in the form of; a first aider, an ambulance, A&E attendance or Occupational Health attendance.
- 4.7.3. Any uncontrolled or hazardous exposure involving COSHH must be reported as an incident, according to CP3 – Adverse Incident, including Serious Untoward Incident, Policy & Procedure.
- 4.7.4. Any accident, incident and emergency involving a hazardous substance will be investigated in line with the normal Trust processes for investigating incidents. Appropriate personnel will be included as part of the investigation and expert advice taken if necessary. Please refer to CP3 Adverse Incident, including Serious Untoward Incident Policy & Procedure for further information.

**4.8. Health Surveillance in relation to substances hazardous to health**

- 4.8.1. Health surveillance will be arranged where necessary with Occupational Health by the Department Manager.
- 4.8.2. Where a member of staff has suffered exposure to a substance hazardous to health, the Human Resources Department must be informed by the line manager immediately on their return from period of sickness / A&E attendance/ Occupational Health Department.
- 4.8.3. The Department Manager will arrange for the member of staff to contact Occupational Health to commence the health surveillance process. Written details will be passed back to the Department Manager and Human Resources Department for inclusion on the employees Human Resources file.

**4.9. Obtaining advice and support in relation to COSHH**

- 4.9.1. Employees are requested to, and have the right to, directly contact the Risk Management Department if they are concerned about any aspect of COSHH.

4.9.2. Employees have the right to contact the Health and Safety Executive (HSE) if they are concerned that the Control of Substances Hazardous to Health Regulations 2002 (as amended), are not being adhered to.

4.9.3. Trades union stewards and health and safety representatives can also be contacted for advice, details can be found on the intranet.

#### **4.10. Communication with / training for staff**

4.11 Managers will ensure that all employees (or contractors) in their area of work receive appropriate information, instruction, training and supervision on any COSHH items they may be required to use or be exposed to, in the course of their work. This should include:

- The names of the substances they work with or could be exposed to and the risks created by such exposure and access to any safety data sheets that apply to those substances;
- The main findings of the risk assessment; the precautions they should take to protect themselves and other employees;
- How to use personal protective equipment and clothing provided;
- Results of any exposure monitoring and health surveillance; and
- Emergency procedures which need to be followed.

## **5.0 IMPLEMENTATION**

5.1. This procedure will be implemented and reinforced by:

- Formal induction of new staff at corporate and local level. Both inductions include Health and Safety elements and will raise COSHH awareness. Please refer to the Induction / Mandatory / Core Training Procedure (HRPG21) for more information;
- Regular undertaking of COSHH assessments across the Trust;
- Via delivery of COSHH Training awareness courses.
- Delivery of the Trust's Risk Management & Assurance Framework approved by the Board which provides details of how risks will be escalated and managed;
- Available resources relating to health and safety, risk assessment and COSHH on the Trust Intranet which are available to all staff;
- Trust communication forums – inform of any changes to the COSHH process or to the policy / procedure and will be communicated via these normal communications channels.

**6.0 MONITORING AND REVIEW**

- 6.1. The effective implementation of this Procedure and its associated Policy will be monitored by the Risk Management Department and the Health, Safety and Security Committee via regular review of Risk Assessments and Health & Safety Inspections.
- 6.2. The effectiveness of this procedure will also be monitored through the Trust Governance systems where risk assessments are monitored, reviewed and escalated.
- 6.3. The Risk Management Department is responsible for reviewing this Procedure and associated Policy as required by, for example, any changes in practice, legislation or guidance. It will be reviewed every 3 years as a minimum. All proposed revisions will be submitted to the Health, Safety and Security Committee prior to presentation to the Quality Committee.
- 6.4. Any changes to the Policy or Procedure will be notified to staff via Staff Briefings and will be held on the intranet for access by staff.

**END**