

## Policy for the Control of Substances Hazardous to Health (COSHH Policy)

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Relevant Regulations and Standards	Health and Safety at Work etc, Act 1974, Sec 2(3). Control of Substances Hazardous to Health Regulations 2002 (as amended) CQC – Outcome 7-11 NHSLA – Standards 1-5
<b>Executive Summary</b> This policy sets out the Trust management of chemicals and substances identified as having the potential to be hazardous to health for York Teaching Hospital NHS Foundation Trust.	

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## Version History Log

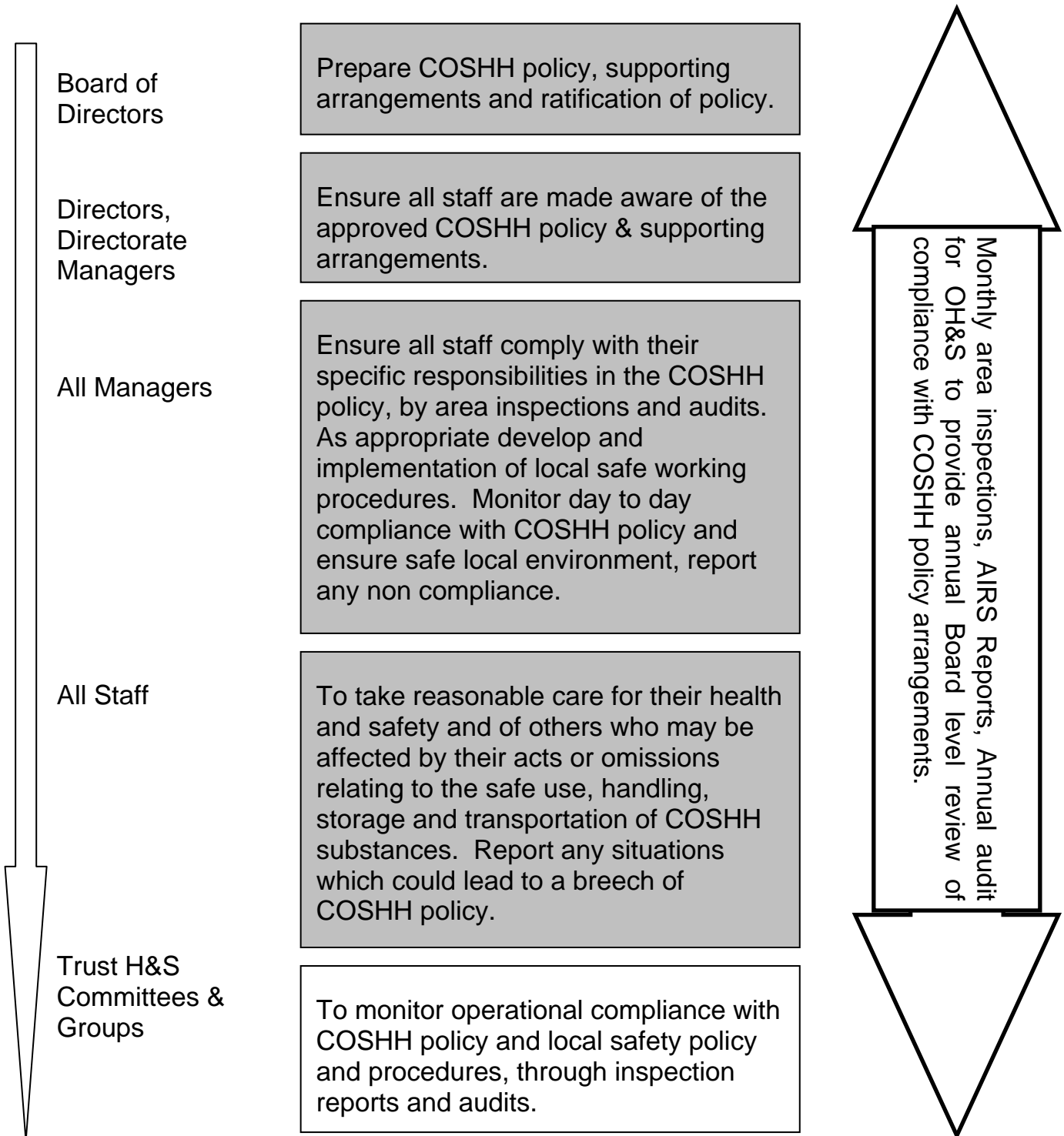
This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
1.0	July 2013	Kingsley Needham & Colin Weatherill	Approved Staffroom	Full COSHH policy review, new Trust policy for integrated organisation and enlarged organisation

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**Process flowchart (Also see Appendix D)**



## **1 Introduction & Scope**

The York Teaching Hospital NHS Foundation Trust (“the Trust”) recognises its duty to ensure ‘so far as is reasonably practicable’, the safety of patients, employees and others arising from Trust work activity. The Trust is committed to achieving and maintaining high standards of Safety and Welfare by recognising the importance of clearly defined management responsibility and arrangements.

This Policy and Guidance sets out the arrangements which enable the Trust to meet with the requirements of the Control of Substances Hazardous to Health Regulations 2002 as amended (COSHH).

This Policy applies to all the Trust’s properties and sites under the control of the Trust and other locations where Trust staff carry out their duties. At locations under the control of other employers, Trust staff are expected to comply with any additional safety requirements including COSHH safety arrangements of their host.

This policy supersedes all previous versions of COSHH policies.

## **2 Definitions / Terms used in policy**

HSWA 1974 – Health and Safety at Work etc Act 1974;  
COSHH 2002 – Control of Substances Hazardous to Health Regulations 2002 (as amended);  
Classification, Labelling and Packaging of Substances Regulations 2009 (CLP);  
Chemicals (Hazard Information and Packaging for Supply) Regulations 2009;  
ACOP’s – Approved Codes of Practices;  
HTM’s – Healthcare Technical Memorandums  
HBN’s – Healthcare Building Notes  
HSNCRG – Health and Safety Non-Clinical Risk Group.  
IOSH – Institute of Occupational Safety and Health  
Substances - preparations capable of causing adverse effects or disease -including Solids, liquids, fumes, vapours, dusts, mists, aerosols, gases, particulate and biological (natural or artificial);

## **3 Policy Statement/ Trust Arrangements for COSHH**

Adherence with this policy will ensure all substances & agents that are to be used by any employee at work throughout the Trust are

to be compliant with all relevant legislation, a COSHH assessment of any substance or agent used in the Trust is undertaken by the relevant supervisor/manager; following the COSHH hierarchy of

- Elimination of the substance;
- Substitution for a less hazardous alternative;
- Establish precautions and control measures commensurate to the level of identified risk, considering:
  - Total enclosure of the process, therefore removing exposure;
  - Limiting the area of contamination;
  - The use of LEV (Local Exhaust Ventilation);
  - Dilution Ventilation;
  - Reducing the period of exposure;
  - As a last resort providing suitable PPE.

A suitable and sufficient risk assessment (COSHH) is to be undertaken when a substance or agent is in use, documented and a copy provided for the use of the relevant department and employee. Arrangements for monitor any control measures to ensure adherence and ensure correct and efficient operation of equipment and plant (i.e. maintenance and test of local extraction and ventilation (LEV)), monitoring of employees who are exposed to hazardous substances (health surveillance) where necessary and where necessary monitor patients or any other person who have been exposed to hazardous substances or agents in the Trust or relating to Trust business, including control exposure to pharmaceuticals and other medicinal products<sup>1</sup>. And as appropriate provide information, instruction and training on hazardous substances, situations, risks and control measures required.

Specific arrangements<sup>2</sup> for the management of Control of Substances Hazardous to Health are set out in the attached Trust procedure and associated guidance are to be used and followed in conjunction with this policy.

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<sup>1</sup> *Exposure to pharmaceuticals and other medicinal products are covered by the COSHH Regulations so far as their effects on employees administering, or being exposed to them. Their effects on recipient patients are covered under the Medicines Act 1968*

<sup>2</sup> *Appendix A*

*Specifically excluded from this policy are exposures to lead, asbestos and substances generating ionising radiation or any substances covered by their own specific legislation<sup>3</sup>.*

All employees are informed they are to be reasonable in their actions and cooperate with the Trust managers in achieving a safe working environment and effective management of COSHH.

## **4 Equality Impact Assessment**

In the development of this policy the Trust has considered evidence to ensure understanding of the actual / potential effects of our decisions on people covered by the equality duty. A copy of the analysis is attached at Appendix E.

## **5 Accountability**

Operational implementation, delivery and monitoring of this policy reside with:-

### **5.1 The Board of Directors**

The Board of Directors are responsible for setting the strategic direction, policies and objectives and discharging this through a delegated structure and ensuring the necessary support and resources are made available to allow for implementation of this policy. The Board of Directors will nominate a named Director for Health and Safety.

### **5.2 Chief Executive**

The Chief Executive (CE) is ultimately responsible for the adherence to Health and Safety legislation including COSHH in the Trust, and is accountable for the establishment and achievement of Health and Safety policies and procedures within the Trust.

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<sup>3</sup> For a full definition of substances under COSHH consult HSE publication INDG 136, found at <http://www.hse.gov.uk/pubns/indg136.pdf> or contact the trust H&S Manager 772

Other members of the Trust's Executive Team will support the Chief Executive in fulfilling this responsibility.

### **5.3 Executive Directors & Directors**

Executive Directors & Directors are responsible for

- Cooperating with the Director with delegated responsibility for Health and Safety in ensuring effective delivery of this policy;
- Ensuring this policy is implemented and adhered to in their areas of responsibility;
- As identified, ensuring that adequate arrangements and resources are made available to implement this policy and that any residual risks are recorded on the appropriate risk registers.

### **5.4 Nominated Director for Health & Safety**

The Associate Director of Estates and Facilities is the nominated Director for Health and Safety arrangements within the Trust and has delegated responsibility for implementation of this policy by:

- Ensuring the overall operational delivery of this policy;
- Monitoring the overall performance of the policy;
- Reporting to the CE and the Board any immediate & significant risks associated with COSHH.

### **5.5 Directorate, Department and Ward Managers Responsibilities**

Managers and Heads of Departments are ultimately responsible for the impact of the overall risk on their ward/departments as it may relate to staff, patients or visitors and have the responsibility to ensure that:

- Processes are in place for their departments to identify any substances hazardous to health and that assessments of the risk they pose are in place by Identification of hazardous substances in their area, undertake a COSHH assessment and record the findings of the assessment (See Appendices A – D);
- Appropriate level of resources are available to support safe working practice and to account for any control measures required (such as LEV testing regimes, requirement for Planned



Preventative Maintenance and provision of Personal Protective Equipment);

- Staff are appropriately trained and competent to carry out their responsibilities set out in this policy and aware of any risks presented by COSHH;
- Health Surveillance is undertaken as appropriate in line with findings of any risk assessment;
- That a system is in place for departmental COSHH assessments to be reviewed biennially or more frequently if required or to account for any legislative change.

## **5.6 Health and Safety Managers**

The Health and Safety Managers have functional responsibility for health and safety matters in the Trust and advising on all issues relating to Health and Safety and is responsible for:

- Development of the Trust's safety policies including COSHH, and supporting guidance on COSHH;
- Working closely with other related professions on matters relating to COSHH;
- Investigating incidents involving hazardous substances or agents;
- Providing training as required on COSHH.

## **5.7 IOSH Managers**

IOSH managers are responsible for assisting in the implementation of this policy at directorate level and for ensuring the Trust's Health and Safety Management System is in place within their area of responsibility and to monitor compliance with this policy.

## **5.8 Specialist Advice**

The Trust has in place many specialist advisors and functions to provide for a safe environment and providing support and advice to employees; below is listed the specialist advisors in relation to the Trust management of COSHH<sup>4</sup>:

- Occupational Health;
- Infection Prevention and Control;

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<sup>4</sup> This list is not exhaustive

- Appointed Persons;
- Legionella;
- Water Management.

Each position and function has defined roles and responsibilities. Further information on these can be gained from the specific individual or function.

## 5.9 Employees

All staff, including work experience, agency, temporary, and volunteers within the Trust are required to accept responsibility for carrying out and adhering to this policy, they are responsible for:

- Following safe systems of work identified in COSHH assessments;
- Making full and proper use of any control measures identified as part of COSHH assessments, including Personal Protective Equipment (PPE<sup>5</sup>);
- Reporting any defects, failures or concerns in relation to any equipment used as a control measure to their line manager/ supervisor (this would include PPE);
- Reporting any accidents or incidents related to COSHH;
- Attending specific training as required;
- Informing their line manager or supervisor of any concerns that can be attributed to hazardous substances;
- Attending health surveillance if required.

## 5.10 Others Persons (Contractors)

Any person who is not directly employed by the Trust but is undertaking work on its premises, for or on the Trust's behalf, must not act in a manner that is prejudicial to the safety of others, whilst conducting their work. No contractor is to work on Trust premises unless the correct COSHH assessment has been completed and appropriate control put in place to protect both themselves and any others who may be affected by their activities.

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<sup>5</sup> If personal protective equipment is required then this equipment must be provided free of charge, this applies to all workers who require PPE.

## 6 Summary - Trust Arrangements for COSHH

Adherence with this policy will ensure all substances & agents that are to be used by any employee at work throughout the Trust are to be compliant with all relevant legislation, a COSHH assessment of any substance or agent used in the Trust is undertaken by the relevant supervisor/manager; following the COSHH hierarchy of

- Elimination of the substance;
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A suitable and sufficient risk assessment (COSHH) is to be undertaken when a substance or agent is in use, documented and a copy provided for the use of the relevant department and employee. Arrangements for monitor any control measures to ensure adherence and ensure correct and efficient operation of equipment and plant (i.e. maintenance and test of local extraction and ventilation (LEV)), monitoring of employees who are exposed to hazardous substances (health surveillance) where necessary and where necessary monitor patients or any other person who have been exposed to hazardous substances or agents in the Trust or relating to Trust business, including control exposure to pharmaceuticals and other medicinal products<sup>6</sup>. And as appropriate provide information, instruction and training on hazardous substances, situations, risks and control measures required.

Specific arrangements<sup>7</sup> for the management of Control of Substances Hazardous to Health are set out in the attached Trust **procedure and** associated guidance are to be used and followed in conjunction with this policy.

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<sup>6</sup> *Exposure to pharmaceuticals and other medicinal products are covered by the COSHH Regulations so far as their effects on employees administering, or being exposed to them. Their effects on recipient patients are covered under the Medicines Act 1968*

<sup>7</sup> *Appendix A*

*Specifically excluded from this policy are exposures to lead, asbestos and substances generating ionising radiation or any substances covered by their own specific legislation<sup>8</sup>.*

All employees are informed they are to be reasonable in their actions and cooperate with the Trust managers in achieving a safe working environment and effective management of COSHH.

## **7 Consultation, Assurance and Approval Process**

### **7.1 Consultation Process**

The Trust will involve stakeholders and service users in the development of its policies

Consultation has taken place with the following stakeholders:-

- Health and Safety Department
- Occupational Health and Safety Department
- Departmental Safety Groups
- Risk and Legal Services, Risk Reviewers
- Departmental / IOSH Managers / COSHH Assessors
- Trust Health and Safety Committee
- The Health, Safety and Non-Clinical Risk Group.

Also involved in the consultation process are the Joint Management and Staff Side Committee and the Joint Local Negotiating Committee.

### **7,2 Quality Assurance Process**

Following consultation with stakeholders and relevant consultative committees, this policy has been through quality assurance checks prior to being reviewed by the authorising committee to ensure it meets the NHSLA standards for the production of policy and equalities legislation and is compliant with the Development and Management of Policies policy.

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<sup>8</sup> For a full definition of substances under COSHH consult HSE publication INDG 136, found at <http://www.hse.gov.uk/pubns/indg136.pdf> or contact the trust H&S Manager 772

### **7.3 Approval Process**

The approval process for this policy complies with that detailed in section 6.3 of the Development and Management of Policies Policy. The approving body for this policy is Health and Safety Group.

The Checklist for Review and Approval has been completed and is included as Appendix F and the completed Virtual Policy Review Group Checklist was submitted separately to the VPRG.

## **8 Review and Revision Arrangements**

On reviewing this policy, all stakeholders identified in section 7.1 will be consulted. The persons responsible for review are:

- Health and Safety Managers and Health and Safety Group

Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number will be applied.

Subsequent reviews of this policy will continue to require the approval of the Health and Safety Group.

## **9 Dissemination and Implementation**

### **9.1 Dissemination**

Once approved, this policy will be brought to the attention of all relevant staff working at and for York Hospital NHS Foundation Trust following the completed Plan for dissemination of the policy (See Appendix G)

This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy. Additionally, the policy and procedure will also be directly emailed to all Directors, Directorate Managers, Clinical Directors, Senior Managers and Matrons for them to be advised of and to act accordingly. Staff will be made aware of the new version through Team Brief and the "Risky Business" Newsletter. Specific COSHH

hazards and risk controls are to be discussed with all staff at the local induction.

## **9.2 Implementation of Policies**

This policy will be implemented throughout the Trust by the Directors, Directorate Managers and Department Managers.

In addition to this the Policy Author will collate the following evidence to demonstrate compliance with this policy:

- See evidence annotated in Section 11.1

This policy is available on the Trust's intranet site and specific COSHH covered at departmental induction training.

## **10 Document Control including Archiving Arrangements**

### **10.1 Register/Library of Policies**

This policy will be stored on Staffroom, in the policies and procedures section and will be stored both in an alphabetical list as well as being accessible through the portal's search facility and by group. The register of policies will be maintained by the Healthcare Governance Directorate.

If members of staff want to print off a copy of a policy they should always do this using the version obtainable from Staffroom but must be aware that these are only valid on the day of printing and they must refer to the intranet for the latest version. Hard copies must not be stored for local use as this undermines the effectiveness of an intranet based system.

### **10.2 Archiving Arrangements**

On review of this policy, archived copies of previous versions will be automatically held on the version history section of each policy document on Q-Pulse. The Healthcare Governance Directorate will retain archived copies of previous versions made available to them. Policy Authors are requested to ensure that the Policy Manager has copies of all previous versions of the document.

It is the responsibility of the Healthcare Governance Directorate to ensure that version history is maintained on Staffroom and Q-Pulse.

### **10.3 Process for Retrieving Archived Policies**

To retrieve a former version of this policy from Q-Pulse, the Healthcare Governance Directorate should be contacted.

## **11 Monitoring Compliance and Effectiveness**

This policy will be monitored for compliance with the minimum requirements outlined below.

The monitoring of this policy is achieved through the findings obtained through the implementation of the Annual Health and Safety Audit, inspections and supported by the individual monitoring processes of those relevant policies referred to in this document.

These findings and those of the audit process will be presented in an Annual report to the Trust Health, Safety and non-Clinical Risk Group and summarised to the Trust Board.

## 11.1 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and to ensure that the minimum requirements of the NHSLA Risk Management Standards for Acute Trusts are met, (or key areas of compliance) the policy will be monitored as follows:-

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
a. Compliance with the policy	COSHH Assessments and treatment plans	Directorate managers/ Heads of Department	Annually as per Risk Management Policy & Procedure	Directorate Meetings	Directorate meetings	Directorate meetings
b. Compliance with the policy	Incidents DATIX AIRS  Relevant Committees/Groups documentation eg RRG	Divisional managers/Heads of Department Relevant Groups will provide annual reports to Trust NCRG	Ongoing  Annually	Directorate meetings/Risk Review Group	Directorate meetings	Directorate meetings



<b>Minimum requirement to be monitored</b>	<b>Process for monitoring</b>	<b>Responsible Individual/ committee/ group</b>	<b>Frequency of monitoring</b>	<b>Responsible individual/ committee/ group for review of results</b>	<b>Responsible individual/ committee/ group for developing an action plan</b>	<b>Responsible individual/ committee/ group for monitoring of action plan</b>
c. Compliance with the policy	Area Inspections  As part of OH&S Audit	Directorate Managers/ Heads of Department  Health and Safety Managers	Monthly (as defined)  Annual	Directorate meetings  HSNCRG	Directorate meetings  HSNCRG	Directorate meetings  HSNCRG
d. Compliance with training	Health and Safety Training reports provided by CLaD	CLaD/Divisional Managers/Heads of Department	Quarterly	Directorate meetings	Directorate meetings	Directorate meetings

## **12 Training**

All Risk Assessors are expected to undertake appropriate risk assessment training prior to them commencing their role. COSHH assessment training is carried out by specialist advisors or identified training providers.

All IOSH managers will undertake the four day IOSH course “Managing Safely”.

## **13 Trust Associated Documentation**

Health and Safety Policy  
Infection Prevention and Control Policy  
Policy for the Development and Management of Policies  
Adverse Incident Reporting System, (AIR's) Policy and Procedure  
Risk Management Policy & Procedure  
Serious Incident Policy  
Waste Management Policy

Other Health and Safety related Trust policies - stored on QPulse and available via the Trust' intranet, Staffroom.

## **14 External References**

Health and Safety at Work, etc. Act 1974  
COSHH Essentials  
Associated Occupational Health and Safety Regulations  
Approved Codes of Practice  
NHS Technical Guidance (HTM's, HBN's)  
NHS Specific Guidance  
Specific OH&S Guidance

## **15 Appendices**

<b>Appendix A</b>	<b>COSHH Specific Arrangements</b>
<b>Appendix B</b>	<b>COSHH Assessment Sheet (blank)</b>
<b>Appendix C</b>	<b>COSHH General Guidance</b>
<b>Appendix D</b>	<b>Route to Effective COSHH (Flowchart)</b>
<b>Appendix E</b>	<b>Equality Impact Assessment</b>

COSHH Policy)  
V1.0 Issue Date July 2013

**Appendix F      Checklist for Review and Approval**  
**Appendix G      Dissemination Plan**

## Appendix A:

### COSHH Specific Arrangements

All COSHH Risk Assessments are to be reviewed on a biennial basis and amended as necessary or should any substance be replaced, removed from use, discontinued or there is any other reason to do so (such as incident or occupational health data).

All COSHH assessments are to be recorded and entered onto a form in line with the Trust COSHH assessment form REF<sup>9</sup>.

#### 1. Safe System of Work

**Before** any substance is considered for use in the Trust, attention is to be given by the relevant employee to identify whether the substance requires a COSHH assessment.

If a substance is to be procured, the Trust procurement department must be informed of this and prior to the substance being used a COSHH assessment is to be carried out to allow the substance to be entered on the COSHH master database.

If any substance is categorised as Very Toxic, Toxic, Corrosive, Irritant or Harmful then a COSHH assessment will be required.

1.1 If the substance falls into the above categories; prior to procurement consideration is to be given is to:

- whether the substance is required;
- if so is there a safer alternative;
- what is the potential of the substance in causing harm when in actual use and to whom it may effect;
- how much of the substance will be used;
- what is the method of use and how will it be employed & controlled.

From this initial assessment, if practicable, the following hierarchy of control must be applied:

- enclose the area of use in order to reduce number of persons exposed;

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<sup>9</sup> Appendix B

- partially enclose the area of use e.g. by using local exhaust ventilation;
- ensure sufficient general ventilation;
- reduce exposure time of employees;
- inform and instruct employees or any one who could be affected by the substance of any residual risk associated with the substance;
- develop and implement a safe systems of work;
- provide appropriate Personal Protective Equipment (PPE);
- ensure the safe system of work is followed and the PPE is worn as required.

1.2 In the event of any substance reacting with another, giving of a fume, vapour, dust, liquid, gas or causing an allergic reaction in the user or others in the vicinity the substance is to be taken out of use immediately and departmental manager and health and safety department informed.

1.3 Unless specifically designed to be compatible or part of an overall process, substances are not to be mixed together. Where substances have to be mixed, then all manufacturers instructions, warnings and mixture levels are to be strictly adhered to.

1.4 When any substance is in use, the end user is responsible for ensuring that appropriate precautions are taken as necessary, Personal Protection Equipment worn, signs used are put in place, others who may be affected warned or excluded from the area of work.

1.5 Certain departments have specific requirements under COSHH such as Pathology and Pharmacy; departmental arrangements are in place for control of hazardous substances in each of these areas.

## **2 Employee Using Substances**

2.1 When using any substance, employees are to ensure they use it as directed and according to the manufacturer's instructions. Note is to be taken of the signs and instructions on containers and a COSHH sheet<sup>10</sup> acquired if there is any doubt.

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<sup>10</sup> COSHH sheets are available on the Trust COSHH database, accessed via the Trust intranet <http://coshh/pub/> or by contacting the health and safety department for assistance and advice on COSHH 7725362 or 7712212.

2.2 Should any substance react differently or cause an allergic reaction other than that as identified by the COSHH assessment, it is to be reported immediately to the Supervisor and not used until re-assessed.

2.3 Where the use of Personal Protection Equipment is required then this must be requested and obtained by the employee, checked that it is of the correct type and worn at all times while the substance is in use. Should others need to enter into the area, the user is responsible for ensuring that they are informed of the risk or excluded from the area of work if necessary.

2.4 Should any substance be in use that is required to cure/dry and may give off a residue of any type then precautions should be taken such as signs to be put in place with periodic checks to ensure that the hazard is reduced to acceptable levels.

2.5 Extra care must be taken with the use of any type of substance falling within the requirements of COSHH that are used in or adjacent to patient and public areas.

### **3 Employees in a Supervisory Position**

3.1 Supervisors are to appraise any substance which they are responsible for ordering or acquiring **before** allowing it to be brought into use or issued to an employee they are responsible for (reference section 1.1).

3.2 Where there is a need for the use of Personal Protective Equipment (PPE) supervisors are to ensure that the relevant employee has had the PPE formally (documented) issued, the equipment is of the correct type, the employee has been given instruction and training in safe use of the equipment, provision is made for maintenance & correct storage of the equipment, ensure that it is used correctly and a local process is in place to notify of faulty equipment and to order replacement as required.

3.3 Ensure the employee uses the substance as directed and according to the manufacturer's instructions. Note is to be taken of the signs and instruction on containers and a COSHH sheet acquired if there is any doubt.

3.4 Should a new substance be ordered or obtained, ensure that where applicable, all Material Safety Data Sheets (MSDS) are obtained from the manufacturer or supplier and a COSHH assessment is undertaken by a competent person. Once the

COSHH Assessment is completed, inform the end user of the findings of the assessment, its location and make available for review.

#### **4 Procurement**

When ordering new or replacement substances, procurement **must** request/ obtain all Material Safety Data Sheets (MSDS) relative to the substance from the Manufacturer or Supplier, enter the MSDS (if available) onto the Trust COSHH database, carry out a COSHH assessment and create a master COSHH assessment. Once the master COSHH assessment has been created, procurement will inform all applicable departments of the new substance COSHH assessment.

#### **5 Stores**

5.1 When a new substance is issued the Stores are to ensure the recipient is aware of the COSHH information available and supplying this information on request.

5.2 When receiving substances into the Stores ensure that all Material Safety Data Sheets (MSDS) have been received and the substance is on the Trust COSHH database. *(If in the event the substance is not on the Trust database, then inform purchasing department to make the relevant request and hold the substance until a COSHH assessment has been made).*

#### **6 Managers**

Must ensure that all statutory records<sup>11</sup> required under COSHH are in place and being kept up to date by the relative employees under their direct control and are available for use as required.

Particular attention is to be given to the following:

- Local Exhaust Ventilation Systems (LEV's) - Record of test and examination is being kept;
- ventilation and mechanical extraction systems - Record of test and examination is being kept;

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<sup>11</sup> If unsure of the records required contact the health and safety department for assistance and advice on 7725362/ 7712212 or occupational health on 7725099 or 7712168

- Respiratory Protection Equipment (RPE) - Record of Issue, test and examination is kept;
- portable LEV's;
- substance review is undertaken in line with Trust COSHH policy;
- new substances assessment;
- substance change of use/work practice re-assessment is undertaken.

6.1 As and when required or alternative products become available consider any substance for substitution with a less hazardous substitute.

6.2 Ensure that all employees under their direct control have received the appropriate training in the use of substances, mechanical extraction systems and methods of control or safe systems of work.

6.3 Are to ensure that an appropriate level of supervision, monitoring and review is undertaken to ensure that safe systems of work are being used.

## **7 Trust Facilities**

So far as is reasonably practicable, provide specialist engineering cover in conjunction with each departmental requirements under COSHH and are to arrange for or carry out thorough testing and examination of all ventilation and mechanical extraction systems that require examinations and test under COSHH 2002, regulation 9.

7.1 Ensure that only suitably qualified or competent persons are to carry out the testing.

7.2 Records are to be produced and kept as per section 9.

7.3 Ensure that all Respiratory Protection Equipment and systems (other than disposable) are provided to meet with regulation 7(9b) of COSHH and that the equipment is subject to a thorough examination and test by a trained and competent person only at suitable intervals.

## **8 COSHH database**



An electronic database<sup>12</sup> is provided to ensure that a common master of COSHH assessments is available to departments.

Wards and departments, who are to use the new substance, are to carry out an assessment of the substance's use in the local environment, record this assessment on the COSHH database departmental section. A copy of this assessment is to be printed off for retention locally for employees to review as required.

## **9 Record keeping**


All ventilation and mechanical extraction systems that require examinations and test (*COSHH2002, regulation 9(2), at least once every 14 months*) are to be recorded and records kept and maintained. These are to be kept on the site where the equipment/systems are located. If this is not practicable then they are to be retained by the Trust's Engineering Department. Record of the examinations and tests carried out in accordance with COSHH shall be kept available for at least 5 years from the date on which it was made.

*If in Doubt the Health and Safety Department is to be contacted for guidance and clarification.*

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<sup>12</sup> Accessed via the Trust intranet, risk management, COSHH database

## Appendix B:

<b>COSHH Assessment No:</b>		York Teaching Hospital  NHS Foundation Trust	
		Directorate:	Department:
Substance name and its manufacturer.  <i>(The <b>most recent</b> revision of the material safety data sheet for this substance should be read in conjunction with this assessment)</i>			
Describe the activity or work process.  <i>(Include how long and how often this is carried out and the quantity of substance used)</i>			
Location of process being carried out?			
Identify the persons at risk:	Employees <input type="checkbox"/> <i>(including trainees)</i>	Contractors <input type="checkbox"/>	Public <input type="checkbox"/> <i>(including students)</i>
Classification <i>(state the category of danger)</i>			

Hazard Type

Gas    Vapour    Mist    Fume    Dust    Liquid    Solid    Other (State)

Route of Exposure

Inhalation    Skin    Eyes    Ingestion    Absorption    Injection    Other    (State)

Workplace Exposure Limits (WELs) *please indicate n/a where not applicable*

Long-term exposure level (8hrTWA):

Short-term exposure level (15 mins):









State the Risks to Health from Identified Hazards

**Control Measures:** *Include special measures for vulnerable groups, such as disabled people and pregnant workers. TICK ALL BOXES* which apply.

<input type="checkbox"/> Use of enclosures	<input type="checkbox"/> Use of extraction equipment (LEV)	<input type="checkbox"/> Safe Systems of work
<input type="checkbox"/> Use of PPE (skin, respiratory protection)	<input type="checkbox"/> Limit frequency of task (job rotation)	<input type="checkbox"/> Testing (air sampling, noise survey etc)
<input type="checkbox"/> Limit number of employees in area	<input type="checkbox"/> Training	<input type="checkbox"/> Supervision
<input type="checkbox"/> Use of ventilation	<input type="checkbox"/> Maintenance (use permit to work, etc)	<input type="checkbox"/> Use of latex products kept to minimum
<input type="checkbox"/> Using correct hand washing techniques	<input type="checkbox"/> Report any skin reactions to product to Occ Health <b>IMMEDIATELY.</b>	

Is health surveillance or monitoring required? Yes  No

**Personal Protective Equipment** *(state type and standard)*

 Dust mask	<input type="checkbox"/>	 Visor	<input type="checkbox"/>
 Respirator	<input type="checkbox"/>	 Goggles	<input type="checkbox"/>
 Gloves	<input type="checkbox"/>	 Overalls	<input type="checkbox"/>
 Footwear	<input type="checkbox"/>	 Other	<input type="checkbox"/>

First Aid Measures

Storage

Disposal of Substances & Contaminated Containers

Hazardous Waste  Skip  Return Stores  Return to Supplier  Other










(If Other Please State): .....

Is exposure adequately controlled? Yes  No

<b>LIKELIHOOD</b>	Very Unlikely/Rare	1	Unlikely	2	Fairly Likely / Possible	3	Likely	4	Very Likely / Certainly	5
<b>CONSEQUENCE</b>	Insignificant / Negligible	1	Minor	2	Moderate	3	Major / Serious	4	Catastrophic	5
<b>RISK RATING</b>	Likelihood ( )		<b>X</b>	Consequence ( )		=				
<b>17-25: Unacceptable</b>			<b>10-16: Tolerable</b>			<b>5-9: Adequate</b>			<b>1-4: Acceptable</b>	

Risk Rating Following Use Of Control Measures

Unacceptable  Tolerable  Adequate  Acceptable

	Flammables (Inc - Self Reactives, Pyrophorics, Self-Heating, Emits Flammable Gas, Organic Peroxides)	<input type="checkbox"/>
	Explosives (Inc - Self Reactives & Organic Peroxides)	<input type="checkbox"/>
	Acute toxicity (Inc - severe)	<input type="checkbox"/>
	Corrosives	<input type="checkbox"/>
	Irritant (Inc - Dermal Sensitizer, Acute toxicity (harmful), Narcotic Effects, Respiratory Tract Irritation)	<input type="checkbox"/>
	Carcinogen, Respiratory Sensitizer, Reproductive Toxicity, Target Organ Toxicity, Mutagenicity, Aspiration Toxicity	<input type="checkbox"/>
	Oxidizers	<input type="checkbox"/>
	Gases Under Pressure	<input type="checkbox"/>
	Environmental Toxicity	<input type="checkbox"/>
Emergency Response in the event of a spillage etc.		<input type="checkbox"/>

## **Appendix C:**

### **COSHH - General Guidance**

#### **INTRODUCTION**

All employees have a right to know what hazards they are being exposed to, and what substances they come in contact with during their working day. Some substances may be extremely hazardous and may also require the use of personal protective equipment.

Suppliers of substances will supply Material Safety Data Sheets (MSDS) pertaining to all substances they provide on request with some companies producing substance directories for reference purposes.

The person who undertakes COSHH assessment must have a firm understanding of COSHH and enlist any another member of staff who has the technical knowledge to assist them. So far as is reasonably practicable there must be an active commitment to seek alternative suitable substances where the risks are found to be too high. Note must always be taken that a full process review should be undertaken as a substance can be safe in one form/environment, and dangerous in another.

It must be remembered that not only is the undertaking of a COSHH Assessment required by law, but also that you are carrying it out in the interests of all those who work for and on behalf of the Trust and those that use its services, with specific consideration given to vulnerable patient groups.

#### **For Consideration:**

#### **Management issues:**

Does the substance fall under Chemical (hazard information packaging and supply) Regulations 2002, CHIP 3 (Classification, Labelling and Packaging of Substances Regulations 2009 (CLP));

- Under CLP / CHIP 3 material safety data sheets should be available? If not, they should be obtained or via the Supplies Department, who will contact the supplier.
- Are processes broken down to take account of inputted products, final products and any by-products?
- Are there warning or information signs in place?
- Is there an up to date detailed list of all substances used held in a central place in your area (COSHH file)?

- Do the processes and procedures used in your area take health and safety into account?
- Are staff aware that they have a duty to inform you before a new substance or change in work practice is to be introduced into the workplace?
- Have all relevant people been informed of the new substance being introduced or of the review that is taking place, such as supplies and the Health and Safety department.

## **Operational issues**

- Are all substances labelled correctly?
- Are all substances stored in their original container? Storage in inappropriate containers may cause a reaction and damage a plastic container and then leak?
- Is adequate, suitable, personal protective equipment provided?
- Are substances suitably stored?
- Are material safety data sheets relating to substances used, made available to all?
- Are first aid facilities readily available and suitable for the substance being used?
- Is the first aid kit well stocked?
- Who is responsible for the replenishment and maintenance of the first aid kits?
- Is there adequate emergency equipment available, e.g. eye washers/baths, oxygen apparatus etc?
- Are there adequate fire fighting procedures and equipment in place?
- Are they checked regularly?
- Are there adequate emergency exits?
- Are there substance spillage kits and spillage procedures immediately available?
- What procedures are in place to deal with emergency situations, i.e. information for employees on what to do in an emergency, who is responsible and in authority, how to deal with spills and accidental release of a substance, what emergency services are to be informed, additional safety arrangements and incident reporting to internal and external stakeholders.



## **Staff issues**

- Do employees know what substances they are using?
- Do employees know what precautions should be taken relating to these substances?
- Have all employees received adequate training in their job?
- Are employees screened after return to work after physical absence, e.g. respiratory problems - what substances will they be expected to work with, and can these affect the respiratory system?
- Are there any factors which put workers at greater risk because of their age or sex? E.g. pregnant women should not be exposed to anaesthetic gases.
- Are staff trained in fire procedures/spillage procedures etc.?

## **What Are You Looking For**

- Substances that have been classified as being very toxic, harmful, corrosive or irritant.
- Substances which have Work Exposure Standards. In accordance with Health & Safety Management Executive guidance note EH40.

Note: Substances can take the form of solids, liquids, fumes, vapours, dusts, mists, aerosols, gases or particulate matter, man-made fibre and chemical mixtures.

## **Medical Effects**

Hazardous substances may cause the following detrimental effects on the body:

- Effects on respiratory tract, high pressure, e.g. via a grease gun, or low pressure (via vaccine),
- Sharps injuries, i.e. where an individual accidentally injures themselves with a used sharp, can result in the individual contracting a disease from an infected person e.g. Blood Borne Viruses (BBV's).

*All staff should be aware of and follow the Trust Sharps Policy & Standard Principals of Infection Control Policy.*

- Ingestion of chemicals - this normally only occurs where there are very poor health and safety standards, or where health and safety guidelines are ignored.
- Carcinogens/ Mutagens - some substances are known carcinogens and can cause cancers to occur in almost any site on the body, mutagens (physical, chemical or biological) can also lead to cancer or cause cells to mutate.

*The Occupational Health Department can be contacted for further details in respect of the above.*

## **THE COSHH ASSESSMENT FORM**

This form is designed to give the end user the information derived from the COSHH assessment. It is not an activity based safe working procedure but a guide to enable the end user of a substance to use it safely and in the unlikely event of an accident the immediate first aid measures to take. It is also to be used as a managers/supervisors work place tool to assist in the development of safe working procedures etc.

Departments should have in place specific standard, procedures or protocols, which are suitable in their own circumstances, to deal with substance use that should cover the following:

- Storage
- Activity
- Workplace Use
- Staff Training
- Staff and Patient Safety

### **Personal Protective Equipment (PPE)**

Personal protective equipment should be used as a last resort; ideally another substance or method of work should be introduced in the first instance. Personal protective equipment is only to be introduced where no other option is available. Please note that if risks cannot be adequately controlled by other means, the employer has a duty to provide, free of charge for use at work, suitable and adequate personal protective equipment to safeguard

the employee. The employer must ensure that this equipment is used correctly.

Employees should report any defects in the equipment immediately. Personal protective equipment must be stored in such a way to prevent damage to the PPE when not in use, maintained (e.g. cleaned, repaired or replaced) in an efficient state, inspected and tested at appropriate intervals, and records of any tests/repairs kept for at least 5 years.

Note must be taken that throughout the Trusts' service provision there are protocols that require as a matter of routine that PPE is worn i.e. Sterile gloves, barrier nursing, PVC aprons etc.

### **First Aid**

There are certain departments which, due to their location or the type of work being carried out within that area may require having a nominated first aider who has been suitably trained.

### **Staff Training**

It is widely recognised staff require training relating to the Control of Substances Hazardous to Health. This training should address issues surrounding the dangers of certain substances and the correct procedures to utilise; and the appropriate personal protective equipment that should or may have to be worn. Additionally, staff should be made aware of emergency procedures to be undertaken in case of spillage, fire etc. The level of training required for COSHH needs to reflect the individual requirements to commensurate with their grade.

### **Health Surveillance**

This is undertaken by or in consultation with the Occupational Health Department and can be introduced in consultation with the Manager, employee representatives, if the COSHH assessment identifies the requirement or there is information that would indicate a need to undertake surveillance.

All requests for help and advice in connection with inoculation are dealt with and are available through the Occupational Health Department as is pre-employment screening.

### **Trust COSHH process**

All materials and substances procured by the Trust that fall within the scope of COSHH, will adhere to the following procedure:

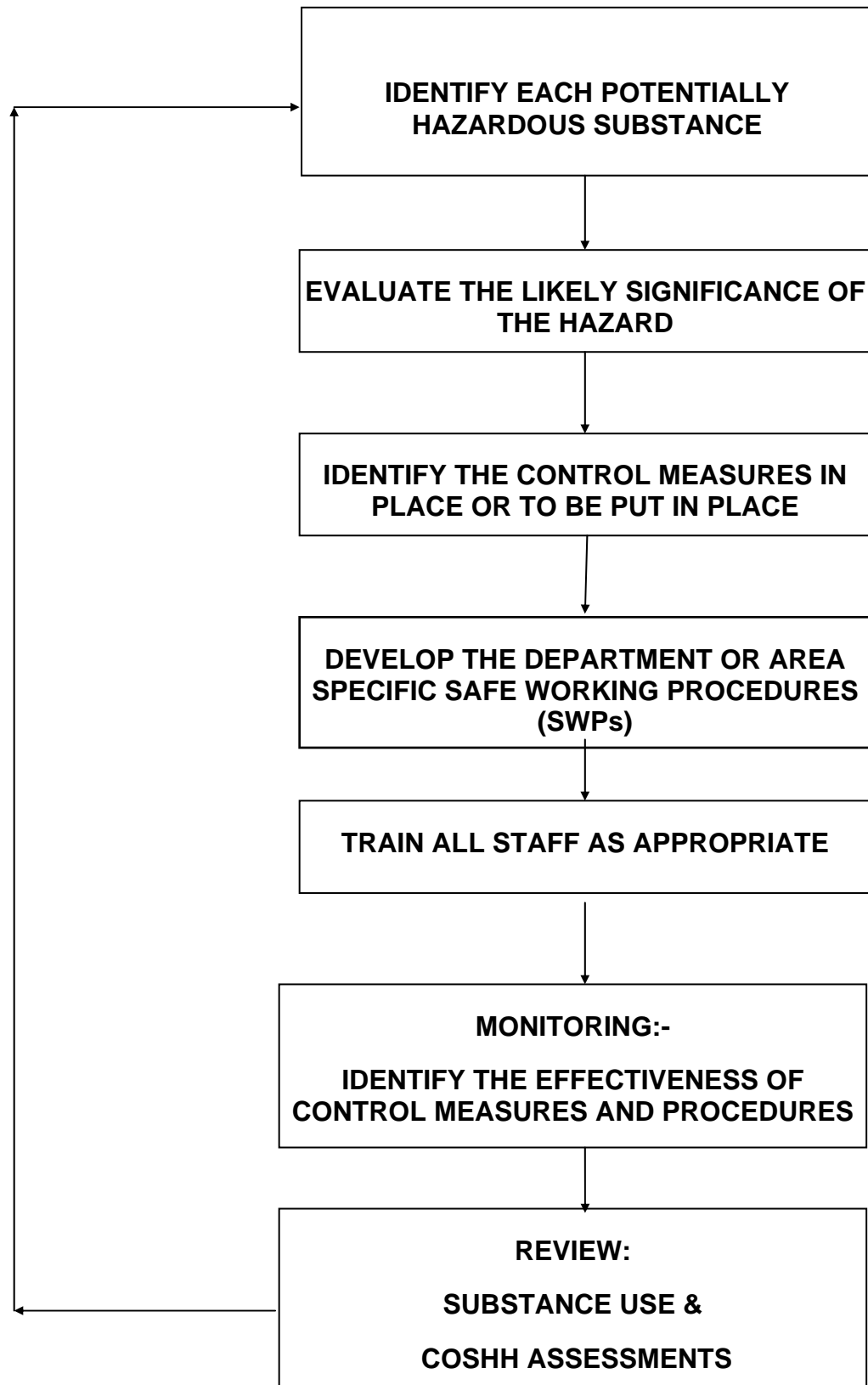
- During the procurement of the substance, a request for the Material Safety Data Sheet should be made;
- The MSDS should be entered onto the Trust COSHH database system by the procurement department (this would also apply to any change in product or manufacturer);
- The procurement department (COSHH trained operative) will make an initial (master) assessment on the substance prior to the substance being brought into the Trust;
- This assessment will be entered on to the Trust COSHH form, given a COSHH identifier and entered onto the Trust database as a master document;
- Upon entering the COSHH sheet on to the Trust COSHH database, the procurement department will inform via email, all wards/ departments who will be using the substance of the availability of the COSHH sheet;
- Each ward/ department will then be required to undertake a workplace assessment of the substance in their area and if required create departmental specific COSHH assessment for their area, this assessment will be entered & held on the Trust COSHH database (departmental specific);
- Paper copies can be printed to be stored in local COSHH folders.

Staff are at liberty to raise any concerns/issues in respect of health and safety issues and ask for these to be examined by the Health and Safety Committee.

***All substances that fall under the COSHH regulations must follow the above procedure.***

**Appendix D:**

**The Route for Effective COSHH**



## Appendix E Equality Analysis

To be completed when submitted to the appropriate committee for consideration and approval.

Name of Policy	COSHH Policy
1.	<p><b>What are the intended outcomes of this work?</b> The policy sets out the process effective management of Chemicals and Substances across all sites.</p>
2	<p><b>Who will be affected?</b> <i>e.g. staff, patients, service users etc</i> All staff, visitors, patients and public etc.</p>
3	<p><b>What evidence have you considered?</b> Legislative compliance, NHSLA requirements, CQC Essential Standards of Quality and Safety and advice from the Inclusivity Lead.</p>
a	<p><b>Disability</b> – The policy is inclusive</p>
b	<p><b>Sex</b> – The policy is inclusive</p>
c	<p><b>Race</b> – The policy is inclusive</p>
d	<p><b>Age</b> . – The policy is inclusive</p>
e	<p><b>Gender Reassignment</b> – The policy is inclusive</p>
f	<p><b>Sexual Orientation</b> – The policy is inclusive</p>
g	<p><b>Religion or Belief</b> – The policy is inclusive</p>
h	<p><b>Pregnancy and Maternity.</b> – The policy is inclusive</p>
i	<p><b>Carers</b> – The policy is inclusive</p>
j	<p><b>Other Identified Groups</b> – The policy is inclusive</p>

<b>4.</b>	<b>Engagement and Involvement</b>	
<b>a.</b>	Was this work subject to consultation?	See below
<b>b.</b>	How have you engaged stakeholders in constructing the policy	See below
<b>c.</b>	If so, how have you engaged stakeholders in constructing the policy	See below
<b>d.</b>	<p>For each engagement activity, please state who was involved, how they were engaged and key outputs</p> <p>Engagement and involvement of the development of the policy has included relevant staff at all sites within the Trust, relevant Executive Directors and the Trust's Inclusivity Lead.</p>	
<b>5.</b>	<p><b>Consultation Outcome</b></p> <p>The policy conforms to the requirements of the Policy for the Development and Management of Policies, relevant legislation and the requirements of the relevant CQC Outcomes and NHSLA RMSAT.</p> <p><i>Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups</i></p>	
<b>a</b>	Eliminate discrimination, harassment and victimisation	The policy is inclusive
<b>b</b>	Advance Equality of Opportunity	The policy is inclusive
<b>c</b>	Promote Good Relations Between Groups	The policy is inclusive
<b>d</b>	What is the overall impact?	The policy is inclusive
	<b>Name of the Person who carried out this assessment:</b> Kingsley Needham/Colin Weatherill	
	<b>Date Assessment Completed</b> June 2012	
	<b>Name of responsible Director</b> Brian Golding	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality and Diversity Committee, together with any suggestions as to the action required to avoid/reduce this impact.

## Appendix F: Checklist for the Review and Approval

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

	Title of document being reviewed:	Yes/No/Unsure	Comments
<b>1</b>	<b>Development and Management of Policies</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or procedures?	Yes	
<b>2</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3</b>	<b>Development Process</b>		
	Is the method described in brief?	Yes	
	Are individuals involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Has an operational, manpower and financial resource assessment been undertaken?	Yes	
<b>4</b>	<b>Content</b>		
	Is the document linked to a strategy?	Yes	
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	



	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
	Are the statements clear and unambiguous?	Yes	
<b>5</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are local/organisational supporting documents referenced?	Yes	
<b>5a</b>	<b>Quality Assurance</b>		
	Has the standard the policy been written to address the issues identified?	Yes	
	Has QA been completed and approved?	Yes	
<b>6</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate, have the staff side committee (or equivalent) approved the document?	Yes	
<b>7</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
<b>8</b>	<b>Document Control</b>		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	

	Title of document being reviewed:	Yes/No/Unsure	Comments
<b>9</b>	<b>Process for Monitoring Compliance</b>		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
<b>10</b>	<b>Review Date</b>		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable?	Yes	
<b>11</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Yes	

<b>Individual Approval</b>			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name	Brian Golding	Date	July 2013
Signature	<i>Brian Golding</i>		
<b>Committee Approval</b>			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name	Chief Executive	Date	July 2013
Signature	<i>Patrick Crowley</i>		

## Appendix G: Plan for dissemination of policy

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

<b>Title of document:</b>	<b>COSHH Policy</b>
<b>Date finalised:</b>	<b>2013</b>
<b>Previous document in use?</b>	<b>Yes</b>
<b>Dissemination lead</b>	<b>Kingsley Needham/Colin Weatherill</b>
<b>Which Strategy does it relate to?</b>	<b>Risk Management</b>
<b>If yes, in what format and where?</b>	<b>Electronic and Paper via Intranet</b>
<b>Proposed action to retrieve out of date copies of the document:</b>	<b>Compliance Unit will hold archive</b>

### Dissemination Grid

<b>To be disseminated to:</b>	<b>1) All Staff</b>	<b>2) Risky Business</b>
<b>Method of dissemination</b>	<b>Posted on Staffroom</b>	<b>Article</b>
<b>who will do it?</b>	<b>Compliance Unit</b>	<b>Kingsley Needham</b>
<b>and when?</b>	<b>After ratification</b>	<b>After ratification</b>
<b>Format (i.e. paper or electronic)</b>	<b>Electronic</b>	<b>Electronic</b>

### Dissemination Record

<b>Date put on register / library</b>	<b>09 October 2013</b>
<b>Review date</b>	<b>2015</b>
<b>Disseminated to</b>	<b>All staff</b>
<b>Format (i.e. paper or electronic)</b>	<b>Electronic</b>
<b>Date Disseminated</b>	<b>October 2013</b>
<b>No. of Copies Sent</b>	
<b>Contact Details / Comments</b>	<b>Kingsley Needham/Colin Weatherill</b>