CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH POLICY
Version 4.1

The policy will provide the framework by which the Trust will manage hazardous substances.

Changes from version 3:-
- CHIP Regulations have been repealed and replaced with European CLP Regulations, 2009 effective from 1st June 2015.
- The new COSHH Risk Assessment form can be found here

Paper Copies of this Document

- If you are reading a printed copy of this document you should check the Trust's Policy website (**http://sharepoint/policies**) to ensure that you are using the most current version.

Ratified Date: Version 4 – August 2015
Ratified By: Safety Committee
Review Date: August 2018
Accountable Directorate: Safety and Governance, Deputy Director of Safety & Governance
Corresponding Author: Head of Health and Safety, Diane Aucott

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Please note the new COSHH Risk Assessment form can be found here.

Meta Data

Document Title:	Control of Substances Hazardous to Health Policy
Status	In circulation
Document Author:	Health and Safety Manager - Diane Aucott Reviewed in August 2015 –Claire James, Lead Health and Safety Advisor
Source Directorate:	Director of Safety and Governance –
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Related documents	Health and Safety Policy Risk Management Strategy and Policy Fire Safety Policy
Superseded documents	Control of Substances Hazardous to Health Policy Version 3
Relevant External Standards/ Legislation	Control of Substances Hazardous to Health (Amendment) Regulations 2002 Care Quality Commission – Essential Standards
Key Words	Intranet - Sharepoint
	Control of substances hazardous to health, or hazardous substances

Revision History

Version	Status	Date	Consultee	Comments	Action from Comment
June 2004	Superseded	August/2008		Ratified by Safety Committee	
August 2008	Superseded	19/8/10		Two title changes required.	
Version 2 August 2010	Superseded	18/8/10			
Version 3 August 2012	superseded	August 2012		Format changes to the monitoring section	
Version 4 August 2015	In circulation	August 2015		CHIP regulations repealed replaced with European CLP regulations, 2009 from June 2015	
4.1	In circulation	February 2017		New COSHH form added. Content not changed but now easier to read.	

1   Circulation

The document will be available to all staff on the policy share point site on the intranet.

2.   Scope

This policy will apply to all Trust employees that may be exposed to hazardous substances as defined by the CoSHH Regulations during the course of authorised work activities. The Trust also recognises duty of care for any other persons authorised to work on site.

3   Definitions

The COSHH regulations apply to:-

- Substances classified as being (very) toxic, harmful (less serious health hazards), corrosive, carcinogenic and respiratory sensitisers, gas under pressure or dangerous for the environment, under the European CLP (Classification, Labelling and packaging of substances and mixtures) Regulations, 2009.

- Substances with a workplace exposure limit (WEL)

- Substances that are known to have carcinogenic mutagenic or tetatrogenic effects.

- Biological agents, to include – bacteria, viruses, fungi and microscopic parasites.

- Dust at concentrations in the air that exceed levels specified within the Regulations.

Health Surveillance – means an assessment of the state of the health of an employee in relation to exposure to substances that are hazardous to health.

4   Reason for development

The policy has been developed to provide the Trust with a framework for managing substances that fall within the scope of the Control of Substances Hazardous to Health Regulations – Health and Safety Executive (2002)

5   Aims and Objectives

The aim of the policy is to provide a framework for the Trust to prevent, or reduce the level of exposure to hazardous substances, so far as is reasonably practicable. When exposure cannot be prevented, the Trust will ensure that control measures are in place to minimise exposure to the lowest practicable levels and to ensure that they do no exceed the Workplace Exposure Limits (WELS) where appropriate.

6   Standards

The Policy will:-

Describe the framework established to manage hazardous substances and identify the responsibilities of both individual staff groups and departments.

7   Responsibilities

Arrangements for the management of Hazardous Substances

7.1 Risk Management

The Trust's Risk Management Strategy and Health and Safety Policy describe the processes that are in place to identify, assess and manage significant risks. The general risk assessment process will incorporate the management of exposure to hazardous substances.

In addition to those general duties, specific duties in relation to CoSHH assessments are detailed below:-

- Prior to purchasing hazardous substances, managers will ensure that a detailed CoSHH risk assessment is carried out to ensure that appropriate controls are in place prior to purchase.

- CoSHH risk assessments are carried out using the Trusts CoSHH risk assessment form by staff that have received up to date training to be competent to recognise the risks to health resulting from exposure to hazardous substances, for all work activities that involve the use of, or emission of hazardous substances.

- Remedial action is taken to reduce the risks identified during the assessment, to either eliminate or reduce the risk of exposure by removing, or substituting the chemical for a less hazardous substance, wherever possible.

- Introduce control measures to reduce the risk of exposure, to include the use of mechanical controls, the introduction of safe systems of work and personal protective equipment. Although the introduction of mechanical controls is the preferred option wherever possible. Prior to installation, arrangements must be in place for regular function testing and annual inspection and testing by a competent person.

7.2 Storage Arrangements

Storage arrangements must be provided to accommodate both local use and bulk storage. Storage arrangements must be considered as part of the initial CoSHH risk assessment to include:-

- Prior to purchasing hazardous substances, storage facilities will be made available that meets the requirements of the Hazard/Safety Data Sheet for the product.

- Storage facilities will be of a suitable size and construction and may need to include the provision of adequate bunding to contain spillages.

- All storage facilities will be secured to reduce the risk of unauthorised access.

- Members of staff that handle or use hazardous substances must be deemed competent to do so and have received appropriate training.

- Hazardous substances that require specialist/licensed storage or disposal must be stored in an appropriate environment that meets the requirements of the supplier. The Trust's Waste Manager must approve the location and storage arrangements for these substances.

- Flammable/highly flammable substances must be stored in appropriate "flam containers". The Trust's Fire Safety Advisory Team must agree the location of the containers.

7.3 Emergency arrangements

Managers have a responsibility to ensure that suitable emergency arrangements are in place to deal with unintentional exposure to hazardous substances. Arrangements will include:-

- Documented emergency procedures will be agreed locally to deal with the unintentional exposure to hazardous substances (include measures stated on the hazard/safety data sheet). Staff will receive training on how to implement the emergency procedures.

- Suitable spillage kits must be available for use in emergency situations. The location of the spill kits must be communicated to staff and appropriate training in the use of the kits provided.

- Local plans should take into account the need to reduce the risk of hazardous substances being released into the environment and drainage systems. In certain circumstances the Local Authority may give permission for an identified drain to

be used for the disposal. (please check with the Estates and Facilities department)
- Local plans should link to the Trust's Corporate Emergency Plans

7.4 Managers

Managers will:-

- Ensure that control systems introduced to reduce exposure to hazardous substances are adequately maintained and tested.

- Ensure that safe systems of work are introduced for the use, handling, storage, transportation, processing and disposal of hazardous substances and that staff have received suitable and sufficient training on safe practices during local induction.

- Ensure that appropriate emergency procedures are in place.

- If the hazardous substance requires ensure that environmental monitoring systems are implemented at appropriate frequencies by an approved method to produce reliable validated results, by which quality control measures can be confirmed.

- Maintain documentation to record the results of risk assessment, environmental monitoring and health screening. The documentation should include areas of non compliance and recommendations/actions required to maintain exposure levels within safe limits.

- Provide adequate training and information to staff, to ensure that they are informed of the risks to their health from the potential exposure from hazardous substances in the work place and that they are trained in the use of control measures to reduce the risk of exposure.

- Provide resources to ensure that competent teams of CoSHH risk assessors are available within their area of responsibility. Resources will include provision of funding to attend training courses and the allocation of time to participate in the assessment and review process.

- Ensure that hazard/safety data sheets are available for chemicals used within their area of responsibility and maintain a chemical database, to include details of what chemicals are used the quantities and storage arrangements.

7.5. Work and Wellbeing Service

The Work and Wellbeing Service will provide appropriate health surveillance for staff that may be exposed to hazardous substances for which health surveillance is recommended.

Control of Substances Hazardous to Health Policy 2015

Managers must ensure that employees have access to this service and work with the Work and Wellbeing Service in the management of non-attendance for health surveillance scheduled into the annual screening programme.

7.6 Estates Department

The Estates Department will:-

- Implement permit to work systems to protect maintenance staff and contractors when undertaking work, when after applying appropriate controls, there is still a significant risk to staff, to include the potential for exposure to biological, chemical or radiation hazards (refer to radiation regulations).

- Implement written safe systems of work that include relevant safety precautions in line with guidance from the HSE or other professional bodies.

- Manage the Trust planned preventative system and escalate breaches in complying with the system via the appropriate risk registers.

7.7. Health and Safety Team

The Health and Safety Team will:-

- Provide advice, guidance and information in relation to CoSHH.

- Provide support and guidance for the risk assessment teams.

- Develop and facilitate CoSHH risk assessment awareness training sessions.

- Participate in the investigation of incidents.

7.8. Members of Staff

- All members of staff have a duty to use control measures that are provided to reduce the risk of exposure to hazardous substances, this will include mechanical controls, personal protective equipment and monitoring equipment.

- All members of staff should report any concerns regarding risks associated with hazardous substances to their line manager and or the health and safety team. Concerns may include potential breaches in compliance against safe systems of work, potential or actual failure of mechanical controls, or the lack of emergency procedures.

- Any incidents of ill health that have arisen as a result of, or that staff believe could be linked to exposure to hazardous substances in the workplace must be reported to their line manager and the work and wellbeing service.

- Members of staff that are requested must make themselves available for health screening checks as required.

- All members of staff should attend appropriate training as required.

8 Training Requirements

8.1 Induction

All members of staff joining the Trust participate in a corporate induction programme and a local induction. The local induction process will ensure that members of staff are made aware of risks associated with hazardous substances and the controls that are in place to reduce the risk of their exposure to such hazardous substances.

8.2 CoSHH Risk Assessment Training

Risk assessment workshops are available for staff to attend. The training includes basic theory and practice to undertake a risk assessment. CoSHH awareness sessions are also available which focus specifically on hazardous substances in the work place.

The training will be available to all members of staff. It will be the responsibility of the manager to nominate staff to attend as required.

9 Monitoring and Compliance

Criteria	Monitoring mechanism	Responsible	Committee
Risk Assessment	Incorporated into the 3 year risk assessment audit	H&S team	H&S group
Risk Assessment Training	H&S team KPI Face to face sessions and moodle	H&S team	H&S group
Health surveillance	OH data collection system feedback	OH	H&S group

10 Attachments and appendices

The COSHH Risk Assessment form can be found here.

Attachment 1: Consultation and Ratification

Attachment 2: Equality Impact Assessment (EIA)

Attachment 3: Launch and Implementation Plan

11   References/Acknowledgement

- Health and Safety at Work etc Act, Health and Safety Executive (1974)
- Control of Substances Hazardous to Health Amendment Regulations, Health and Safety Executive (2002)
- Management of Health and Safety Regulations, Health and Safety Executive (1999
- European Classification, Labelling, Packaging (CLP) of substances and mixtures regulations, 2009

The Trust would like to acknowledge that some information contained in this policy has been based on Sandwell and West Birmingham Hospitals and George Eliot Hospital CoSHH Policies.

Attachment 1

Consultation & Ratification checklist: *(To be completed by the document author/sponsor)*

Title	*Control of Substances Hazardous to Health Policy*

	Ratification checklist	**Details**
1	Policy	
2	Revised Policy V 4	
3*	Format matches Policies and Procedures Procedure (Organisation-wide)	No exceptions
4*	Consultation with range of internal /external groups/ individuals	Reviewed by health and safety team
5*	Equality Impact Assessment completed	Attached
6	Are there any governance or risk implications? (e.g. patient safety, clinical effectiveness, compliance with or deviation from National guidance or legislation etc)	Compliance with current health & safety legislation – Control of Substances Hazardous to Health Amendment Regulations, 2002 (CoSHH)
7	Are there any operational implications?	No additional implications identified.
8	Are there any educational or training implications?	CoSHH risk assessment awareness is included as part of the risk rssessment workshops and CoSHH awareness sessions, provided by the health and safety team
9	Are there any clinical implications?	No specific implications identified
10	Are there any nursing implications?	No
11	Does the document have financial implications?	N/A
12	Does the document have HR implications?	N/A
13*	Is there a launch/communication/implementation plan within the document?	Yes
14*	Is there a monitoring plan within the document?	Monitoring will take place as part of the health and safety audit programme.

15*	Does the document have a review date in line with the Policies and Procedures Procedure (organisation-wide)?	Yes
16*	Is there a named Director responsible for review of the document?	Yes
17*	Is there a named committee with clearly stated responsibility for ratification monitoring and review of the document?	Safety Committee

Document Author / Sponsor

Signed ……………………… Title…………………………….Date…………

Approved by (Chair of Trust Committee of Executive Lead)

Signed ……………………… Title…………………………….Date…………

Attachment 2

Equality and Diversity - Policy Screening Checklist

Policy/Service Title: Control of Substances Hazardous to Health Policy	Directorate: Safety and Governance
Name of person/s auditing/developing/authoring a policy/service: Diane Aucott and Claire James	

Policy Content:
For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?
The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.

1. Check for DIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
1.1 Age?		NO		NO		No
1.2 Gender (Male, Female and Transsexual)?		NO		NO		No
1.3 Disability?		NO		NO		No
1.4 Race or Ethnicity?		NO		NO		No
1.5 Religious, Spiritual belief (including other belief)?		NO		NO		No
1.6 Sexual Orientation?		NO		NO		No

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

2. Check for DIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any statements/functions which may exclude employees from operating the under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
2.1 Age?		NO		NO		No
2.2 Gender (Male, Female and Transsexual)?		NO		NO		No
2.3 Disability?		NO		NO		No
2.4 Race or Ethnicity?		NO		NO		No
2.5 Religious, Spiritual belief (including other belief)?		NO		NO		No
2.6 Sexual Orientation?		NO		NO		No

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION =

3. Check for INDIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
3.1 Age?		NO		NO		No
3.2 Gender (Male, Female and Transsexual)?		NO		NO		No

3.3	Disability?		NO		NO		No
3.4	Race or Ethnicity?		NO		NO		No
3.5	Religious, Spiritual belief (including other belief)?		NO		NO		No
3.6	Sexual Orientation?		NO		NO		No

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any statements which may exclude employees from operating the under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
4.1 Age?		NO		NO		No
4.2 Gender (Male, Female and Transsexual)?		NO		NO		No
4.3 Disability?		NO		NO		No
4.4 Race or Ethnicity?		NO		NO		No
4.5 Religious, Spiritual belief (including other belief)?		NO		NO		No
4.6 Sexual Orientation?		NO		NO		No

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION =

Signatures of authors / auditors: Claire James   Date of signing: 11th August 2015

FOR ADVICE UPON THIS DIVERSITY IMPACT ASSESSMENT PLEASE CONTACT YOUR LOCAL DIVERSITY ADVISOR OR THE TRUST HEAD OF DIVERSITY

Equality and Diversity – Review Plan

Directorate: TBA

Responsible Manager: TBA

Name of Person Undertaking the Review: Mary Brassington

The second part of the impact assessment is to complete this review plan. This should be used to identify when the review will take place and who should be involved. The plan will form part of the quarterly Governance Performance Reviews.

Service/Policy:	Consultation Group:	Completed by:
Control of Substances Hazardous to Health Policy	CoSHH Advisory Group Safety Committee	Mary Brassington

When completed please return this assessment and review plan to our Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey.

Signed by Responsible Manager: Date:

Equality Action Plan/Report

Directorate: TBA

Service/Policy:
Control of Substances Hazardous to Health Policy

Responsible Manager: Mary Brassington

Name of Person Developing the Action Plan: Mary Brassington

Consultation Group(s): CoSHH Advisory Group and Safety Committee

Review Date: August 2010

The above service/policy has been reviewed and the following actions identified and prioritised. All identified actions must be completed by: _____

Action*:	Lead:	Timescale:
Rewriting policies or procedures		
Stopping or introducing a new policy or service		
Improve /increased consultation		
A different approach to how that service is managed or delivered		
Increase in partnership working		
Monitoring		
Training/Awareness Raising/Learning		
Positive action		
Reviewing supplier profiles/procurement Arrangements		
A rethink as to how things are publicised		

* Actions may include – addition to the risk register or completion of an incident form.

When completed please return this action plan to the Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey. The plan will form part of the quarterly Governance Performance Reviews.

Signed by Responsible Manager:		Date:	

Attachment 3

Launch and Implementation Plan
To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Action	*Who*	*When*	*How*
If previous document is in use: proposed action to retrieve out-of-date copies of the document (electronic and /or paper)	Mark Collyer	When policy approved	Remove old document from sharepoint and replace with new version
Initiate addition to Policies and Procedures intranet page / document management system	Claire James	When policy ratified	Via the policy gate keeper for Governance. Addition of CLP regulations as CHIp repealed 1 June 2015
Communicate new policy/ changes to policy	Claire James	When policy ratified	Replace version 3. On share point, send new policy round to relevant managers via email.
Offer awareness training / incorporate within existing training programmes	Health and safety team	When policy ratified	Included in Risk Assessment Workshop and also a dedicated CoSHH awareness session
Circulation of document(paper)			
Circulation of document(electronic)	Health and safety team	When policy ratified	Send to all senior managers and directors.

Dissemination Record - to be used once document is approved

Date put on register / library of procedural documents		**Date due to be reviewed**	

Disseminated to: (either directly or via meetings, etc)	**Format (i.e. paper or electronic)**	**Date Disseminated**	**No. of Copies Sent**	**Contact Details / Comments**

Acknowledgement: University Hospitals of Leicester NHS Trust