

## Control of Substances Hazardous to Health (COSHH) Policy (Health and Safety)

*Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.*

<b>Purpose of Agreement</b>	This document details Solent NHS Trust policy and procedure that has been produced to comply with the Control Of Substances Hazardous Health Regulations (COSHH) as amended and to protect both employees and others who use chemicals or other hazardous substances at work that can put people's health at risk by ensuring exposure to substances hazardous to health are avoided wherever practicable, or where this is not practicable, to ensure exposure is minimised to the lowest reasonably practicable level, and to within statutory limits.
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4	January 2016		Evaluating and recording the changes within the manufacturers safety data sheet	01/16

**Review Log**

Include details of when the document was last reviewed:

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### **Executive Summary**

This revised policy gives comprehensive guidance to prevent exposure to a single or mixture of hazardous substances and applies to all persons at work as well as others who may be affected by such work. It describes how Solent NHS trust can comply with its legal obligations under the Control of Substances Hazardous to Health Regulations 2002 (as amended)

By the means of this policy and arrangements, Solent NHS Trust aims to ensure the health, safety and Welfare of everyone who works or may come in to contact with hazardous substances. Solent NHS Trust has a duty to ensure that any risks to the health and safety are suitably controlled. This policy and procedures have been developed to meet that duty and ensure that risks to health and safety associated are identified, prevent exposure, where this is not possible exposure will be minimised to levels that are as reasonably practicable, and in any event to below statutory maximum Workplace Exposure Limits (WEL).

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(Health and Safety)**

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## **Control of Substances Hazardous to Health (COSHH) Policy (Health and Safety)**

### **1. INTRODUCTION and PURPOSE**

- 1.1 Many substances used in the workplace may produce either acute or chronic symptoms of ill health. The Control of Substances Hazardous to Health Regulations 2002 (as amended) place statutory duties on employers to prevent exposure of staff and others, to substances hazardous to health. Where this is not possible, exposure must be minimised to levels that are as reasonably practicable, and in any event to below statutory maximum Workplace Exposure Limits (WEL).
- 1.2 A substance shall be regarded as hazardous to health if it is hazardous in the form in which it occurs in the work activity, whether or not its mode of causing injury to health is known, and whether or not the active constituent has been identified. A substance hazardous to health may not necessarily be a single chemical compound but may include mixtures of compounds, micro-organisms, allergens.
- 1.3 Control of Substances Hazardous to Health Regulations 2002 (as amended) applies to all persons at work as well as others who may be affected by such work. The regulations require the employer to identify ALL hazardous / potentially hazardous substances which may be used in the workplace or that may be produced by a process e.g. end product, by-product etc. or that may be emitted during any process e.g. dust, fumes etc. The employer must then conduct an assessment of these substances, evaluating the risk of exposure of people and, where necessary, take the appropriate precautions to prevent or control that exposure.
- 1.4 All employers must consider how COSHH applies to the work they do and this policy sets out the Solent NHS Trust arrangements for managing risks associated with using such substances to ensure:
- that the health and safety of people who come into contact with them is maintained.
  - that Solent NHS Trust complies with the Control of Substances Hazardous to Health Regulations 2002 latest amendments.
- 1.5 This policy and its associated guidance are intended to assist Managers (Facility Managers, Support Services Managers, Premises Managers and responsible persons both clinical and non-clinical) in complying with the statutory requirements of the Control Of Substances Hazardous to Health Regulation 2002 (as amended). The aim is to prevent injuries occurring each year and reduce acute/ chronic ill health at work.

### **2. SCOPE and DEFINITIONS**

- 2.1 This policy applies to all Trust-employed staff, full-time and part-time clinical and non-clinical staff, staff directly employed and those who may be contracted-in.

- 2.2 External contractors are under the same legal obligations as Solent NHS Trust to comply with the COSHH Regulations. Contract Managers are responsible for ensuring contractors have carried out relevant COSHH assessments by including this as a requirement in the service specification.
- 2.3 Substances hazardous to health can occur in many forms, e.g. solids, liquids, vapours, gases, dusts, fibres, fumes, mist and smoke.
- 2.4 They can also be biological agents such as pathogens or cell cultures.
- 2.5 Chemicals covered are those which, if classified under the Chemicals (Hazard Information and Packaging for Supply) Regulations 2002 (CHIP) 4as amended and / or Classification, Labeling and Packaging of Substances and Mixtures Regulations 2009 (CLP) as amended, would be classified as very toxic, toxic, harmful, corrosive, irritant, flammable, highly flammable, extremely flammable, sensitising, carcinogenic, mutagenic or toxic to reproduction.
- 2.6 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.
- 2.7 The exceptions are medicines, asbestos, lead and radioactive substances, which have their own regulations/ policies.
- 2.8 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
- 2.9 Under Globally Harmonised System (GHS) for the classification and labelling of chemicals including safety data sheets. By 2015, the old European Union EU orange symbols and classifications will no longer be used, except for biohazards and radioactive hazards. The labelling for these remains essentially unchanged. The new and old hazard pictograms under the classification, labelling and packaging of substances (CLP are shown in Appendix 5)
- 2.10 Chemical Hazardous Information Packaging (**CHIP**) regulations as amended requires suppliers to provide recipients of hazardous substances or preparations (and in some cases, preparations which are not classified) with a document, known as a safety data sheet (SDS). The Safety Data Sheet gives the recipient the information necessary to take measures relating to health and safety at work and the protection of the environment and contains information about the product organised under 16 standard headings. These are as follows:-

1. Identification:
  - Name of the substance or preparation
  - Name, address and telephone number of the company/supplier/ undertaking
2. Composition and information on ingredients
3. Hazards identification
4. First-aid measures
5. Fire-fighting measures
6. Spillage, accidental release measures
7. Handling and storage
8. Exposure controls and personal protection
9. Physical and chemical properties
10. Stability and reactivity
11. Toxicological information
12. Ecological information
13. Disposal considerations
14. Transport information
15. National regulations and references
16. Other information

2.11 Safety data sheet (SDS) are useful in many situations, but are particularly important to employers in meeting duties under the COSHH Regulations to assess and control the risks arising from the use of dangerous chemicals. For this reason they are sometimes called 'COSHH sheets'. Safety data sheets have to be provided no matter how the chemical is supplied - in bulk or in packages. Safety data sheets can be hard to understand, with little information on measures for control. However to find out about health risks and emergency situations, concentrate on:

2.12 Sections 2 and 16 of the sheet, which tell you what the dangers are;  
Sections 4 - 8, which tell you about emergencies, storage and handling.

2.13 If the SDS for products in use within the Trust cannot be located, or the SDS is not up to date (it should have 16 headings with information about the product) contact NHS Supplies. If products have been purchased or obtained not through NHS Supplies the manufacturer should be contacted for the SDS (some manufacturers have these available via the internet).

### **3. COSHH ASSESSMENT PROCESS / REQUIREMENTS**

3.1 COSHH assessments are to be completed by completing the online Sypol COSHH assessment form for all activities carried out by Solent NHS Trust employees working with chemicals or other hazardous substances at work that can put people's health at risk. The COSHH assessments are to be documented and reviewed, in accordance with the COSHH regulations

3.2 Manufacturers of products and substances that fall within the remit of the COSHH Regulations have to produce, and make available, Safety Data Sheets for all such products. Having a Safety Data Sheet available is not a replacement or substitute for

undertaking a COSHH risk assessment. COSHH risk assessments must be undertaken utilising information from the Safety Data Sheet

3.3 Managers responsible for work activities that necessitate the use of chemicals or other dangerous substances at work that can put people's health at risk must involve the following:

- Assessing the risks to health of a substance during an operation/ procedure and removing or replacing the substance with one less harmful wherever reasonably practicable
- Where potentially harmful substances need to be used safely as identified in the COSHH assessment:
  - a) Inform, instruct and train employees about the risks of using hazardous substances and the precautions/ controls required
  - b) Implement the controls
  - c) ensure the controls measures are used and maintained
  - d) monitor exposure of workers to hazardous substances
  - e) carry out health surveillance where necessary
  - f) Prepare plans and procedures to deal with accidents, incidents and emergencies involving hazardous substances where necessary

**Note:** *8 Steps of COSHH Assessment Step by Step Guide (Appendix 1) provides a step-by-step procedure to achieve the above requirements.*

**Chemical Risk Phases and Biological agents ratings** are provided within **Appendix 2**

3.4 Once the COSHH assessment has been completed it should be reviewed annually or sooner when:

- The working environment changes
- A new substance is introduced or replaced
- The process in which the substance is used changes
- The assessment is reviewed annually
- Change in Legislation

3.5 COSHH assessments must be retained as long as a substance is in use

3.6 Obsolete COSHH assessments ( for substances no longer in use) must be retained locally for five years from the date the substances was removed from use.

3.7 Monitoring and health surveillance records must be retained in accordance with Occupational Health guidance. It is not envisaged that any work activities undertaken within the Trust will expose employees to the specific hazardous substances listed in Schedule 6 of the COSHH Regulations that necessitate environmental monitoring and health surveillance, however, any queries on whether health surveillance is appropriate should be referred to the Trust's Occupation Health and Wellbeing team, or the Health and Safety Manager.

- 3.8 Where it is appropriate to undertake monitoring and health surveillance, the technique of investigation must present a low risk to the employee and records of health surveillance must be retained for a minimum of 40 (forty) years.

#### 4. ROLES & RESPONSIBILITIES

- 4.1 **The Chief Executive Officer** for Solent NHS Trust is responsible for ensuring the organisation complies with all relevant Health & Safety legislation of which COSHH is a part and will be responsible for ensuring that individual staff are identified and given responsibility for the development, implementation and subsequent monitoring of COSHH activities. The Chief Executive Officer will ensure that sufficient resources are provided to enable the policy to be implemented and to remain effective.
- 4.2 **The Nominated Director for Health and Safety (Chief Nurse)** will through the Trust Health & Safety Sub-committee be responsible for monitoring compliance with the COSHH policy, generating status reports reporting any significant risks associated with COSHH management
- 4.3 **Managers (Facility Managers, Support Services Managers, Premises Managers and responsible persons both clinical and non-clinical)** are responsible for ensuring that day-to-day work activities under their control are carried out with regard to good Health and Safety management. In particular they are responsible for ensuring COSHH assessors within their service/ care group/ sites are identified and appropriately trained and for the implementation and monitoring of this Policy in areas of their remit. In particular they are responsible for:-
- COSHH assessors attend COSHH specific training provided by the Learning and Development team records of any such training will be held centrally by Learning and Development.
  - COSHH risk assessors are informed of any changes to current work procedures, adoption of new procedures, changes in substances, etc. that can have implications of managing the control of substances hazardous to health, thus ensuring COSHH assessments are carried out, updated or revised as necessary
  - Ensuring control measures and safe work procedures are in place and implemented to eliminate exposure, or if this is not possible, to at least minimise exposure to levels within statutory limits.
  - Maintaining an inventory of all substances hazardous to health in each workplace, and also maintain up to date hazard information ( Safety Data Sheets) on each product/substance.
  - Reviewing any system of work, supervision system or any other similar measure intended to manage or control exposure to hazardous substances at suitable intervals and revise if necessary.
  - Where the use of Personnel Protective Equipment (PPE) is necessary, ensuring that appropriate PPE and / or Respiratory Protective Equipment (RPE) is provided

and users are trained in its use, disposal and / or storage where it is identified as being required by a COSHH assessment

- Informing all employees and others who may work or be present in the affected areas of the purpose and safe operation of all engineering controls.
- Ensuring all changes to the control measures and changes of PPE are properly assessed and no new substances are introduced into the workplace without prior assessment.
- Ensuring all employees are provided with understandable information and appropriate training on the nature of the hazardous substances they work with.
- That plans are in place to deal with accidents, incidents and emergencies concerning exposure to a hazardous substance, for example an accidental spillage of a chemical (as identified in the COSHH assessment)

#### 4.4 **COSHH Assessors**

4.4.1 **COSHH Assessors** can be any member of staff who has been suitably trained in carrying out COSHH assessments, are conversant with the operation and procedures of the department, and have received a refresher course at least every three years or when there are changes in legislation.

4.4.2 COSHH Assessors are responsible for:

- Carrying out COSHH assessments in accordance with this policy
- Attending training/refresher training courses as required to maintain competence and skills
- Identifying appropriate control measures and communicating to the persons affected, including emergency procedures (particularly where carcinogens, mutagens or biological agents are used).
- Identifying where exposure monitoring/ health surveillance is required and involving the Health and safety Manager and Occupational Health Department
- Providing information and instruction to staff/management about controls and precautions for using hazardous substances and ensuring appropriate COSHH Summary & Training Records (Appendix 4) are completed and retained.
- Ensuring staff have local access to documented COSHH assessments, Material Safety Data Sheets
- Notifying their Service Manager and Health and Safety Manager where the COSHH Assessment identifies issues that cannot be managed locally.

4.5 **Employees** are required to:

- Undertake instruction and training in the safe use of hazardous substances they utilise or are exposed to at work.
- Work within the controls identified in the safe systems of work and received during training and instruction.

- Wear/use, store and dispose safely personal protective equipment or respiratory equipment identified as required in the COSHH assessment.
  - Report any failure/inability to work within those controls to their COSHH Assessor, Line Manager and Service Manager.
  - Immediately implement defined plans and procedures to control any accident, incident or emergency involving a hazardous substance and report such an incident via the reporting system
  - Present themselves for health surveillance as required.
- 4.6 **Learning and Development Team** will provide training for COSHH assessors to complete the web based database Alcumus Sypol online COSHH assessments. All identified assessors must attend a COSHH assessor training session to receive appropriate training inclusive of elements of theory in conducting/reviewing COSHH risk assessments and practice on the use and application of control measures.
- 4.7 **Independent Contractors** - Contractors that work on NHS premises such as domestic or maintenance, building, etc. are also required to meet the requirements of health and safety (COSHH) specific legislation in their workplaces, in relation to their working practices. This includes completing COSHH assessments for products and materials that they may use in healthcare premises. NHS staffs, who manage contracts and/or service agreements with external providers, are responsible for ensuring contractors undertake suitable and sufficient COSHH assessments, and implement appropriate management plans to facilitate staff training and the provision of PPE and other controls necessary to maintain a safe working environment. These requirements should form an integral part of any written contract or agreement with external service providers.

## 5. TRAINING

- 5.1 COSHH Risk Assessors should refresh their training with the Learning and Development team at least every 3 years. Refer to section 4.6
- 5.2 All employees tasked with working with hazardous substances must be appropriately trained and competent to carry out the task in a safe and proper manner. The instruction and training must ensure that people at work on the premises do not put themselves or others at risk through exposure to substances hazardous to health. In particular, the instruction must be sufficient and suitable for them to know:
- how and when to use the control measures as per assessed within the COSHH assessment
  - the defined methods of work
  - how to use the personal protective equipment and especially respiratory protective equipment
  - the cleaning, storage and disposal procedures they should follow, why they are required and when they are to be carried out,
  - the procedures to be followed in an emergency

- 5.3 Training in the use and application of control measures and PPE should take account of recommendations and instructions supplied by the manufacturer.

*\*It is a Trust requirement for Medical and Dental staff to participate in Clinical and Safeguarding Supervision appropriate to their role. However it is recognised that this may not follow the model described in this policy.\**

- 5.4 Records of training given to individual employees or specific groups of named employees to be kept locally for 5 years.

## **6. COSHH REGISTER**

- 6.1 Each Service/department will maintain a COSHH Register which will contain:
- List of all relevant substances used in that service or department. Material Safety Data Sheets for each of those substances
  - COSHH assessment for the use of those substances in normal use, abnormal, and emergency situations
  - Other relevant COSHH documents (leaflets, information, correspondence, etc)
- 6.2 The COSHH Register should be available where any hazardous substances are used and kept in a place that is accessible to all staff.

## **7. RETENTION OF RECORDS**

- 7.1 COSHH assessments must be retained as long as a substance is in use and Obsolete COSHH assessments (for substances/activities no longer undertaken) must be retained locally for five years from the date the substance was removed from use/activity stopped.
- 7.2 Staff training records relating to COSHH must be retained locally for five years from the date the training took place (refer to Appendix 3 for an example of training records).
- 7.3 Health surveillance records must be retained in accordance with the Solent NHS Trust Occupational Health Department guidelines

## **8. SUCCESS CRITERIA/ MONITORING COMPLIANCE**

- 8.1 Health and safety Manager will monitor compliance with this policy as part of his day to day activities i.e. accident/ incident reports, staff complaints, and management requests.

### **Non-Compliance**

- 8.2 Issues, which cannot be resolved at Service level, breaches in or failures to meet COSHH regulations, must be reported to the Solent NHS Trust Health and Safety Manager and raised at the Health & Safety Sub- Committees or equivalent. Where applicable a Safeguard Incident report form must be completed.

## **9. EQUALITY & DIVERSITY AND MENTAL CAPACITY ACT**

- 9.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the Trust's Policy on Equality and Human Rights.
- 9.2. The assessment found that the implementation of and compliance with this policy has no impact on any Trust employee on the grounds of age, disability, gender, race, faith, or sexual orientation. (refer to Appendix 4)

## **10. REVIEW**

- 10.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed on a tri-annual basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

## **11. REFERENCES and LINKS to other DOCUMENTS**

- 11.1 For advice on the COSHH regulations, contact the Health and Safety Manager. Documents include;
- COSHH Regulations 2002- Approved Codes of Practice L5 (fifth Edition)
  - COSHH Essentials 2003 HSG 193 - Easy steps to control chemicals
  - EH40/2007 Workplace Exposure Limits (latest amendment)
  - Chemicals (Hazard Information and Packaging for Supply) Regulations 2002 (CHIP) 4
  - Classification, Labeling and Packaging of Substances and Mixtures Regulations 2009 (CLP)
  - Seven steps to successful substitution of hazardous substances HSG 110
  - Biological monitoring in the workplace HSG 167
  - Personnel Protective Equipment at Work Regulations 1992
  - Respiratory Protective Equipment at Work HSG 53
  - The United Nations' Globally Harmonized System of Classification and Labelling of Chemicals (GHS)

## APPENDIX 1

8 Steps of COSHH Assessment The following hierarchy of control must be followed: **Elimination, Substitution, Enclose, Contain**. The 8 steps must also be followed as set out below:

<b>Step 1</b> Assess the Risk	Assess the risks to health from hazardous substances used in or created by your workplace activities and design and operate processes and activities to minimise emission, release and spread of substances hazardous to health.
<b>Step 2</b> What precautions are needed?	No work that could expose employees to hazardous substances will be carried out without first considering the risks, the necessary precautions/control measures, and what else is required to comply with the COSHH Regulations.
<b>Step 3</b> Prevent or adequately control exposure	Employees shall be prevented from being exposed to hazardous substances. Where preventing exposure is not reasonably practicable, then it must adequately controlled by measures that are proportionate to the health risk. Take into account all relevant routes of exposure – inhalation, skin absorption, ingestion and puncture/injection – when developing control measures
<b>Step 4</b> Ensure that control measures are used and maintained	Ensure that control measures are used and maintained properly and that all safety procedures are followed. Choose the most effective and reliable control options which minimise the escape and spread of substances hazardous to health. Where adequate control of exposure cannot be achieved by any other means, provide, in combination with other control measures, suitable personal protective equipment. Ensure that the introduction of control measures does not increase the overall risk to health and safety.
<b>Step 5</b> Monitor the exposure	Monitor the exposure of employees to hazardous substances. <i>(if necessary)</i> Check and review regularly all elements of control measures for continuing effectiveness.
<b>Step 6</b> Carry out appropriate health surveillance	Carry out appropriate health surveillance where the assessment has shown this is necessary or where COSHH sets specific requirements.
<b>Step 7</b> Prepare plans and procedures to deal with accidents, incidents and emergencies	Prepare plans and procedures to deal with accidents, incidents and emergencies involving hazardous substances, where necessary.
<b>Step 8</b> Ensure staff are properly informed, trained and supervised	Inform and train all employees on the hazards and risks from the substances with which they work and the use of control measures developed to control the risks.

## Risk Phases and Biological Agents Rating

<p><b>Risk phrases relating to health effects used in the Chemicals</b> (Hazard Information and Packaging for Supply) Regulations 2002 (CHIP) 4 and / or Classification, Labeling and Packaging of Substances and Mixtures Regulations 2009 (CLP)</p> <p>R20 Harmful by inhalation  R21 Harmful in contact with skin  R22 Harmful if swallowed  R34 Caused burns  R36 Irritating to eyes  R37 Irritating to the respiratory system  R38 Irritating to the skin  R42 May cause sensitisation by inhalation  R43 May cause sensitisation by skin contact  R66 Repeated exposure may cause skin dryness or cracking  R67 Vapors may cause drowsiness and dizziness  Harmful in contact with skin</p>	<p><b>Risk phrases relating to health effects used in the Chemicals</b>(Hazard Information and Packaging for Supply) Regulations 2002 (CHIP) 4 and / or Classification, Labeling and Packaging of Substances and Mixtures Regulations 2009 (CLP)</p> <p>R23 Toxic by inhalation  R24 Toxic in contact with skin  R25 Toxic if swallowed  R26 Very toxic by inhalation  R27 Very toxic in contact with skin  R28 Very toxic if swallowed  R33 Danger of cumulative effects  R35 Causes severe burns  R39 Danger of very serious irreversible effects  R40 Possible risk of irreversible effects  R41 Risk of serious damage to eyes  R45 May cause cancer  R46 May cause heritable genetic damage  R48 Danger of serious damage to health by prolonged exposure  R49 May cause cancer by inhalation  R60 May impair fertility  R61 May cause harm to unborn child  R62 Possible risk of impaired fertility  R63 Possible risk of harm to unborn child</p>	<p><b>Exposure to microbiological agents and body fluids.</b></p> <p><b>High Risk</b></p> <p>Where there is a risk of exposure to body fluids and there is no appropriate personal protective clothing, or where deemed necessary the appropriate vaccination policy has not been adhered to, or safety procedures required are not identified or known.</p> <p><b>Medium Risk</b></p> <p><i>Provided that the infection control guidelines are adhered to and that staff observe safe practice the risk from microbiological agents is reduced.</i></p> <p><b>Note:</b>  <i>There are a number of viruses such as the common cold for which there are no safeguards possible.</i></p> <p><i>All staff must adhere to the HCHC's vaccination policy as appropriate where this is not possible a formal risk assessment MUST be carried out by the manager</i></p>
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Equality Impact Assessment

Completed in consultation

<b>Step 1 – Scoping; identify the policies aims</b>	<b>Answer</b>
1. What are the main aims and objectives of the policy?	This document has been produced in accordance with the general requirements of the Control of Substances Hazardous to Health Regulations. The policy has been compiled to provide guidance to Directors, Managers, Supervisors and Employees on the arrangements for managing safe practices for controlling hazardous substances that are used at work
2. Who will be affected by it?	All NHS Trust staff. Independent Contractors.
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Local targets Legal requirements Outcomes
4. What information do you already have on the equality impact of this policy?	–
5. Are there demographic changes or trends locally to be considered?	No
6. What other information do you need?	None identified

<b>Step 2 - Assessing the Impact; consider the data and research</b>	<b>Yes</b>	<b>No</b>	<b>Answer (Evidence)</b>
1. Could the policy unlawfully against any group?		✓	
2. Can any group benefit or be excluded?		✓	
3. Can any group be denied fair & equal access to or treatment as a result of this policy?		✓	
4. Can this actively promote good relations with and between different groups?	✓		
5. Have you carried out any consultation internally/externally with relevant individual groups?	✓		Please see routes of consultation and ratification process.
6. Have you used a variety of different methods of consultation/involvement	✓		Consultation within organisation. Please see above.
Mental Capacity Act implications	✓		
7. Will this policy require a decision to be made by or about a service user? (Refer to the Mental Capacity Act policy for further information)		✓	

If there is no negative impact – end the Impact Assessment here.

<b>Step 3 - Recommendations and Action Plans</b>	<b>Answer</b>
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	

<b>Step 4- Implementation, Monitoring and Review</b>	<b>Answer</b>
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the policy?	

<b>Step 5 - Publishing the Results</b>	<b>Answer</b>
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	

## Appendix 5

### Globally harmonised system (GHS) for the classification and labelling of chemicals including safety data sheets.

By 2015, the old EU orange symbols and classifications will no longer be used, except for biohazards and radioactive hazards, which are not covered by GHS due to the nature of the hazards involved. The labelling for these remains essentially unchanged.

Classification, Labelling and Packaging of Substances & Mixtures Regulations (CLP) hazard pictograms



Explosive (Symbol: exploding bomb)



Flammable (Symbol: flame)



Oxidising (Symbol: flame over circle)



Corrosive (Symbol: Corrosion)



Acute toxicity (Symbol: Skull and crossbones)



Hazardous to the environment (Symbol: Dead tree and fish)

You'll see that the old 'harmful/irritant' symbol is missing. This has been replaced by the exclamation mark pictogram:



Health hazard/Hazardous to the ozone layer (Symbol: Exclamation mark)

A couple of new pictograms have also been introduced:



Serious health hazard (Symbol: health hazard)



Gas under pressure (Symbol: Gas cylinder)

Example of Sypol CMS online COSHH assessment

Appendix 6

COSHH SUMMARY SHEET		www.alcumusgroup.com	
SUBSCRIBER Sypol	MAIN AREA Workshop	SUB AREA CMS 5678678900	MATERIAL CODE 247318
<b>MATERIAL/PROCESS</b> Sodium Dichromate Passivation Solution <b>HIGH HAZARD</b> <b>LIQUID</b> SUPPLIER Division solvents Ltd KEYWORD Solvent cleaner CONTENTS Sodium dichromate: 40%		<b>HEALTH RISKS</b> May intensify fire, oxidizer Fatal if inhaled Toxic if swallowed Causes severe skin burns and eye damage May cause allergy or asthma symptoms or breathing difficulties if inhaled May cause cancer May cause genetic defects May damage fertility or the unborn child Causes damage to organs through prolonged or repeated exposure through inhalation Harmful in contact with the skin May cause respiratory irritation May cause an allergic skin reaction Very toxic to aquatic life with long lasting effects	
SIGNAL WORD DANGER EXP LIMIT Sodium dichromate 0.05mg/m3 8hTWA WEL		<b>CONSIDERATIONS</b> 	
METHOD Spraying (pressurised gun)	AREA Confined Space	EXPOSURE TIME 2 to 4 hours per shift	
<b>HIGH RISK - FULL EXPOSURE</b>			
<b>CONTROL MEASURES HIGH RISK - INDIVIDUAL ACTIVITY</b>			
RESTRICTED ACCESS	MONITOR 9° LEVEL	IMPERVIOUS	NITRILE OR PVC
AND	BOOTH AND	EN137 OR 14593/14594	WASH AFTER USE
WITH COMBUSTIBLE MATERIAL	CLOSE TIN AFTER USE	DISKING TOXIC	
			WEAR SAFETY FOOTWEAR
			BS EN166 GRADE 3
			AT END OF SHIFT
			AT END OF SHIFT
<b>SPILLAGE</b> LARGE SPILLAGES - EVACUATE AREA - ASSESS SITUATION FROM A SAFE AREA VENTILATE AREA MARK THE AREA AND WARN ALL PERSONNEL WEAR NITRILE GLOVES WEAR SELF-CONTAINED BREATHING APPARATUS WEAR PROTECTIVE OVERALLS & CHEMICAL PROOF FOOTWEAR ABSORB IN SAND OR INERT ADSORBENT MATERIAL COLLECT INTO A CONTAINER, CLOSE LID DISPOSE OR RECYCLE OF SPILLAGES IN A CONTROLLED MANNER		<b>FIRST AID</b> ENSURE ACCESS TO EYEWASH STATION FOR EMERGENCY USE INHALATION - REMOVE IMMEDIATELY FROM AREA AND CALL FOR MEDICAL ASSISTANCE INGESTION - DO NOT INDUCE VOMITING INGESTION - GIVE PLENTY OF WATER IN SIPS INGESTION - GET IMMEDIATE MEDICAL ATTENTION EYE CONTACT - IRRIGATE USING EYEWASH & GET IMMEDIATE MEDICAL ATTENTION SKIN - REMOVE CONTAMINATED CLOTHING SKIN - REMOVE CLOTHING & WASH CONTAMINATED AREA WITH WATER GET PROMPT MEDICAL ATTENTION	
<b>FIRE</b> ISOLATED SMALL SCALE FIRE: WATER - CARBON DIOXIDE - POWDER - FOAM LARGE FIRE: EVACUATE AREA, CALL FIRE BRIGADE OR FOLLOW SITE PROCEDURE WEAR SELF-CONTAINED BREATHING APPARATUS AND PROTECTIVE CLOTHING TOXIC FUMES ARE PRODUCED WHEN MATERIAL IS INVOLVED IN A FIRE		This COSHH assessment was compiled by Sypol CMS Ltd, part of the Alcumus Group, from the supplier's safety data sheets. Safety in the use of assessments is the responsibility of the subscriber. For advice call the helpdesk on 01296 678464	
DATE ASSESSMENT LAST REVIEWED 01/05/15		SAFETY DATA SHEET REFERENCE 01/05/15	
ACTIVITY COMMENTS Monitor to verify - may cause skin irritations		INSERT YOUR COMPANY LOGO HERE	

## Appendix 7

### Glossary

Control Of Substances Hazardous to Health (**COSHH**)

Chemical Hazardous Information Packaging (**CHIP**)

Classification, Labeling and Packaging of substances (**CLP**)

Globally Harmonised System (**GHS**)

European Union (**EU**)

Safety Data Sheet (**SDS**).

Personnel Protective Equipment (**PPE**)

Respiratory Protective Equipment (**RPE**)