Control of Substances Hazardous to Health (COSHH) UHL Policy

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<tr>
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<th>Policy and Guideline Committee</th>
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<tr>
<td>Date of Original Approval:</td>
<td>10 June 2002</td>
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<td>Trust Reference:</td>
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<td>Version:</td>
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<tr>
<td>Trust Lead:</td>
<td>Andrew Phipps, Health and Safety Manager</td>
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<td>Board Director Lead:</td>
<td>Andrew Furlong, Medical Director</td>
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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

- Current policy template used
- Addition of Carcinogen to key words
- 4.1 introduction paragraph added and rest of section 4 re-numbered.
- 4.4.3 remove reference to User Information Sheet
- 4.7 inclusion of Quality, Safety, Health and Environment (QSHE)Team
- 5. inclusion of reference to NHS document
- 6.3 added
- 9 inclusion of several policies and re-ordering of policies into alphabetical order.
- 10. process for Version Control, Document Archiving and Review updated
- 11. amendment to the process for Monitoring Compliance / Policy Monitoring Table
- Deletion of old style COSHH risk assessment form
- Deletion of COSHH User Information Sheet
- Revision of the COSHH Safety Management Standard and procedural Guidance
- Current COSHH risk assessment template added
- COSHH Action Log added.
1 INTRODUCTION AND OVERVIEW

1.1 The objective of the Policy is to provide guidance to ensure that all appropriate steps are taken to comply with the duty to manage substances hazardous to health within the University Hospitals of Leicester (UHL) NHS Trust and to comply with related legislation, approved codes of practice, guidance and relevant standards.

1.2 This document sets out the University Hospitals of Leicester (UHL) NHS Trust’s Policy and Procedures for the safe use of substances hazardous to health within the Trust. This policy forms part of the Trust’s arrangements for health and safety as required by the Health and Safety at work, etc. Act 1974. The policy details the management arrangements and responsibilities for the management of risks from hazardous substances for the University Hospitals of Leicester NHS Trust hereafter referred to as ‘the Trust’ to secure compliance with The Control of Substances Hazardous to Health (COSHH) Regulations and other relevant regulations.

2 POLICY SCOPE —WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1 This policy applies to all staff employed by the Trust, either directly or indirectly, and to any other person or organisation which uses Trust services or premises for any purpose and sets out the roles and responsibilities and arrangements for the management of risks associated with hazardous substances. It will also apply to bank, temporary staff, volunteers, young workers, staff working from home and contractors working on Trust business. The principles of this policy shall apply to all Trust work activities, regardless of who has or who is supplying or providing them.

2.2 This policy does not cover substances hazardous to health resulting from use of substances covered by other explicit legislation e.g. asbestos, lead, radioactive substances.

3 DEFINITIONS AND ABBREVIATIONS

| Hazardous substances | a. Substances indicated as Toxic, Carcinogen / Respiratory Sensitiser’s, Corrosive, Harmful / Irritant, Environmentally Toxic |
b. Substances assigned workplace exposure limits (WEL). Published in the Health and Safety Commission EH40 publication. (a WEL is the maximum concentration of an airborne substance, averaged over a known period of time that individuals may be exposed to).

c. Biological agents

d. Inhalable dusts not already taken into account in a. or  
b. above if they are in a concentration in air equal to or greater than 10mg/m³ averaged over an 8-hr time weighted reference (TWA) period

e. Respirable dusts not covered by a. or b. above that present a concentration in air equal to or greater than 4 mg/m³ averaged over an 8-hr time weighted reference (TWA) period

f. Substances not already included in a. or b. but identified as presenting a risk to health due to the chemical or toxicological properties and the way it is used or present in the workplace

<table>
<thead>
<tr>
<th>Substance</th>
<th>g. Substance or preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>h. Can be natural or artificial, solid or liquid, gas or vapour</td>
<td></td>
</tr>
<tr>
<td>i. Includes micro-organisms</td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Preparation</th>
<th>j. Mixture or solution of two or more substances</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Workplace</th>
<th>k. Premises or part of premises used for or in connection with work</th>
</tr>
</thead>
<tbody>
<tr>
<td>l. Any room, lobby, corridor, staircase, road or other place (i) used as a means of access or egress, or (ii) where facilities are provided for use in connection with that place of work</td>
<td></td>
</tr>
<tr>
<td>m. Does not include public roads</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Exposure Limit</th>
<th>n. Means the exposure limit approved by the Health and Safety Executive for that substance in relation to the specified reference period when calculated by a method approved by the Health and Safety Executive</th>
</tr>
</thead>
</table>

4 ROLES – WHO DOES WHAT

4.1 The Trust’s Health & Safety Policy sets out the roles and responsibilities for all staff. Where hazardous substances are identified, additional responsibilities for the effective management of these risks are set out below.
4.2 **MEDICAL DIRECTOR**
4.2.1 Will be the Executive lead and Board level representative for this policy.

4.3 **CMG Head of Operations**

CMG Head of Operations are responsible for:

4.3.1 Insuring that the services in their area of responsibility implement and comply with this policy and that all reasonable steps are taken to maintain and where necessary, improve health and safety standards.

4.3.1 Ensuring adequate resources are made available to meet that requirement.

4.4 **LINE MANAGERS/SUPERVISORS**

Line Managers are responsible for:

4.4.1 The implementation of this Policy within their area of control and to ensure that all reasonable steps are taken to maintain and where necessary, improve health and safety standards.

4.4.2 Identifying all hazardous substances used or present in the workplace. This information should be available on the work activity risk assessments.

4.4.3 Ensuring that COSHH assessments for hazardous substances have been completed and that they are appropriately / regularly reviewed.

4.4.4 Provide suitable work equipment and materials.

4.4.5 Ensure all staff are suitably trained (see section 6).

4.4.6 Act upon risk control measures.

4.5 **EMPLOYEES ALL STAFF MUST:**

4.5.1 Familiarise themselves with this policy and co-operate with the arrangements put in place locally by reading local risk assessments and signing that they agree to abide by the controls therein.

4.5.2 Attend appropriate training sessions held by the Health and Safety Services Team.

4.5.3 Bring to the attention of their immediate line manager any health and safety concerns or emergency procedures adopted when using hazardous substances.

4.5.4 Bring to the attention of their immediate line manager any encounters with any unknown substance and seek further advice before handling the substance.

4.5.5 When required, should make themselves available for any health checks and should co-operate in the monitoring of exposure levels.

4.5.6 Any case of ill health which staff believe could be linked to hazardous substances in the workplace should be reported immediately to their line manager.

4.5.7 Report incidents, accidents and near misses using the ‘Datix web’ incident reporting system.

4.6 **HEALTH AND SAFETY SERVICES**
4.6.1 Provide advice, guidance and information concerning all aspects of the use, handling, storage, transportation and disposal of substances that fall within the COSHH Regulations.

4.6.2 Facilitate appropriate health and safety training to support the work of managers and staff implementing this policy.

4.7 **Quality, Safety, Health and Environment (QSHE) Team**

4.7.1 The QSHE team provide advice, guidance and information concerning COSHH to support the work of managers and staff within the Estates and Facilities functions.

4.8 **Occupational Health Department**

4.8.1 Provide advice on health and medical surveillance issues.

4.8.2 Provide regular and suitable health surveillance to appropriate staff groups identified by management.

4.9 **Laboratories**

4.9.1 Due to the range and complexities of chemical and microbiological substances used in laboratories, they have their own separate COSHH management arrangements and operating procedures. Copies of other COSHH risk assessments can be obtained via Insite at


4.10 **Responsibilities of and Communication with Stakeholders**

4.10.1 All key stakeholders Directors/Managers and supervisors must be provided with information on the Trust’s arrangements for the Control of Substances Hazardous to Healtheither by the Health and Safety Services Team or QSHE Facilities and Estates.

4.10.2 Key stakeholders carrying out activities on Trust premises have a duty to inform the Trust of any foreseeable risks of injury or illness specific to their activities, so that additional measures can be provided where necessary

5. **Policy Implementation and Associated Documents**

5.1 This policy is supported by the processes/procedures/standards found in the associated documents as detailed below, and which must be used in conjunction with this policy

- Health & Safety at Work etc, Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health Regulations 2002 (as
amended) and Approved Code of Practice and related regulatory good practice guidance.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 The Trust has a duty under the Health & Safety at Work, etc. Act to provide staff with information, instruction and training appropriate to their role. Line Managers must identify the training needs for their staff group. It is important that staff receive the correct type and amount of information, instruction and training to ensure competence for the duties undertaken.

6.2 Information, instruction and training must be delivered in such a way that it is received and understood by the person receiving it and should include theoretical and practical elements.

6.3 Staff tasked to complete COSHH risk assessments should have attended the COSHH risk assessment training facilitated by Health and Safety Services prior to carrying out the assessment.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 The standards for monitoring this policy are shown in the Policy Monitoring table set out below.

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1 This policy is supported by the processes/procedures/standards found in the associated documents as detailed below, and which must be used in conjunction with this policy

Cleaning and Decontamination Policy B5/2006
Control of Substances Hazardous to Health Policy B10/2002
First Aid Policy B23/2004
10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 This document will be reviewed on a three yearly basis unless earlier revision is required following internal audits and/or external guidance. The UHL Health and Safety Services Manager will be responsible for initiating the regular review of this policy.

10.2 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust’s externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system
<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements Who or what committee will the completed report go to</th>
</tr>
</thead>
</table>
| Staff are following the arrangements | Line Manager | - Observations  
- Ensure that COSHH risk assessments are in place and regularly reviewed  
- Inspection of staff training records | As set by local manager. This may be influenced by concerns or incidents reported | - Notify any concerns to individual staff member / team.  
- Report concerns with CMG Head of Operations  
- On-going concerns to be reported to Health & Safety Services |
| Policy arrangements are in place, applied and are effective | Line Manager | - Investigation of concerns, incidents and near-miss events  
- Investigation of RIDDOR Reportable events.  
- Review the policy at the required time period.  
- Management Health, Safety & Environmental Risk Audit  
- Spot check inspection / audit | As required | - Report on Datix.  
- Report concerns to CMG Head of Operations  
- On-going concerns to be reported to Health & Safety Services or QSHE if it is related to Facilities and Estates.  
- Report RIDDORs to HSE as required  
- Local Health and Safety Committee  
- UHL Health and Safety Committee  
- Appropriate Board Level Committee |
| Skin checks | Line Manager | - Appraisal paperwork  
- Skin check form  
- Refer to Occupational Health | Annual | - Report on Datix.  
- Report concerns to CMG Head of Operations  
- On-going concerns to be reported to Health & Safety Services  
- Quarterly reports to the Local Health & Safety Committee |
<table>
<thead>
<tr>
<th>Health Screening</th>
<th>Line Manager</th>
<th>Health &amp; Safety Services</th>
<th>Investigation of RIDDOR reportable events</th>
<th>As required</th>
</tr>
</thead>
</table>
|                  |              | Health & Safety Services | - Identify staff at risk via risk assessment and notify Occupational Health of staff exposed  
|                  |              |                          | - Investigation of RIDDOR reportable events | As required |
|                  |              |                          | At intervals of not more than 12 months | - Report RIDDORs to HSE as required |
|                  |              |                          |                                          | - Report on Datix.  
|                  |              |                          |                                          | - Report concerns to CMG Head of Operations  
|                  |              |                          |                                          | - On-going concerns to be reported to Health & Safety Services  
|                  |              |                          |                                          | - Report RIDDORs to HSE as required |
1. **INTRODUCTION**

This document contains standards and guidance on the management of risks arising from substances hazardous to health.

It is the responsibility of managers to ensure that any activities or operations involving the use of substances hazardous to health are managed in line with this document, in any area under their control.

This document must be read in conjunction with the UHL Control of Substances Hazardous to Health (COSHH) Policy and any additional guidance specific to departmental issues or activities.

2. **PROCEDURE**

**Manager’s Checklist – Hazardous Substances**

The checklist given below identifies key actions involved in managing the health and safety risks arising from the use of hazardous substances. Further information on each of these points is contained in this document.

1. Have all hazardous substances been identified?
2. Are any Departmental-specific arrangements for purchasing hazardous substances known and understood?
3. Have COSHH risk assessments been completed for all hazardous substances? These documents are referenced in appendices 2 and 3.
4. Is it possible to prevent exposure to hazardous substances?
5. If it is not possible to prevent exposure to hazardous substances, have appropriate controls been identified that will adequately control exposure?
6. Has any need for exposure monitoring or health surveillance been identified?
7. Have individuals who use, or are exposed to, hazardous substances been provided with adequate information, instruction and training?
8. Are there arrangements in place to monitor the use of control measures?
9. Are COSHH risk assessments regularly reviewed?
10. Has the disposal of substances and waste products been taken into consideration?
11. Have the issues arising from contractors and their use of COSHH substances been considered?
12. Have emergency procedures been put into place to deal with incidents involving hazardous substances?
3. **IDENTIFYING COSHH SUBSTANCES**

Under the COSHH Regulations there are a range of substances regarded as being hazardous to health:

**Substances under the Chemicals (Hazard, Information and Packaging for Supply) Regulations (CHIP)**

The laws covering chemicals have changed. The CHIP Regulations have been replaced by the new European Regulation on classification, labelling and packaging of substances and mixtures known as the CLP Regulation.

CLP is a regulatory framework for the classification and labelling of substances and mixtures in the EU. It is based on an international agreement known as the Globally Harmonised System (GHS). As in the past, the CLP Regulation requires chemicals to be classified for their hazards and their packaging labelled accordingly. Under CLP, labels are very different to those under the previous regulatory framework.

- Substances covered by CLP can be identified by a diamond shape warning symbol displayed on the packaging label. Suppliers must provide a Safety Data Sheet (SDS) if the substance is covered by CLP. Some of the most common CLP symbols are shown below.

![CLP Symbols](image)

- GHS01 Explosive
- GHS02 Flammable
- GHS03 Oxidising
- GHS04 Gases Under Pressure
- GHS05 Corrosive
- GHS06 Toxic
- GHS07 Harmful / Irritant
- GHS08 Carcinogen / Respiratory Sensitisers
- GHS09 Environmentally Toxic

**SUBSTANCES WITH WORKPLACE EXPOSURE LIMITS (WELs)**

A WEL is the maximum concentration of an airborne substance, averaged over a known period of time that individuals may be exposed to. Substances with WELs are listed in the Health and Safety Executive (HSE) publication EH40 and will also be detailed on the Safety Data Sheet.
• **BIOLOGICAL AGENTS (BACTERIA AND OTHER MICRO-ORGANISMS)**
  Biological agents are covered by COSHH if they are directly connected with work or if exposure is incidental to work.

• **DUST CONCENTRATIONS**
  Any kind of dust, if its average concentration in the air exceeds the levels specified by COSHH, is considered to be hazardous to health. (10mg/m3 of inhalable dust, or 4 mg/m3 of respirable dust.

• **ANY OTHER SUBSTANCE THAT CREATES A RISK TO HEALTH**
  For technical reasons these may not be covered under CLP. These substances include; asphyxiants (i.e. gases such as argon and helium, while not dangerous in themselves can endanger life by reducing the amount of oxygen available to breathe), some pesticides, medicines, cosmetics and substances produced in chemical processes. Also included would be other substances that may be a cause of occupational asthma.

**DO DIFFERENT FORMS OF THE SAME SUBSTANCE PRESENT DIFFERENT HAZARDS?**
A substance may be hazardous in one form but not in another. For example, a piece of hardwood poses no risk in itself. However, hardwood dust created during sanding does present a hazard. Therefore, if a substance is not being used in a form that is hazardous to health and the work process does not create by-products that are hazardous to health; it does not need a COSHH assessment.

**WHAT SUBSTANCES ARE NOT COVERED BY COSHH?**
Not all substances are covered by COSHH Regulations. For the vast majority of commercial chemicals the presence (or not) of either a CLP warning label will normally indicate whether the substance is covered by the COSHH Regulations. For example:

• There is no warning label on water-based marker pens, ‘pritt-stick’ type glue pens or ordinary household washing-up liquid. Therefore, the COSHH Regulations do not apply.

• However, there is a CLP warning symbol on many types of bleach, so the requirements of COSHH do apply to those types of bleach.

**EMPLOYEES BRINGING IN HAZARDOUS SUBSTANCES**
Employees are not permitted to bring in their own substances to use at work. If a substance is required for work purposes, the line manger should ensure that it is supplied and risk assessed wherever necessary.

4. **CARRYING OUT COSHH RISK ASSESSMENTS**
After identifying the hazardous substances that employees will use (or which they and/or others will be exposed to) the next stage is to carry out a COSHH risk assessment.

Within UHL it is the responsibility of managers to ensure that COSHH risk assessments have been carried out on hazardous substances within their area of control. Managers can either carry out the COSHH risk assessments themselves, or delegate this task to individuals within their area. If a manager delegates the task of carrying out a risk assessment, they must ensure that the person(s) is competent i.e. have the relevant knowledge, skills, training and experience to carry out the assessment and take all reasonable care when doing so.
To assist this process, a COSHH risk assessment form is provided with this document.

COSHH risk assessment training courses are available from Health and Safety Services. Records of training will be maintained on HELM.

COSHH risk assessments need to be completed for all products / substances using the relevant information from the safety data sheet supplied with the product. The COSHH risk assessments should be readily available for reference at all times.

5. **PREVENTING EXPOSURE**

For any hazardous substance, the first control measure that must be considered during the risk assessment is to prevent exposure. Prevention of exposure may be achieved by:

- Replacing the hazardous substance with a non-hazardous substance.
- Changing the method of work, so that the task or operation that involves exposure is no longer necessary.
- Modifying the process to eliminate the production of hazardous by-products or waste products.

In many areas it will not be possible to eliminate hazardous substances completely. Where the use of hazardous substances is necessary, consideration must still be given to reducing the risks to employees using:

- An alternative less hazardous substance; or
- A different form of the same substance (e.g. pellets instead of powder); or
- A different work process.

Suppliers should be able to provide advice on non-hazardous and less hazardous alternatives that are available.

6. **CONTROLLING EXPOSURE**

If it is not reasonably practicable to prevent exposure (i.e. all the costs of preventing exposure outweigh all the potential health benefits) the exposure to the substance must be controlled to a level that will not harm health (e.g. below any relevant WEL for the substance).

Control measures appropriate to the activity should be considered and put in place, including (in order of priority) one or more of the following:

- Put appropriate work processes, systems and engineering controls in place, and provide suitable work equipment and materials. E.g. use processes that minimise the amount of substance used or produced.
- Control measures at source (e.g. local exhaust ventilation) and reduce the number of employees exposed to a minimum, the level and duration of their exposure, and the quantity of the hazardous substance used or produced.
- Provide Personal Protective Equipment (e.g. gloves, face masks, etc.) but only as a last resort and wherever possible in combination with other control measures. (Please note that there is a separate policy on Personal Protective Equipment, which should be referred to in conjunction with this policy. See also refer to the ‘Ensuring control measures are used and maintained’ section below.)
OCCUPATIONAL ASTHMA
The COSHH Regulations require additional controls for substances that can cause occupational asthma. These substances can be identified by the information provided on the Safety Data Sheet.

CARCINOGENIC AND MUTAGENIC SUBSTANCES
The COSHH Regulations require additional controls for carcinogenic and mutagenic substances. If a substance is identified as being carcinogenic and mutagenic, then elimination of the substance must be achieved if at all possible. These substances can be identified by the information provided on the Safety Data Sheet.

7. **MONITORING EXPOSURE**
Under COSHH, employers are required to measure the concentration of hazardous substances in the air, in any of the following circumstances:

- Where the failure or deterioration of controls could result in a serious health effect.
- When measurement is necessary to ensure that the WEL for the substance is not being exceeded.
- As an additional check on the effectiveness of any control measures.
- Where changes in the nature of employees’ exposure could mean that existing controls are not adequate (e.g. change in work method, increase in the amount of a substance used).

8. **HEALTH SURVEILLANCE**
The Health and Safety Executive give the following definition of health surveillance:

‘Health surveillance is about putting in place systemic, regular and appropriate procedures to detect early signs of work-related ill health among employees exposed to certain health risk; and acting on the results’

Under COSHH Regulations health surveillance is required where:

- Employees are exposed to a substance linked to a particular disease or adverse health effect, and there is reasonable likelihood of disease or ill health occurring.

- Or, an employee is working in certain processes that are specified in Schedule 6 of the COSHH Regulations (none of which apply to activities presently carried out by UHL).

For further advice on health surveillance contact Occupational Health.

9. **INFORMATION, INSTRUCTION AND TRAINING**
The COSHH Regulations require that employees who use or who are exposed to hazardous substances, are provided with suitable information, instruction and training. The information, instruction or training that is provided should address the following issues:

- The names of the substances and the risks to health.
- Any relevant WEL.
- The precautions to be taken by employees.
- The results of any exposure monitoring.
- The purpose and collective results of any health surveillance.
- The importance of good hygiene standards.
• Relevant information arising for risk assessment being reviewed.
• Procedures for dealing with accidents, incidents and emergencies (see ‘Emergency Procedures’ below).

The extent of information, instruction and training that is necessary will depend on the level of risk involved. Practical ways in which employees can be provided with information and instruction:

• Involve staff in undertaking or reviewing COSHH Risk Assessments (as long they have attended the UHL COSHH Risk Assessor training course).
• Discuss the findings of COSHH Risk Assessments at team meetings.
• Ensure copies of COSHH Assessments and relevant Safety Data Sheets are kept in a known and accessible place.
• Ensure that COSHH Risk Assessments are viewed by employees prior to a new substance being used for the first time.

10. **Ensuring Control Measures are Used and Maintained**

COSHH requires that employees make proper use of control measures and report any defects. It is the responsibility of managers and supervisors to take all reasonable steps to ensure that they do. For example, if an employee is not using PPE provided, the reason for it not being worn should be discussed with the employee and a remedy found (e.g. providing a different size if it is too small or large). If improper use or defects of PPE are noted this must be reported using the ‘Datix web’ incident reporting system.

If engineering controls are used, e.g. local exhaust ventilation (LEV) the equipment must be regularly inspected, tested and maintained. Regular testing of equipment such as LEV is especially important, as it is the only way to ensure that the equipment is working properly.

**NOTE:** All non-disposable types of PPE have a limited lifespan. For example, respiratory protective equipment should be examined and tested at regular intervals. The manufacturer or supplier will have provided information about the examination, testing and replacement of PPE.

11. **Reviewing COSHH Risk Assessments**

The risk assessor needs to decide how often a risk assessment should be reviewed. Review does not necessarily mean carrying out a new risk assessment, but checking over the existing risk assessment to ensure it is still valid and that any changes are documented on the risk assessment. However, it is recommended good practice that risk assessments are reviewed at least every 12 months unless:

• There is evidence that it is no longer valid e.g. due to a change in substance used.
• Where there has been a change to the work activity such as, change of process or method of work, the volume of substance(s) used, change of equipment or change to or of environment.
• As a result of an accident or incident occurring.
• As a result of monitoring exposure, from results of health surveillance, where the WEL has changed.

Risk assessment reviews should always re-consider if it is practicable to prevent exposure or use a less hazardous substance, reviews should also reconsider the control measures that are in place and whether they can be improved.
12. **Contractors and COSHH**

Like any employer, contractors are required to ensure that their use of hazardous substances does not harm their employees or other people who may be exposed (e.g. UHL staff, patients, visitors if the substances are being used on UHL premises or areas under UHL control).

Managers in control of UHL premises and/or specific areas therein, should ensure that they are aware of any COSHH substances that contractors will be using on the premises or may produce as a result of their work activity, so that they:

- Are satisfied that the contractors’ control measures will protect UHL employees, patients, visitors, etc. (Contractors’ should supply copies of their COSHH risk assessments).
- Can provide UHL employees with information about any hazardous substances being used by contractors.
- Can reassure UHL employees, patients, visitors, etc. that any exposure to hazardous substances and any risks to their health are being properly controlled.

If a manager is concerned that a contractor is working in an unsafe manner, they should:

- Raise their concerns as soon as possible with the contractor’s representative on site.
- Inform UHL Health and Safety Services team as soon as possible.
- Report the incident using the ‘Datix web’ incident reporting system.

13. **Emergency Procedures**

The COSHH Regulations require that formal emergency procedures are developed when incidents involving hazardous substances could lead to exposure well beyond the normal day-to-day levels. Examples of events that would need formal emergency procedures are:

- Serious process fires that could give rise to serious risk to health (i.e. fires in any workplace in connection with the work process that is being carried out (including the storage of articles, substances and materials relating to that work process)
- Serious spillages of corrosive agents liable to make contact with employees’ skin, even if they are wearing the appropriate PPE.
- Any acute process failure that could lead to a sudden release of chemicals.
- Any significant over-exposure to a substance with a WEL e.g. as a result of failure of an LEV system or other controls.

Information on the above can be found in the Trust Disaster Recovery and Business Continuity plans Held by the Trust’s Emergency Planning Officer.
**COSHH Assessment**

<table>
<thead>
<tr>
<th>Name of Assessor</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazardous Substance(s)</th>
<th>Latest Safety Data Sheet (SDS) attached?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe the Work activity or method of use.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documented procedure for safe use and handling available?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration of Activity</th>
<th>Frequency</th>
<th>No of persons in vicinity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of process being carried out?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quantity of substances used:</th>
<th>Small (grams or mltrs)</th>
<th>Medium (kgs or ltrs)</th>
<th>Large (tonnes or m3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identify the persons at risk:</th>
<th>Employee (including trainees)</th>
<th>Personnel in the vicinity</th>
<th>Public (including patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Classification (state the category of danger)**

- Very Toxic
- Toxic (if inhaled, swallowed and in contact with skin)
- Corrosive
- Harmful
- Aspiration, Long term Health Hazards
- Oxidising
- Biological
- Carcinogenic/Mutagenic
- Compressed gas
- Highly Flammable
- Flammable
- Environmental
- Explosives

**Hazard Type**

- Gas
- Vapour
- Mist
- Fume
- Dust
- Liquid
- Solid
- Other (State) ________________________________

**Route of Exposure**

- Eye Contact
- Skin Absorption
- Inhalation
- Injection
- Ingestion

**Risks to Health**

---
Control Measures
Can the substance be eliminated or substituted by a less hazardous substance?  Yes [ ]  No [ ]
Existing Control Measures *(for example extraction, ventilation, training, supervision).*

Monitoring or Health surveillance required?  Yes [ ]  No [ ] (State)  

Personal Protective Equipment *(state type and standard)*

<table>
<thead>
<tr>
<th>Dust mask</th>
<th>Visor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respirator</td>
<td>Goggles</td>
</tr>
<tr>
<td>Gloves</td>
<td>Overall</td>
</tr>
<tr>
<td>Footwear</td>
<td>Other</td>
</tr>
<tr>
<td>Apron</td>
<td>PPE regularly checked and maintained?  Yes [ ]  No [ ]</td>
</tr>
</tbody>
</table>

Emergency Arrangements
First Aid Measures  
Eye Contact  
Skin Contact  
Inhalation  
Ingestion  
Spillage Procedure  
Fire Fighting Measures  

Storage and Handling Requirements

Disposal of Substances & Contaminated Containers
Hazardous Waste [ ]  Domestic Waste [ ]  Return to Supplier [ ]  Other [ ]  

Risk Rating Following Control Measures
Consequence *(Score) refer to risk matrix.*  
Likelihood *(Score) refer to risk matrix.*

Risk Rating: *(Score) refer to risk matrix.*
Manager’s Signature :  Add Signature  
Review Date:  Add Date of next review
## UHL GENERAL HEALTH and SAFETY RISK ASSESSMENT FORM

**SEVERITY**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LIKELIHOOD**

<table>
<thead>
<tr>
<th>RATING</th>
<th>LIKELIHOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rare</td>
</tr>
<tr>
<td>2</td>
<td>Unlikely</td>
</tr>
<tr>
<td>3</td>
<td>Possible</td>
</tr>
<tr>
<td>4</td>
<td>Likely</td>
</tr>
<tr>
<td>5</td>
<td>Almost Certain</td>
</tr>
</tbody>
</table>

**RATING**

<table>
<thead>
<tr>
<th>RATING</th>
<th>SEVERITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Discomfort / no time off work</td>
</tr>
<tr>
<td>2</td>
<td>Minor harm – first aid treatment &lt;7 days</td>
</tr>
<tr>
<td>3</td>
<td>Moderate harm – requiring time off work 7 – 14 days (RIDDOR) reportable</td>
</tr>
<tr>
<td>4</td>
<td>Severe harm – requiring time off work 7 – 14 days RIDDOR reportable</td>
</tr>
<tr>
<td>5</td>
<td>Fatality, Permanent harm or irreversible health effects</td>
</tr>
</tbody>
</table>

### LIKELIHOOD x SEVERITY

**LOW**

LOW 1 TO 6 The **RISK** is considered: Tolerable when measured against the consequences of an incident. Low level of control measures required: adequate supervision, training and information. Often, no additional controls are needed. **WORK CAN PROCEED**

**MED**

MED 8 TO 12 WORK MUST NOT PROCEED – until the hazards identified are removed or adequate controls implemented which have reduced the residual risk to as low as possible. Moderate control measures must be in place: adequate training, supervision and information are needed as well as emergency procedures, safety barriers and PPE are place together with safe operating procedures.

**HIGH**

HIGH 15 TO 25 WORK MUST NOT PROCEED – until the hazards have been removed or adequate controls have been implemented which have reduced the risk to at least MEDIUM. This level of risk is unacceptable as there is a high probability of a major injury occurring. Highest level of controls required. Permits to work specialist equipment trained personnel and strict supervision.

### RESIDUAL RISK

The **Residual Risk is considered:** Tolerable when measured against the consequences of an incident, the assessment must be reviewed regularly to ensure that the conditions remain the same and the risk does not increase. **WORK CAN PROCEED**

Action is required to control risks. Review to review to assess whether the risk can be reduced: Ensure competence levels for safe working and equipment operation and procedures when task is altered or new employees introduced. **WORK CAN PROCEED UNDER MANAGEMENT CONTROL REVIEW ASSESSMENT REGULARLY**

**WORK MUST NOT PROCEED** Alternative methods must be used to eliminate the risk or to reduce it to a MEDIUM or LOW level

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**Control of Substances Hazardous to Health (COSHH) UHL Policy**

V7 approved by Policy and Guideline Committee on 15 May 2020 Trust Ref: B10/2002

Next Review: July 2023

**NB:** Paper copies of this document may not be the most recent version. The definitive version is held on INsite Documents
Principles in Prevention

In deciding which preventative and proactive measures to take, the following principles of prevention should be applied.

1. If possible avoid a risk altogether, e.g. do the work a different way, with different equipment or in a different location, taking care not to introduce more hazards.
2. Evaluate risks that cannot be avoided by carrying out a risk assessment.
3. Combat risks at source, rather than taking measures to cover them over. So, if the steps are slippery, treating or replacing them is better than displaying a warning.
4. Adapt work to the requirements of the individual. Consult those who will be affected when designing workplaces, selecting work / personal protective equipment, drawing up working / safety procedures and method statements. Aim to alleviate repetitive monotonous work and increase the control that individuals have over work they are responsible for.
5. Take advantage of technology and technical progress, which offers opportunities for improving working methods and making them safer.
6. Implement risk control measures that follow a coherent approach so that they complement each other. This will progressively reduce the risks that cannot be prevented or avoided altogether, and will take account of the way work is organised, the working conditions, the environment and any relevant social factors.
7. Give priority to those measures which protect the whole workplace and everyone who works there, and so give the greatest benefit (i.e. give collective protective measures priority over individual measures);
8. Ensure that workers, whether employees, contractors or self-employed understand what they must do.
9. A positive health and safety culture should exist within an organisation. That means the avoidance; prevention and reduction of risks at work must be accepted as part of the organisations approach and attitude to all its activities. It should be recognised at all levels of the organisation.

Hierarchy of Controls

ERICPD

1. ELIMINATE
2. REDUCE
3. ISOLATE
4. CONTROL
5. PPE
6. DISCIPLINE

Appendix 3

Action Log

Managers are responsible to ensure actions are completed timely and document it in the action log.
COSHH assessors to follow up and confirm once actions completed.

A copy of this record needs to kept in COSHH Folder for future audit checks.

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Responsibility</th>
<th>Target Date for Completion</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Induction for new staff using procedure.</td>
<td>Line manager</td>
<td>Before carrying out task</td>
<td></td>
</tr>
</tbody>
</table>

Add any further actions required

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Responsibility</th>
<th>Target Date for Completion</th>
<th>Completed Date</th>
</tr>
</thead>
</table>

Add any further actions required

Add Lead

Add Target Date

Add actual date of completion