



Control of Substances Hazardous to Health (COSHH) Policy

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1 Statement of Aims and Objectives

- 1.1. The Control of Substances Hazardous to Health (COSHH) Policy is applicable to all employees of South East Coast Ambulance Service NHS Foundation Trust, referred to throughout this policy as 'the Trust,' who may be required to use or handle substances hazardous to health during their work as well as other staff including temporary employees (e.g. agency/bank, contractors/students) and any other people who may be affected by the Trust's activities.
- 1.2. This policy forms part of the suite of policies which contribute to the overall objectives of the Trust Health & Safety Policy.
- 1.3. The purpose of this policy is to set out the Trust arrangements to comply with the COSHH Regulations and imposes specific duties and responsibilities for all employees at all levels and to meet the outcomes identified in Care Quality Commission (CQC) Outcomes.

2 Principles

- 2.1. The Trust has a duty to ensure, as far as is reasonably practicable, the health and safety of all its employees and other persons with regards to the use of hazardous substances. Where reasonably practicable exposure to hazardous substances should be prevented, where this is not possible, the exposure will be controlled to prevent injury or ill health at work.
 - In accordance with the COSHH Regulations and Trust Policy, all substances deemed to be hazardous to health arising out of a work activity will be assessed to protect employees and other persons against risks to their health, (whether immediate or delayed). Substances that are hazardous to health are: Those classified according to Classification Labelling & Packaging of Substances and Mixtures Regulations 2009 (CLP) and are classified as very toxic, harmful, corrosive or irritant.
 - Substances for which the Health and Safety Commission has approved a Work Exposure Limit (WEL).
 - Substantial quantities of dust or vapour of any kind and microorganisms hazardous to health, which arise from a work activity.
 - Work involving contact with biological agents.
Work involving carcinogenic substances either during handling, administering or during waste disposal.
- 2.2. The Trust will:
 - Where possible, eliminate substances hazardous to health.
 - Where substances cannot be eliminated, reduce the number of people exposed to the substance and the period of time that people are exposed.
 - Isolate the substance and its use where possible.

- Adequately control the substance.
- Ensure the provision of adequate health surveillance where identified as part of the risk assessment process.
- Ensure a suitable and sufficient assessment of the risks of exposure and protection required and that any monitoring and the recording of these findings will be put in writing and shared with relevant staff.

2.3. **Arrangements**

This policy and arrangements are to be applied throughout the Trust and will extend to encompass the full range of the Trust's work and undertakings. This will include:

- All Trust premises
- Shared premises where Trust staff work
- All places where staff undertake their duties

2.5 **Substances Hazardous to Health covered by COSHH Regulations**

- 2.5.1 Any material, mixture or compound used at work or arising from work activities, which is harmful to people's health in the form in which it occurs in the work activity (e.g. solid, liquid, dust, fume, vapour, gas or micro-organism) occurs in the work activity (e.g. solid, liquid, dust, fume, vapour, gas or micro-organism).
- 2.5.2 All substances or mixture of substances classified as being toxic, very toxic, harmful, corrosive, or irritant under Classification Labelling & Packaging of Substances and Mixtures Regulations 2009 (CLP). For all commercially available substances and preparations, this information is given on statutory warning labels on their containers. Suppliers must also provide (by law) safety chemical hazard data sheets for these substances.
- 2.5.3. A substance for which the Health and Safety Commission has approved a Workplace Exposure Limit (WEL). WELs apply to airborne contamination. Exposure limits can be found in the HSE publication EH40 (revised annually).
- 2.5.4 A biological agent (bacteria and other micro-organisms) defined as any microorganism, cell culture, or human endoparasite and body fluids, including any which have been genetically modified, which may cause any infection, allergy, and toxicity or otherwise create a risk to human health.
- 2.4. Dust of any kind if its average concentration in the air exceeds the levels specified in the COSHH Regulations.
- 2.5. Any other substance, which creates a risk to health but which for technical reasons, may not be specifically covered by the CLP Regulations.

2.6. The Regulations apply to all substances from the time of receipt in Trust premises to their internal transportation, storage, use and disposal. This includes substances transported by or on behalf of the Trust.

2.7. **Substances Hazardous to Health NOT covered by COSHH Regulations but which are subject to their own regulations.**

- Lead
- Asbestos
- Radioactive substances

3 Definitions

Biological agent	Includes any micro-organism, cell culture, bacteria, virus, fungus, parasite or infectious larvae with the ability to cause infection in humans.
Carcinogenic	A substance which if it is inhaled or ingested or penetrates the skin may induce cancer or increase its incidence.
Contractor	Anyone brought in by an organisation to work at or on the premises who is not an employee of the Trust. It includes any individuals or company who come onto site to fulfil a contractual obligation between the site and a third party.
Corrosive	Substances that may on contact with living tissue destroy them.
Harmful	A substance which if it is inhaled, ingested, or penetrates the skin may involve limited health risks.
Hazard	Presented by a substance is its “potential to cause harm.”
Hazardous Substance	Is any solid, liquid, dust, fume, vapour, gas or micro-organism that could be harmful to health.
Health Surveillance	Is the examination of the health and wellbeing of a person who is, or is liable to be, exposed to substances hazardous to health and where there is a valid and suitable technique for measuring the adverse effects on health.
Irritant	A non-corrosive substance that, through brief, prolonged or repeated contact with the skin or mucous membrane can cause inflammation.
Monitoring	In the context of hazardous substances is the use of valid and suitable techniques to derive an estimate of the exposure of staff to substances hazardous to health. Personal and environmental monitoring techniques can be used.
Mutagenic	A substance that if it is inhaled, ingested, or penetrates the skin, may involve a risk of hereditary genetic defects.
Personal Protective Equipment (PPE)	Is equipment designed to give a measure of protection to an employee using or handling a hazardous substance. It includes head protection such as hard hats, through to foot protection such as safety boots.

Respiratory Protective Equipment (RPE)	Is equipment designed to prevent or minimise the amount of hazardous substance to which the employee might be exposed from entering the lungs. It includes breathing apparatus used for full-scale respiratory protection where there is no breathable atmosphere; through to disposable face masks used to prevent an employee inhaling dust particles.
Risk	Presented by a substance is the likelihood that harm will occur in the actual circumstances of use. This will depend upon: <ul style="list-style-type: none"> • The hazard presented by the substance • How it is used • How exposure is controlled • How much exposure there is and for how long • Whether individuals are particularly vulnerable (e.g. Asthmatics)
	<ul style="list-style-type: none"> • What could happen if systems fail, e.g. spillage • What could happen if substances are mixed e.g. toilet cleaner and bleach • How it is disposed of
Safety Data Sheet	Is a document that must be provided by the manufacturer or the supplier of the substance. It should be the first point of reference prior to handling hazardous substances as it details precautions to be taken during handling, use and in the event of an emergency.
Substances hazardous to health	<ul style="list-style-type: none"> • Substances labelled as toxic, corrosive, irritant, harmful • Substances with workplace exposure limits (WELs) • Biological agents (e.g. micro-organisms) • Dusts of any kind in substantial concentrations • Carcinogenic substances • Any other substance that can be harmful to health
Teratogenic	A substance which if it is inhaled, ingested, or penetrates the skin, may involve a risk of subsequent non-hereditary birth defects in offspring.
Very Toxic / Toxic	A substance which if inhaled or ingested or penetrates the skin, may involve extremely serious / serious acute or chronic harm or death.
Workplace Exposure Limits (WELs)	Are maximum exposure limits in the workplace as defined by European Health & Safety organisations. It is not acceptable to aim simply to comply with the WEL. Adequate control also requires that you apply the eight principles of good practice set out in Schedule 2A to COSHH and, if the substance causes cancer, heritable genetic damage or asthma, you reduce exposure to as low a level as is reasonably practicable. Information about current WELs is found in HSE Guidance note EH40 and may also be recorded on a safety data sheet.
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected

groups where these are different from the needs of other people.

- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

4 Responsibilities

- 4.1. The **Chief Executive Officer** is accountable for ensuring the effective implementation of this Policy and monitoring the overall effectiveness of this Policy.
- 4.2. The **Director of Quality and Nursing Directorate** has been designated as the lead Board member with the responsibility for Health and Safety and as such will ensure that robust management systems exist to reasonably minimise and or adequately control risks to patients, staff and others from substances hazardous to health
- 4.3. The **Health and Safety Department** will provide specialist advice and guidance where substances have an EH40 classification as indicated on the manufacturer's safety data sheet or are classified as WEL/health hazard H351 (Carcinogen) H334 (respiratory) H351 (skin irritation) specific specialist task based COSHH assessments.
- 4.3.1 Advise on occupational hygiene monitoring services to ensure effectiveness of control measures and compliance with workplace exposure limits
- 4.3.2 Will create and manage COSHH risk assessments that can be applied Trust wide.
- 4.4. **Infection Prevention Control** will provide expert advice on the risk from microbiological agents and provide policies and procedures to ensure safe practices are in place to limit the risk and spread of micro-organisms.
- 4.5. **Procurement (All staff)** will ensure that purchases of substances hazardous to health be procured via the approved purchasing process. No other purchasing approaches should be adopted. Such substances/products are required to be COSHH assessed **before purchase and use** and to ensure products/substances chosen have the least potential to cause any ill-health.
- 4.6. **Managers** will communicate information to staff about all COSHH identified products used in their area of work and share with them suitable and sufficient COSHH risk assessments.
- 4.6.1 Maintain a COSHH inventory for their work as per Appendix A.

- 4.6.2 Managers may delegate the task of completing task based COSHH risk assessments as per Appendix B and they will retain the responsibility for ensuring these have been completed and that COSHH inventories are kept and updated.
- 4.6.3 They will ensure that suitable and sufficient training is provided to staff carrying COSHH risk assessments and records maintained on the Trust training platform.
- 4.7. **All Employees** will co-operate with the Trust by adhering to this COSHH Policy and the control measures identified in individual task based COSHH assessments.

5 Education and training

- 5.1.1 COSHH Training will be subject to a training needs analysis.
- 5.1.2 In addition, staff identified to undertake work activities where COSHH is applicable will have the task based COSHH risk assessment shared with them including receiving information and instruction. This will include guidance on the COSHH assessment process as per Appendix C.
- 5.1.3 Managers will ensure all staff required to use a COSHH substance as part of their work activity will be given training locally in the correct and safe use of the product and all associated personal protective equipment (PPE).

6 Monitoring compliance

- 6.1. The Director of Quality and Nursing Directorate Central Health and Safety Working Group (CHSWG) will monitor that policy is adhered to and fit for purpose.

7 Audit and Review

- 7.1. This policy will be audited by the Central Health and Safety Working Group (CHSWG) at regular intervals, and initially six months after this policy is approved and disseminated.
- 7.2. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 7.3. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.

- 7.4. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

8 Associated Trust Documentation

- 8.1. Health and Safety policy
- 8.2. Fire Safety policy
- 8.3. Infection Prevention and Control policy
- 8.4. Risk Management policy
- 8.5. Risk management procedure
- 8.6. Training Education and Development (TED) Procedure

9 References

- 9.1. Health and Safety at Work Act 1974
- 9.2. Management of Health and Safety at Work Regulations 1999
- 9.3. The Control of Substances Hazardous to Health Regulations 2002(as amended)
- 9.4. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- 9.5. Personal Protective Equipment Regulations 1992
- 9.6. Classification Labelling & Packaging of Substances and Mixtures Regulations 2009 (CLP).
- 9.7. Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) Regulation 2006.
- 9.8. Dangerous Substances and Explosive Atmospheres (DSEAR) Regulations 2002.

10 Equality Analysis

- 10.1 The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief,

Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.

- 10.2 Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature, then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.

Appendix A: COSHH Inventory

Key






RA – Risk Assessment







MSDS – Manufacturers Safety Data Sheet

SSOW – Safe system of work

Ser	Substance/Product	Summary of work activity	RA	MSDS	SSOW
1	<i>Cutan Hand sanitiser</i>	<i>Hand sanitising</i>	Yes	Yes	<i>Refer IPC Manual</i>
2					
3					
4					
5					
6					
7					
8					
9					
10					

Appendix B: COSHH Risk Assessment

 http://www.mccarthy-environmental.co.uk/images/coshh-logo.png	<h3>COSHH Risk Assessment</h3> <p>Product Name:</p>				
Operational:		Department:			
Describe the activity or work process. <i>(Inc. how long/ how often this is carried out and quantity substance used)</i>					
Location of process being carried out?					
Identify the persons at risk:	Employees <input type="checkbox"/>	Sub-contractors <input type="checkbox"/>	Public <input type="checkbox"/>		
Name the substance involved in the process and its manufacturer. <i>(Attach MSDS)</i>					
Classification <i>(state the category of danger)</i>					
	<input type="checkbox"/> Toxic		<input type="checkbox"/> Oxidising		<input type="checkbox"/> Gas Under Pressure

	<input type="checkbox"/> Harmful/ Irritant		<input type="checkbox"/> Flammable		<input type="checkbox"/> Carcinogen
	<input type="checkbox"/> Corrosive		<input type="checkbox"/> Explosives		<input type="checkbox"/> Dangerous for the environment

Hazard Type

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	Vapour	Mist	Fume	Dust	Liquid	Solid	Other (State)	

Route of Exposure

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalation	Skin	Eyes	Ingestion	Other	(State)

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









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State the Risks to Health from Identified Hazards

Control Measures:

Is health surveillance or monitoring required? No Yes

Personal Protective Equipment (state type and standard)

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

First Aid Measures

Storage

Disposal of Substances & Contaminated Containers

Hazardous Waste Skip Return to Depot Return to Supplier Other

(If Other Please State):

Consequence	Likelihood				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Rating	Classification
1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-25	Extreme risk

Residual risk rating = (Insert here)

Appendix C: Risk Assessment Guidance

The risk score will be based upon the consequence of a risk and the likelihood of it being realised. The Trust uses the risk scoring methodology and matrix previously published by the National Patient Safety Agency;

Three risk scores are used for the management of risks;

- **Inherent Risk Score** – Initial score of the risk before the application of new controls. The inherent risk score quantifies control failure and/or inadequate controls.
- **Residual Risk Score** - Score following the application of controls. Effective controls should always aim to reduce the inherent risk score. The current residual risk score is taken at the time the risk was last reviewed in line with the set review dates. It is expected that the current risk score will reduce and move toward the Target Risk Score as action plans and mitigating actions are developed and implemented.
- **Target Risk Score** - Score that is expected to be reached after the action plan and mitigating actions have been fully implemented to enable the risk to be reduced to a level which is tolerable.

a) Scoring the Consequence

Consequence will be scored using the Table of Consequences as a guide:

Table of Consequences					
Domain:	Consequence Score and Descriptor				
	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
Injury or harm Physical or Psychological	Minimal injury requiring no / minimal intervention or treatment No Time off work required	Minor injury or illness requiring intervention Requiring time off work < 4 days Increase in length of care by 1-3	Moderate injury requiring intervention Requiring time off work of 4-14 days Increase in length of care by 4-14 days RIDDOR / agency reportable incident	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days	Incident leading to fatality Multiple permanent injuries or irreversible health effects

b) Scoring the Likelihood

Likelihood will be scored using the Table of Likelihood as a guide-

Description	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Frequency (How often might it / does it occur)	This will probably never happen/recur Not expected to occur for years	Do not expect it to happen/recur but it is possible it may do so Expected to occur at least annually	Might happen or recur occasionally Expected to occur at least monthly	Will probably happen/recur, but it is not a persisting issue/circumstances Expected to occur at least weekly	Will undoubtedly happen/recur, possibly frequently Expected to occur at least daily
Probability	Less than 10%	11 – 30%	31 – 70 %	71 - 90%	> 90%

c) Risk Score and Grading (Risk Assessment)

Once the Consequence and Likelihood have been determined, the over-all risk score can be measured using the Risk Score Matrix and should follow a linear pathway:

Impact	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Negligible 1	1	2	3	4	5

For grading risks, the scores obtained from the risk matrix are assigned grades as follows:

	15 to 25 Extreme Risk
	8-12 High Risk
	4-6 Moderate Risk
	1 to 3 Low Risk

Risk grading makes evaluation of the risk easier providing a systemic framework by which to identify the level at which risks will be managed, prioritising remedial action and availability of resources to address risks.

Risk grading supports the Trust with setting its risk appetite, with the 'Risk Rating - Actions Table' used to define the guidance on the documentation/ registration of the risk, the urgency of action to mitigate the risk and clarifies ownership, reporting and oversight.

Risk Rating - Action Table							
Score	Risk Grade	Action *	Risk Owner **	Operational Monitoring ***	Organisation Oversight ****	Escalation Route	Board Assurance
1-3	Low	Risk entered onto Datix	Principle Risk Lead	Group (Described in each terms of reference)	Management Group / Committee / Board (Described in each terms of reference)	Described in each: Group/ Committee/ Board terms of reference	Quality and Patient Safety Committee Finance & Investment Committee Workforce and Wellbeing Committee Audit Committee
4-6	Moderate						
8-12	High						
15-25	Extreme						