Control of Substances

Hazardous to Health (COSHH)

Policy
<table>
<thead>
<tr>
<th>Policy Title:</th>
<th>Control of Substances Hazardous to Health (COSHH) Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary:</td>
<td>East Cheshire NHS Trust (ECT) is committed to the health, safety and wellbeing of all its staff, patients and visitors to the Trust. As such it will manage the risks associated with substances hazardous to health in accordance with appropriate legislation and guidance. This policy should be read in conjunction with the Policy Schedule.</td>
</tr>
<tr>
<td>Supersedes:</td>
<td>Control of Substances Hazardous to Health Policy (C.O.S.H.H) V 1</td>
</tr>
<tr>
<td>Description of Amendment(s):</td>
<td>Revised format, adjustments to monitoring responsibilities</td>
</tr>
<tr>
<td>This policy will impact on:</td>
<td>East Cheshire NHS employees</td>
</tr>
<tr>
<td>Financial Implications:</td>
<td></td>
</tr>
<tr>
<td>Policy Area:</td>
<td>Corporate Governance</td>
</tr>
<tr>
<td>Version Number:</td>
<td>2.0</td>
</tr>
<tr>
<td>Document Reference:</td>
<td></td>
</tr>
<tr>
<td>Effective Date:</td>
<td>31/09/16</td>
</tr>
<tr>
<td>Issued By:</td>
<td>Director of Corporate Affairs &amp; Governance</td>
</tr>
<tr>
<td>Review Date:</td>
<td>Sept 2019</td>
</tr>
<tr>
<td>Author:</td>
<td>Health and Safety Manager</td>
</tr>
<tr>
<td>Impact Assessment Date:</td>
<td>Aug 2016</td>
</tr>
<tr>
<td>APPROVAL RECORD</td>
<td></td>
</tr>
<tr>
<td>Committees / Group</td>
<td>Date</td>
</tr>
<tr>
<td>Consultation Approval</td>
<td>Risk Management Committee</td>
</tr>
</tbody>
</table>
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Appendix 1 COSHH RISK ASSESSMENT FORM
Appendix 2 EQUALITY ANALYSIS (IMPACT ASSESSMENT)
1. Introduction

1.0 INTRODUCTION

East Cheshire NHS Trust is committed, through its Health and Safety and Risk Management Policies to the maintenance of safe working practices and the provision of an environment, which is safe for staff, patients and others, in accordance with good clinical practice and the requirements of Health and Safety, Fire Safety, Security and Environmental Legislation. The COSHH Regulations 2002 and approved code of practice require employers to evaluate and control the risks which employees and others may be exposed to from hazardous substances at work. It applies to all workplaces and includes any substances, materials, processes or by-products that are hazardous to health e.g. clinical waste, microbiological agents, dusts of any kind in substantial quantities and all chemicals categorised as hazardous to health in any form i.e. solid, liquid, gas or vapour. The health effect of hazardous substances is directly linked to:

- The nature of the substances
- Duration of exposure
- Quantity exposed to.

2. Purpose and Definitions

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

The main objectives are:

- To identify all hazardous substances in use.
- To carry out an assessment of all identified products.
- To undertake action identified by the assessment.
- To monitor the extent to which employees are exposed to hazardous substances and carry out health surveillance where necessary.

2.0 DEFINITIONS

2.1 Substances hazardous to health can occur in many forms, e.g. solids, liquids, vapours, gases, dusts, fibres, fumes, mist and smoke.

2.2 They can also be biological agents such as pathogens or cell cultures.

2.3 Chemicals covered are those which, if classified under the Chemicals (Hazard Information and Packaging for Supply) Regulations 2002 (CHIP) 4 and / or Classification, Labelling and Packaging of Substances and Mixtures Regulations 2013 (CLP), would be classified as very toxic, toxic, harmful, corrosive, irritant, sensitising, carcinogenic, mutagenic or toxic to reproduction.

2.4 Applies to a very wide range of individual chemical substances such as (paints, cleaning materials, metals, pesticides and insecticides etc.) and preparations - mixtures of two or more substances -micro-
organisms or allergens with the potential to cause harm if they are inhaled, ingested or come into contact with or are absorbed through the skin.

2.5 The exceptions are asbestos, lead and radioactive substances, which have their own regulations.

2.6 Workplace Exposure Limits (WEL’s). The health and safety commission has established workplace exposure limits for a number of substances hazardous to health which are intended to prevent excessive exposure to specific hazardous substances. A WEL is the maximum concentration of an airborne substance, averaged over a reference period, to which an employee may be exposed by inhalation.

3.0 Responsibilities

3.1 Chief Executive shall be responsible for:

Ensuring that this policy is implemented in order to enable the Trust to comply with the Health & Safety At Work etc. Act 1974, The Management of Health and Safety At Work Regulations 1999, (as amended) and The Control of Substances Hazardous to Health Regulations 2002 (as amended).

3.2 Director of Corporate Affairs and Governance is the appointed Executive Director with delegated accountability to ensure health and safety systems and processes are in place and provide advice and assurance to the board. Responsibilities include ensuring that the management team is made aware of the health and safety implications of strategic and operational developments.

3.3 Deputy Director of Corporate Affairs and Governance is responsible for ensuring the systems and process is in place to support the implementation of this policy in practice and the effective management and monitoring of associated risks on the corporate risk register. Deputy Directors are responsible for ensuring they support their respective Executives in relation to implementation of this policy across directorate services.

3.4 Head of Safety, Risk and Resilience is responsible for ensuring effective clinical and non-clinical risk management, such as health and safety. The role does not necessitate the duty holder to possess health and safety competencies however the post holder is responsible for ensuring the trust has sufficient access to competent health and safety advice.

3.5 Health & Safety Manager has the responsibility to:

a) Ensure the trust is aware of its duties under the COSHH Regulations

b) Ensure there is an investigation of all reported adverse events involving substances hazardous to health.

c) Ensure all members of staff with COSHH responsibilities are able to access advice in order to carry out their duties

d) Ensure advice and guidance on hazardous substances is provided to identify potential risks to health and ensure safe working practices.
e) Ensure that COSHH related dangerous occurrence incidents are reported to the HSE in accordance with RIDDOR.

f) Will provide assurance on COSHH to relevant trust committees.

3.6 **Service Line Managers** are responsible for ensuring that:

a) Substances hazardous to health are identified and assessments of the associated risks to health are carried out within their Service by nominated, appropriately trained, competent people.

b) Appropriate resources are available to support safe working practice and take into account appropriate control measures.

c) All staff are following responsibility including safety procedures as recommended on COSHH safety data sheets.

4.0 **Processes and Procedures**

**CLASSIFICATION, LABELLING AND PACKAGING (CLP) REGULATION**

Categories of danger, health effects and hazard symbols that are relevant to COSHH are illustrated below. It should be noted that identical symbols must be affixed to any other container to which the substance is transferred for subsequent supply to the end-user.

**Acute toxicity (Cat 1-3)**

![Acute toxicity symbol]

**Category 1**: substances known to impair human fertility or cause developmental toxicity (i.e. harm the unborn child).

**Category 2**: substances, which should be regarded as if they impair human fertility or cause developmental toxicity.

**Category 3**: substances which cause concern for human fertility or which cause concern for humans owing to possible developmental toxicity effects.

**Acute toxicity (Cat 4)**

![Acute toxicity symbol]

Skin and eye irritation. Skin sensitisation specific target organ toxicity. Respiratory tract irritation. Narcotic effects.

**Corrosive**
Corrosive to metals. Skin corrosion. Severe eye damage.

Carcinogenic, Mutagenic, Sensitising and Toxic for reproduction

Respiratory sensitisation, Germ cell mutagenicity. Carcinogenicity. Reproductive toxicity specific target organ toxicity. Aspiration hazard.

Classification of Biological Agents

**Group 1** Unlikely to cause human disease.

**Group 2** Can cause human disease and may be a hazard to employees; it is unlikely to spread to the community and there is usually effective prophylaxis or treatment available.

**Group 3** Can cause severe human disease and may be a serious hazard to employees; it may spread to the community, but there is usually effective prophylaxis or treatment available.

**Group 4** Causes severe human disease and is a serious hazard to employees; it is likely to spread to the community and there is usually no effective prophylaxis or treatment available.

The following list describes hazardous physico-chemical properties that substances may exhibit. This information must be disseminated to the end user and must also be borne in mind during the assessment process.

**Flammable**

Flammable gases, aerosols, liquids or solids. Self reactive substances and mixtures. Pyrophoric liquids and solids. Self-heating substances and mixtures. Substances and mixtures which in contact with water emit flammable gases. Organic peroxides

**Oxidising**
Explosive gases, liquids and solids

Explosives. Self-reactive substances and mixtures, types A, B Organic peroxides, types A,B

4.1 Safety Data Sheets

Safety data sheets provide information on chemical products that help users of those chemicals to make a risk assessment. They describe the hazards the chemical presents, and give information on handling, storage and emergency measures in case of accident.

A safety data sheet is not a risk assessment. The assessor should use the information it contains to carry out a COSHH assessment.

5.0 CONTROL MEASURES

5.1 Control measures must be determined by the level of risk to health and must take into account:

a) Elimination and/or use of alternative, less hazardous substances and materials where possible.

b) Modification of the use or process to eliminate, isolate or reduce exposure.

c) Elimination and/or reduction of numbers of people exposed to the hazardous substance.

d) The outcome of any environmental monitoring, as appropriate, which has been undertaken by a competent person.

e) The provision, maintenance and use of any control equipment required.

f) The use of personal protective equipment (PPE) to reduce or control exposure to hazardous substances/materials. PPE should be regarded as a ‘last resort’ in providing protection from exposure to substances hazardous to health.

5.2 Failure to comply with the identified control measures may result in disciplinary action.

5.3 Managers are responsible for ensuring that PPE, as required, is suitable for its intended purpose, appropriately maintained, cleaned, inspected, stored and replaced as required.

5.4 Employees are required to use PPE provided in accordance with the training they have been given and report any faults/defects or concerns regarding PPE to their manager.

5.5 Any physical control measures put in place as a result of assessments e.g. local exhaust ventilation systems must be inspected and maintained to ensure their effectiveness.

6.0 PURCHASING PROCEDURES
6.1 All purchases of goods and substances must be undertaken in accordance with the trusts procurement policy. No other purchasing approaches should be adopted.

6.2 Manufacturers and suppliers of substances and materials have a legal duty to supply safety data sheets for the materials provided. All purchases/requisitions should include a request to supply data information sheets.

6.3 Line managers must ensure an assessment has been carried out PRIOR to any use or handling of the substance.

7.0 HEALTH SURVEILLANCE

8.1 COSHH places a duty on the Trust to provide suitable health surveillance where employees are exposed to a substance linked to a particular disease or adverse health effect and there is a reasonable likelihood, under the conditions of the work, or that disease or effect occurring and it is possible to detect the disease or health effect.

8.2 Health surveillance will be managed by the Mid Cheshire Hospitals NHS Foundation Trust Occupational Health Service, conducted by a suitably competent person and will be appropriate to the identified risk.

8.3 The Occupational Health Service will maintain appropriate COSHH health surveillance records as required by legislation.

8.4 Individual health surveillance health records will be made available to the individual employee should they wish to access them.

9.0 INFORMATION AND TRAINING

The Trust will ensure that employees receive the necessary level of training for them to fulfil their individual responsibilities identified in this policy. Employees must be informed of:

- The substances they work with the findings of risk assessments
- Precautions to be taken to protect themselves and others
- How to use PPE
- Results of any health surveillance
- Emergency procedures to be followed
Adherence to this policy should be monitored by a combination of local inspections and audits.

Any accidents and incidents involving substances hazardous to health must be reported according to Trusts accident incident reporting procedure and must be suitably investigated.

Significant findings of inspections, audits or investigations should be used to determine any remedial actions required, including necessary changes to the policy or safe systems of work.

### 5.1 Performance

<table>
<thead>
<tr>
<th>KPIs</th>
<th>Monitored by</th>
<th>Monitoring Frequency</th>
<th>Information reported to</th>
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</thead>
<tbody>
<tr>
<td>Monitor the number of incidents on datix.</td>
<td>Health &amp; Safety Team</td>
<td>Weekly</td>
<td>Risk Management Group by exception</td>
</tr>
<tr>
<td>Audit completed Risk Assessments</td>
<td>Health &amp; Safety Team</td>
<td>Weekly</td>
<td>Risk Management Group by exception</td>
</tr>
</tbody>
</table>

The key performance indicators for this policy are:
1. Monitor the number of incidents reported on Datix regarding the use of hazardous substances
2. Audits of COSSH assessment carried by the Health and Safety Manager to ensure completion.

### 6.0 References

a) The Health & Safety at Work Act  
b) The Management of Health & Safety at Work Regulations  
c) The Control of Substances Hazardous to Health Regulations  
d) Classification, Labelling and Packaging (CLP) Regulation  
e) Health & Safety Executive’s EH 40 Occupational Exposure Limits  
f) Personal Protective Equipment Regulations
## COSHH Risk Assessment Form

**Control of Substances Hazardous to Health Regulations 2002**

### Risk Assessment Form No:

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Product</td>
<td></td>
</tr>
<tr>
<td>Intended Use</td>
<td></td>
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</table>

### COSHH Substances

<table>
<thead>
<tr>
<th>Hazards</th>
<th>Safety Data Sheet (SDS) Date:</th>
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<tbody>
<tr>
<td>SDS, Labelling and Packaging: Confirm labelling on container</td>
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</table>

### Limitations

<table>
<thead>
<tr>
<th>Circumstances of use</th>
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</table>

### Substitution

<table>
<thead>
<tr>
<th>Control Measures</th>
</tr>
</thead>
</table>

### Handling and use including engineering controls and PPE

<table>
<thead>
<tr>
<th>Personal Protective Equipment Required: (Gloves etc)</th>
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</table>

### First Aid Procedures

<table>
<thead>
<tr>
<th>Ingestion</th>
<th>Symptoms</th>
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<tbody>
<tr>
<td>First Aid</td>
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</table>

<table>
<thead>
<tr>
<th>Eye</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid</td>
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</table>

<table>
<thead>
<tr>
<th>Skin</th>
<th>Symptoms</th>
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<tbody>
<tr>
<td>First Aid</td>
<td></td>
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<tr>
<td>Storage and other safety requirements</td>
<td></td>
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<tr>
<td>Spillage and Disposal procedure</td>
<td></td>
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<tr>
<td>Fire Precautions</td>
<td></td>
</tr>
<tr>
<td>Additional control measures in place to control the risk (e.g. Exposure Monitoring, Health Surveillance)</td>
<td></td>
</tr>
</tbody>
</table>
| Managers Confirmation of Control Measures | Confirmed by:  
Date:  |
| Risk Assessment Conclusion | The risk assessment shows that subject to the above controls being applied employee exposure is adequately controlled.  
Date of Assessment: |
Appendix 1

Equality Analysis (Impact assessment)

1. What is being assessed?

Control of Substances Hazardous to Health Policy (COSHH)

Details of person responsible for completing the assessment:
- Name: Tina Platt
- Position: Health & Safety Manager
- Team/service: Corporate Affairs and Governance

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

This Policy sets out the Trust’s arrangements for compliance with the Control Of Substances Hazardous to Health Regulations (COSHH) 2002 (as amended).

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

Age: East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:
In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British.
5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common.
3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.

Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability.
- In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia.
- Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
- C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
- In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
- Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (The Lesbian & Gay Foundation).
- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.
- **Christian:** 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
- **Sikh:** 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
- **Buddhist:** 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
- **Hindu:** 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
- **Jewish:** 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
- **Muslim:** 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
- **Other:** 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
None: 22.69% of Cheshire East and 22.0% of Cheshire West & Chester

Not stated: 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

**Carers:** In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

NO

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

NO

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

**RACE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently?  
No

Explain your response:
Where English is not their first language, staff may require the policy interpreting to fully understand their roles and responsibilities.

**GENDER (INCLUDING TRANSGENDER):**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently?  
No

Explain your response:
This Policy has no impact on gender

**DISABILITY**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently?  
Yes

Explain your response:
Staff with learning disabilities or visual impairment may require support to understand their health and safety responsibilities listed in the policy.
**AGE:**
From the evidence available does the policy, procedure, proposal, strategy or service, affect, or have the potential to affect, age groups differently? No

**Explain your response:**
This policy has no impact on Age.

**LESBIAN, GAY, BISEXUAL:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? No

**Explain your response:**
This policy has no impact on lesbian, gay or bisexual groups.

**RELIGION/BELIEF:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently? No

**Explain your response:**
This policy has no impact on Religion/Beliefs.

**CARERS:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? No

**Explain your response:**
This policy has no impact on Carers.

**OTHER:** EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes √

**Explain your response:**
New and expectant mothers are covered by the policy and associated procedures.

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4. **Safeguarding Assessment - CHILDREN**

<table>
<thead>
<tr>
<th>a. Is there a direct or indirect impact upon children?</th>
<th>No √</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:</td>
<td></td>
</tr>
<tr>
<td>c. If no please describe why there is considered to be no impact / significant impact on children</td>
<td></td>
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</tbody>
</table>

Young Persons are covered by the Health & Safety Policy and associated procedures.
5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that they made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

This policy has been approved by the Risk Management Sub-Committee

6. Date completed: 18/08/2016

Review Date: 18/08/19

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
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</table>

8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:

Date: 18.8.16