CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH) POLICY

	POLICY

Reference	H&S/COS-10		
Approving Body	Health and Safety Committee		
Date Approved	10th October 2024		
For publication to external SFH website	**YES**	**NO**	**N/A**
	✓		
Issue Date	20th December 2024		
Version	10		
Summary of Changes from Previous Version	Biennial review and update as required		
Supersedes	Version 09 /January 2023		
Document Category	Health and Safety		
Consultation Undertaken	Health and Safety Committee Members		
Date of Completion of Equality Impact Assessment	10th October 2024		
Date of Environmental Impact Assessment (if applicable)	10th October 2024		
Legal and/or Accreditation Implications	Compliance with the Health and Safety at Work Act 1974 and Control of Substances Hazardous to Health Regulations 2002.		
Target Audience	All departments at SFHT		
Review Date	10th October 2027		
Sponsor (Position)	Director of People		
Author (Position & Name)	Head of Health and Safety.		
Lead Division/ Directorate	Central Division		
Lead Specialty/ Service/ Department	People Directorate		
Position of Person able to provide Further Guidance/Information	Head of Health and Safety		

Associated Documents/ Information	Date Associated Documents/ Information was reviewed
1. L 5 The Control of Substances Hazardous to Health Regulations 2002 (as amended) Approved Code of Practice and guidance 2. indg136 Working with substances hazardous to health a brief guide to COSHH 3. EH40/2005 Workplace exposure limits.	07.10.2024 07.10.2024 07.10.2024

CONTENTS

APPENDICIES

1.0 INTRODUCTION

1.1 This policy is issued and maintained by the Director of People on behalf of The Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions.

1.2 The Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended) impose obligations upon Sherwood Forest Hospitals NHS Trust (hereinafter referred to as the Trust) to ensure the health, safety and welfare of patients, service users, employees, visitors, contractors, members of the public and any person who may be affected by the Trust's work activities.

1.3 This policy does not cover:

- Lead (Control of Lead at Work Regulations 2002)
- Ionising Radiation Regulations 1999
- Ionising Radiation (Ionising Radiation (Medical Exposure) Regulations 2017
- Asbestos (Control of Asbestos at Work Regulations 2012)
- Any substance that is a risk to the health of a person to whom the substance is administered in the course of a medical treatment by a registered medical practitioner, registered dentist or appropriate practitioner under section 58 of the Medicines Act.

1.4 The Control of Substances Hazardous to Health (COSHH) Regulations 2002 is intended to prevent workplace disease and ill health resulting from exposure to hazardous substances. Basic occupational hygiene principles are followed by the regulations which introduce a control framework by requiring an adequate assessment of the risks to health arising from work activities associated with hazardous substances, the introduction of adequate control measures, maintenance of the measures and equipment associated with them, and monitoring the effectiveness of the measure and the health of employees.

1.5 The purpose of this policy is to describe the process for managing the risks associated with the control of substances that are potentially hazardous to health.

1.6 It will examine the contributory factors that could expose staff, patients and visitors to substances that are hazardous to health and will outline the duties and responsibilities of all staff.

2.0 POLICY STATEMENT

2.1 Using or being exposed knowingly or unwittingly to hazardous substances can put people's health at risk. This could result in short term or long-term damage to people's health. The Trust seeks to ensure that exposures to hazardous substances arising from the work of the Trust do not put people's health at unnecessary risk and to protect both employees and others who may be exposed from work activities.

2.2 The purpose of this Policy is to ensure that all employees and other persons affected by the Trust's activities are protected where reasonably practicable from exposure to any substance within the workplace that may be hazardous to health or ensure it is adequately controlled.

3.0 DEFINITIONS/ ABBREVIATIONS/NOTES

'Definitions for specific terms used in the policy or procedure should be clarified e.g.
'The Trust': means the Sherwood Forest Hospitals Trust.
'Staff ': means all employees of the Trust including those managed by a third party organisation on behalf of the Trust.

3.1 'Hazardous Substance: A **hazardous substance** can be any **substance**, whether solid, liquid or gas, that may cause harm to your health. **Hazardous substances** are classified on the basis of their potential health effects, whether acute (immediate) or chronic (long-term). They also include harmful micro-organisms and substantial quantities of dust and any materials, mixture or compound used at work, or arising from work activities, which can harm peoples' health.

3.2 The definition of a substance hazardous to health is given in Regulation 2 of the COSHH regulations and covers virtually all substances capable of causing adverse effects or disease arising out of work activities. These are classified below:

3.2.1 Chemicals classified under the Classification, Labelling and Packaging of Chemicals Regulations 2015.

3.2.2 Substances for which the Health and Safety Commission has assigned a Workplace Exposure Limit (WEL). The WEL value is expressed as a time weighted average (TWA) and there are two variations, the Long Term Exposure Limit (LTEL) which is the maximum exposure permitted over an 8-hour period and the Short Term Exposure Limit (STEL) which is the maximum exposure permitted over a 15-minute reference period.

3.2.3 A biological agent, which includes micro-organisms, bacteria, viruses, parasites and microscopic infectious forms of larger parasites.

3.2.4 Any dust at a substantial concentration in the air.

3.2.5 Any substance not in any of the above but has a comparable hazard to health.

Note: Biological agents are substances for the purposes of COSHH if:

- There is a deliberate intention to work with the agent e.g. in a laboratory
- Exposure arises out of a work activity e.g. body fluid spillage or needle stick

Note: Coronavirus, COVID 19 is generally not considered under COSHH in relation to carrying out a COSHH Risk assessment for COVID 19. COVID 19 is Risk Assessed as a requirement of The Management of Health and Safety at Work Regulations 1999.

Note: HSE Guidance States: People who come into contact with COVID-19 due to their work activity under the Control of Substances Hazardous to Health 2002 Regulations (COSHH), employers must protect workers who come into contact with COVID-19: directly through their work, for example in researching the virus in laboratories due to their work activity, such as health and social care workers caring for infectious patients
In these cases, employers must still do a risk assessment and implement control measures.

COSHH does not cover situations where: one employee catches a respiratory infection from another, a member of the public has infected an employee with coronavirus through general transmission in the workplace

Note: There is no requirement under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) to report incidents of disease or deaths of members of the public, patients, care home residents or service users from COVID-19.
The reporting requirements relating to cases of, or deaths from, COVID-19 under RIDDOR apply only to occupational exposure, that is, as a result of a person's work.
You should only make a report under RIDDOR when one of the following circumstances applies:

- An accident or incident at work has, or could have, led to the release or escape of coronavirus (SARS-CoV-2). This must be reported as a dangerous occurrence
- A person at work (a worker) has been diagnosed as having COVID-19 attributed to an occupational exposure to coronavirus. This must be reported as a case of disease
- A worker dies as a result of occupational exposure to coronavirus. This must be reportedas a work-related death due to exposure to a biological agent

4.0 ROLES AND RESPONSIBILITIES

4.1 Divisional Managers

4.1.1. Divisional Managers are responsible for ensuring that the areas that they are responsible for are covered by suitable COSHH risk assessments as applicable and that line managers have arrangements in place for complying with the regulations.

4.2 Line Manager

4.2.1. Managers, or their delegated COSHH Administrators, have a primary role in complying with these Regulations in the workplace as they will understand how tasks are actually undertaken and are therefore best placed to judge what changes in practice are possible.

Their responsibilities will include:

- Work out what hazardous substances are used in your work place and find out the risks from using these substances to people's health.
- Decide what precautions are needed before starting work with hazardous substances.
- Prevent people being exposed to hazardous substances, but where this is not reasonably practicable, control the exposure.
- Make sure control measures are used and maintained properly and that safety procedures are followed.
- If required, arrange the monitoring of employees exposure to hazardous substances.
- Make arrangements with occupational health to carry out health surveillance where your assessment has shown that this is necessary or COSHH makes specific requirements.
- Establish a local system for complying with the Regulations, including clear individual responsibilities and informing employees of these arrangements
- Undertake COSHH risk assessments to account for all work practices in the department in which exposure to hazardous materials may occur
- Ensure all employees receive appropriate information, instructions and training as required so that they are aware of the risks to health created by their exposure to hazardous substances and the precautions that must be taken.

4.3 Head of Health and Safety

4.3.1 Ensuring that the Trust has an appropriate policy in place to control the risk from Hazardous Substances.

4.3.2 Advising managers on the implementation of this policy.

4.3.3 Advising managers and COSHH Administrators on complex or high risk COSHH assessments and assisting with advice on control measures.

4.4 Occupational Health Department

4.4.1 Responsible for completing pre employment health screening to identify individuals that may be susceptable to hazardous substances, for example Latex allergies.

4.4.2 Ensuring that suitable health surveillance schemes are in place for employees expoased to hazardous substances for example lung function test for employees exposed to respiratory senistisers.

4.4.3 The provision of immunisation and advice on immunological status e.g. tuberculin testing.

4.5 Contract Monitoring Team

4.5.1 Will ensure that co-operation exitis betweeen the Trust and it’s contractors to ensure that employees can be protected from the health effects of any hazardous substances involved in the work activity of the Trust.

4.6 Staff

4.6.1 Staff have a responsibility to co-operate with the Trust to ensure its legal obligations are met by attending for instruction and training in the use of substances and wearing the appropriate personal protective equipment when required to do so.

4.6.2 Users of hazardous substances are required to report any symptoms arising from their work with materials to their line manager.

4.6.3 Users of hazardous substances are required to use all control measures (i.e. ventilation, personal protective equipment) provided in the interests of safety in the manner shown in their training and systems of work.

5.0 APPROVAL

5.1 Approved by the Health and Safety Committee

5.2 Date of approval: 10 October 2024.

6.0 DOCUMENT REQUIREMENTS

6.1 This policy applies to the work activity of the Trust. Co-operation with the Trust's contractors will be sought and is expected to ensure that anybody affected by work with hazardous substances is suitably protected. The results of any COSHH assessment that is relevant for the protection of any employee of one of the Trust's contractors will be made available, similarly it is expected that contractors will ensure that the results of their assessments will be passed on to the Trust to ensure that all Trust employees are protected.

6.2 This policy should be read in conjunction with the following:

- Trust Infection Control Manual (Available on the Intranet)
- The Trusts Health and Safety Policy

6.3 **COSHH assessment** concentrates on the hazards and **risks** from the use of hazardous substances at the Trust. Health hazards are not limited to substances labelled as 'hazardous'. Some harmful substances can be produced by the process carried out, e.g. surgical smoke from diathermy, or blood from medical activity from use of sharps and bodily fluids from care of patients. COSHH Assessments should be carried out by individual departments assisted by Health and Safety or Infection Control as applicable.

The five steps to carrying out a COSHH Risk Assessment are:

1 Gathering information about the substances, the work and the working practices (or finding out what the problems are).

2. Evaluating the risks to health (or looking at the problems that are found).

3 Deciding on the necessary measures to comply with regulations 7-13 of COSHH.
4 Recording the assessment.
5 Decide when the assessment needs to be reviewed.

Ensure that the assessment is produced in writing and following guidance from the HSE ensure that essential information from the Safety Data Sheets (SDS) is added to the COSHH assessment and that the Safety Data Sheet is available in the area where the activity or process is carried out or that key information from the SDS is added to the COSHH assessment in a clear and easy to understand format.

6.4 Record Keeping

The COSHH regulations are specific in what records need to be kept and for how long. That an assessment of all substances is carried out prior to use and the Hierarchy of Controls (Appendix 3) is followed.

6.5 Departmental COSHH Register.

Once completed the master copy of the COSHH assessment must be kept on file within the area where the substance is being used.

6.6 Record of assessments

The Trust acknowledges that under the provisions of COSHH formal documentation should be kept of the following:

6.6.1 Inventory of hazardous substances.

6.6.2 Assessments of risk and exposure levels.

6.6.3 Any control measures that have been provided.

6.6.4 Methods of use of control measures, and defect/fault reporting.

6.6.5 Examination, testing and repairing of any PPE or equipment provided as a control measure. Either the record itself or a summary must be kept for a minimum of five years.

6.6.6 Background exposure and control proving records, must be kept for a minimum of five years and for 40 years if a record of exposure of an identifiable member of staff.

6.6.7. Individual health record or incident report, of exposure or potential exposure, must be kept for 40 years from date of last entry.

6.6.8 Training given to members of staff.

Although COSHH specifically requires records of 6.6.5, 6.6.6 and 6.6.7 above, other items (6.6.1, 6.6.2, 6.6.3, 6.6.4 and 6.6.8 above) will also needs to demonstrate full compliance.

6.7 Controls

Other types of hazards such as dust, fume, vapour, mist and spray are also subject to control under COSHH.

The Trust will ensure that reasonably practicable Control Measures are implemented to reduce contamination levels in the employee's breathing zone i.e. local exhaust ventilation (LEV).

Where LEV is used there will be a procedure to ensure correct maintenance and compliance with manufacturers recommendations are adhered to.

For dusts and a wide range of specified substances, limits to exposure known as Workplace Exposure Limits (WEL) have been established.

Where a substance has been assigned a WEL and the exposure level is being exceeded the Trust will identify the reason and take the necessary action to rectify the problem.

6.8 Storage & Signage

All substances identified as hazardous to health shall be stored in accordance with approved codes of practice, SDS, manufacturer's instructions and official guidance. Appropriate hazard signage shall be provided on all storage areas and containers where a risk has been identified.

6.9 Arrangements for Securing the Health and Safety of Workers

The Trust will, in consultation with members of staff and their representatives, implement the following:

6.9.1 Competent persons will be appointed to carry out risk assessments.

6.9.2 Health surveillance, of members of staff where indicated to be necessary by the assessment, will be carried out by qualified Occupational Health professionals.

6.9.3 Occupational health records of staff will be kept of all exposures to substances hazardous to health for a minimum of 40 years.

6.9.4 All changes to control measures and changes of PPE will be properly assessed and no new substance will be introduced into the workplace without prior assessment.

6.9.5 Contractors and visitors will be asked to provide copies of assessments for the applicable processes being carried out on Trust sites. The Trust will provide copies of assessments to contractors and visitors who may be exposed whilst working on Trust sites.

6.10 Procedures for Dealing with Health and Safety Issues

Where a member of staff raises a point related to the use of substances hazardous to health the Trust will:

6.10.1 Ensure that the hazard associated with the substance has been correctly identified.

6.10.2 Ensure that the assessment of the use of the substance is correct and up to date.

6.10.3 Ensure that the controls in place are adequate.

6.10.4 Correct any observed deficiencies in the control of the hazards.

6.10.5 Inform the member of staff, and his or her representative where appropriate, of the results of the investigation and actions taken.

If an identified exposure, which exceeds the Workplace Exposure Limit (WEL), has taken place, those affected, and the managers and representatives, will be informed immediately. Possible health effects will, in addition, be communicated to the Trust's Occupational Health Department who will advise the member of staff to notify their General Practitioner.

6.11 Safety Procedures

Safety Procedures shall be documented and implemented for all high-risk work activities and shall include good hygiene practice, safe handling and disposal procedures. Employees must be trained and supervised in the application of the procedures to maintain safety for themselves and others who may be affected by the work. All control measures must be followed, and defects reported promptly to managers and if necessary to the Facilities Help Desk. If the defect involves a medical device, then the defect report must also be made to MEMD.

6.12 Maintenance

All equipment used for the control of hazardous substances shall be tested and maintained in accordance with regulations and approved codes of practice and maintenance records are to be kept in line with these regulations, i.e. a minimum of 5 years locally as well as within the Trust's facilities contractor.

Testing includes visual checks, inspections, servicing and remedial work and where appropriate, correction of working practices.

Maintenance means any work carried out to sustain the efficiency of control measures, not just work carried out by maintenance workers. These documents must be recorded, and copies maintained.

6.13 Personal Protective Equipment

Personal Protective Equipment shall be provided as a last resort measure following an appropriate COSHH risk assessment considering all other control options first. Any re-usable PPE issued to an individual should be regularly inspected with records kept.

Staff shall receive instruction, fitting including face fitting for tight fitting respirators (where applicable) and training in the correct usage, storage and maintenance of the PPE issued to them.

Re-useable protective clothing must be allocated clean and safe storage space. Disposable or single use protective clothing should not be re=used.

Re-useable protective clothing should be kept clean and be inspected as required according to manufacturer's guidelines.

All personal protective clothing and equipment will be provided by the Trust free of charge to the user. Personal protective equipment will be selected to ensure that it does not unduly hinder the member of staff in carrying out tasks.

6.14 Health Surveillance

Routine surveillance of an individual's health must be undertaken when it is warranted by the degree of exposure and the nature of the effects. Health surveillance for those regularly using substances that pose a risk to health should be undertaken by the Occupational Health Department. The COSHH Assessment and the responsible manager will determine any health surveillance required with the help and guidance of the Occupational Health Department.

Under the COSHH Regulations health surveillance is required 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 work that this disease or effect could occur, and it is possible to detect the disease or ill health effect.

Health surveillance might involve examination by a doctor or trained nurse. Due to the Trust change to non-latex gloves for the majority of clinical examinations there is no requirement for further specific health surveillance within that area. Departments should, very carefully, consider any decision to reintroduce latex products into the workplace and consult with the Head of Health and Safety before doing so.

6.15 Emergency Procedure

Emergency procedures shall be established for limiting the extent of health risks and to regain adequate control in the event of leakage, spill or uncontrolled release of any hazardous substances. The Safety Data Sheet (SDS) and manufacturers instruction provides appropriate information on the emergency procedures required for the substance and written arrangements should be in place which refers specifically to the departmental issues needing to be considered when an emergency occurs, following guidelines from the HSE this information will be provided and documented as part of the COSHH assessment process. All staff in the department must be aware of the measures to be taken in event of a spillage.

6.16 Specific Hazards

6.16.1 Infectious Hazards

Many infectious hazards in the hospital are covered by standard precautions and the infection control principles incorporated into clinical procedures and the Control of Infection Guidance. This information represents locally written rules or regulations and in effect they become part of the legal structure of COSHH.

6.16.2 Clinical Waste

The disposal of clinical waste needs special consideration under COSHH. All operations involved in the handling of clinical waste should have a risk assessment carried out on them. There is a Trust policy on clinical and other waste, and also area-specific procedures. The correct approach using all these sources of guidance is to take into account each procedure through which clinical waste passes after it is put into a yellow bag and use a written safe system of work. This largely covers fastening and labelling bags, disposal into chutes, bins, trolleys, skips etc. and subsequent handling and storage until it is transferred to a licensed waste contractor.

6.16.3 Waste Anaesthetic Gases

Some of these are suspected of causing birth abnormalities in children of parents of either sex who are exposed during work. Any scavenging systems or other measures to reduce exposure must be fully operational at all times when anaesthetic gases are being used. Gas scavenging systems should be maintained and tested yearly.

6.16.4 Other Risks

Other procedures involving any significant risk of infection not covered by clinical procedures must also have COSHH assessments carried out on them, e.g., specimen handling by porters, transport drivers and pathology staff. These assessments may be part of larger documents or guidance.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Incident Statistics	Head of Health and Safety	Reported on Datix	Quarterly	Trust Health and Safety Committee
Legal Actions Cases	Head of Health and Safety	Report following legal action	As Required	Trust Health and Safety Committee
Staff Survey	Head of Health and Safety	Review findings of Survey	Annually	Trust Health and Safety Committee

8.0 TRAINING AND IMPLEMENTATION

8.1 The Trust will give sufficient information, instruction, training and supervision to all employees to ensure a full understanding of any hazards associated with the substances and the necessary control measures to prevent any risks to health and safety, prior to the use of substances. Information will also be given to others who may be affected such as contractors, temporary staff and volunteers as appropriate.

8.2 Managers and supervisors should ensure that employees within their department are aware of procedures in the event of an accidental spillage, e.g., blood, bodily fluids, chemicals, cytotoxic drugs.

8.3 Safety Data Sheets for the various substances will be available as required for medical staff and nominated first aiders to ensure they have the information to enable them to administer the recommended actions if persons are exposed to the substances. The assessments for the commonly used Hazardous Substances will be available on the Health and Safety Intranet site.

8.4 Monitoring Compliance

Regular Health and Safety Audits conducted in Wards and Departments will check for evidence that COSHH assessments are available for staff, that staff are aware of the contents and that they have been reviewed at least within the last 12 months.

9.0 IMPACT ASSESSMENTS

9.1 This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1

9.2 This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 2

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- The Health and Safety at Work etc Act 1974 (HSW Act) Employers have a legal duty under this Act to ensure, so far as it is reasonably practicable, the health, safety and welfare at work of their employees.
- COSHH – A brief guide to the Regulations INDG 136, HSE Books
- Maintenance, examination and testing of local exhaust ventilation HSG 258 (second Edition 2011) HSE Books
- Respiratory Protective Equipment at work: A practical guide HSG53 (Second Edition)
- HSE Books 2005 ISBN 0 7176 2904 X
- Monitoring strategies for toxic substances HSG173 (Second Edition) HSE Books
- Preventing asthma at work. How to control respiratory sensitisers INDG 95 HSE Books
- EH40/2005 Workplace exposure limits: Containing the list of workplace exposure limits for use with the Control of Substances Hazardous to Health Regulations

- 2002 (as amended) Environmental Hygiene Guidance Note EH40 HSE Books
- HS (G) 97 How to carry out a COSHH assessment.
- Chemicals classified under the Classification, Labelling and Packaging of Chemicals Regulations 2015.

Related SFHFT Documents:

See SFHT Intranet

11.0 APPENDICES

Appendix 1	Equality Impact Assessment
Appendix 2	Environmental Impact Assessment
Appendix 3	Flow Chart
Appendix 4	Guidance on Completing the COSHH Assessment
Appendix 5	COSHH Assessment Sheet
Appendix 6	Completed Example COSHH Assessment Sheet
Appendix 7	Basic guidance on COSHH for Staff

APPENDIX 1 EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: COSHH Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 1.10.2024			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	N/A	None
Gender	None	N/A	None
Age	None	N/A	None
Religion / Belief	None	N/A	None
Disability	None	Produced in font size 12. Use of suitable technology to view	None

		electronically. Alternative versions can be created on request	
Sexuality	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
Pregnancy and Maternity	None	This policy lays out how pregnant employers will be protected from hazardous substances	None
Gender Reassignment	None	N/A	None
Marriage and Civil Partnership	None	N/A	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	N/A	None

What consultation with protected characteristic groups including patient groups have you carried out? None for this version, in that all previous principles remain in accordance with previous version (which was subject to consultation) and this version is primarily a reformat and codification of agreed practices.

What data or information did you use in support of this EqIA?
Trust policy approach to availability of alternative versions.

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

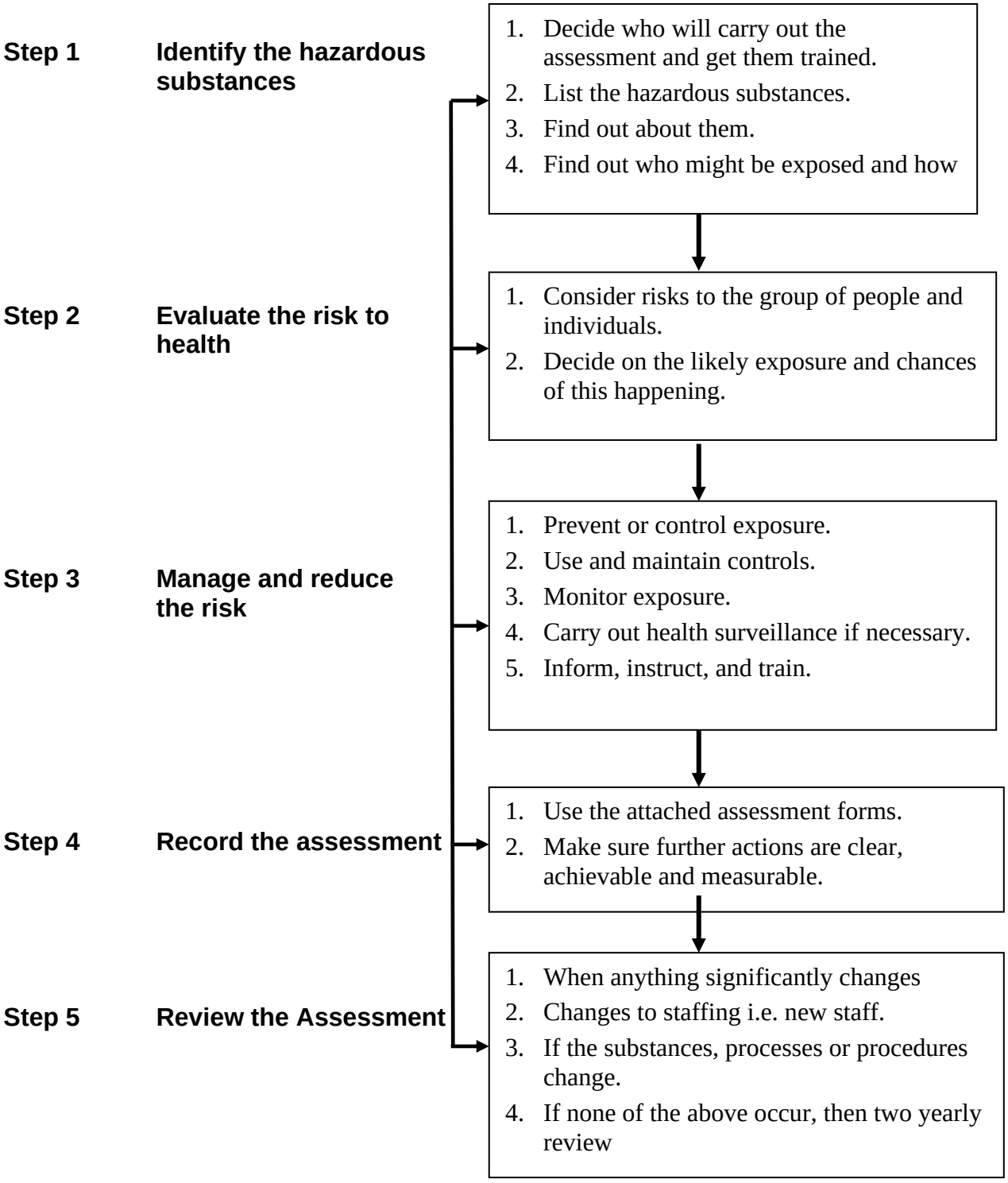
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: High Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.
Name of Responsible Person undertaking this assessment: Robert Dabbs
Signature:
Date 1st October 2024

APPENDIX 2 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No	Not Applicable
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No	Not Applicable
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	Not Applicable
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No	Not Applicable
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	Not Applicable
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	Not Applicable

APPENDIX 3 Flowchart – COSHH 5 Stage Approach Assessment



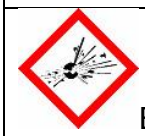
APPENDIX 4 COSHH ASSESSMENT FORM GUIDANCE INFORMATION

Use the Safety Data Sheet (SDS) or information from the label to make an assessment of each of the substances to determine:
Identify the type and nature of the hazardous substance

1 What name is the substance known by?
- **Chemical name or,**
- **Product name**

2. What type of substance is it?

- Chemical (Hazard symbols may help you)

 Gases under pressure	 Flammable	 Oxidizing
 Corrosive	 Hazards formerly classified as harmful or irritant, and includes skin sensitising chemicals and some low hazard substances	 Hazardous to the aquatic environment
 Explosive	 Mutagens, carcinogens, sensitizers, aspiratory hazards (related to breathing) and some high hazard substances that target specific	 Acute toxicity

- Biological

• Type of agent/pathogen
• Hazard classification (Group 1, 2 or 3)
• What form they are in (spore, cyst, protein, cell)

3. **How does it enter the body?**

- Ingestion (mouth)
- Inhalation (breathing)
- Injection (direct entry)
- Absorption (skin/membrane)

4. What are the health effects? (Short or Long term*)*

5. Hazard Phrases (e.g. H350 May cause cancer) and Precautionary statements (e.g. P270 Do not eat drink or smoke when using this product) may help you to determine the effects (see SDS, label or EH40). However, not all hazardous substances will have this

information such as biological hazards. Use alternative sources of information such as produced by the Infection Control Department.

6. Does the substances have a Workplace Exposure Limit (WEL)? If so, is it being exceeded?

Work Activity

7. What is the substance used for and how is it used

8. What is the location of use?

Identify people at risk of exposure.

9. Decide who is likely to be affected in the event of exposure. This will include staff, patients and visitors alike. You must consider the following factors:
   - Where is the substance being used.
   - The knowledge and training of staff members, temporary, contract and voluntary staff.
   - The susceptibility of certain members of staff such as those that have not been vaccinated, pregnant workers or young persons.
   - The susceptibility of patients particularly those that are immunocompromised.

Identify existing precautionary or control measures.

10. The next step is to identify what control measures are in place to control or prevent exposure to hazardous substances. The hierarchy of control is:

11. *Eliminate* the risk, if possible, by removing the hazard or changing the process.

12. *Minimise* the risk by:

- Substituting or replacing the substances with something less harmful.
- Enclosing the process (full or partial);
- Using engineering systems such as Local exhaust Ventilation (LEV);
- Ensuring sufficient general ventilation.
- Maintenance and testing of equipment.
- Provision of personal protective equipment.

13. *Manage* the risk by:

- Training exposed people.
- Keeping the number of people exposed to a minimum.
- Reducing the length of exposure.
- Ensuring good hygiene practices and safe systems of work.
- Prohibition of eating or drinking in areas where contamination could occur.
- Safe storage and disposal.
- Emergency procedures.

Determine further controls.

From the COSHH assessment process you should now be able to identify if any of the hierarchy of control measures have not been considered and whether any further action or control measure may be introduced.

Record the findings.

A COSHH assessment form is attached to assist staff in assessing substances hazardous to health. Please copy and complete a new form for each substance, attach it to the SDS and review on an annual basis or whenever there is a change in circumstances.

Further Guidance from the HSE, HS (G) 97 How to carry out a COSHH assessment.

APPENDIX 5: COSHH RISK ASSESSMENT PRO-FORMA (Blank)

SHERWOOD FOREST HOSPITALS NHS TRUST

HEALTH AND SAFETY COSHH RISK ASSESSMENT (Blank)

Division		Department/Ward		Date	
Work Activity					

Assessor		Review Date	

No.	Identify the hazard and who might be affected by the hazard. Identify what type or harm may occur	**RAW RISK (No Control Measures)**			Consider the need to use the substance is there a safer alternative, can the process be isolated, enclosed, what PPE is required	**OPERATIONAL RISK (With Control Measures**			Are there any additional controls or measures that can be put in place to further reduce the risk	**RESIDUAL RISK (With Additional Controls)**		
	Hazard (the potential to cause harm)	Probabilit	Severity	Risk Rating	Control Measures or Safeguards in place	Probabilit	Severity	Risk Rating	Observations and recommendations to improve safety	Probabilit	Severity	Risk Rating
1.												

Risk Scoring System

(Severity x Probability) = Risk Rating and can be a number between 1 and 25 **Risk Classification – 1-3: Low Risk, 4-6 Moderate Risk, 8-12: Medium Risk, 15-25: High Risk**			
SEVERITY		**PROBABILITY**	
1	Minor injury such as a chemical burn or allergic reaction requiring limited medical treatment	1	There is little or no risk of injury or ill health. Only under rare unforeseen conditions is there the likelihood of injury or ill health, this should be the aim of all workplace activities
2	Injury requiring medical treatment, but unlikely to result in absence from work	2	Remote possibility, if other factors were present, injury or ill health might occur, but the probability is low
3	More serious injury, possibly requiring hospital attendance and could result in absence from work	3	Possible, the incident may happen if additional factors precipitate it, but is unlikely without the other factors
4	Severe injuries including chemical burn, inhalation leading to breathing problems requiring attendance at hospital for treatment	4	The event is probable; the effects of humans or of other factors could cause the event (injury or ill health), but is unlikely without additional factors
5	Serious or fatal injury	5	If the task continues, then it is certain that an injury or ill health will occur

MSDS Information

Name of substance	
What is the substance used for?	
How is the substance used? e.g. spraying etc.	
Where is the substance used?	
Hazards e.g. skin irritants, corrosives etc.	
Substance is: (Liquid, Solid, Gas, Aerosol)	
CLP Hazard	

Workplace Exposure Limits	
Handling & Storage	

How does exposure occur?		**What controls are required?**	**1st Aid**
Inhalation			
Eyes			
Skin			
Injection			
Ingestion			
Others (please specify)			
Firefighting measures			

Action plan

Area	Action Required	By Whom	Target Date	Completion Date

APPENDIX 6: SHERWOOD FOREST HOSPITALS NHS TRUST

HEALTH AND SAFETY COSHH RISK ASSESSMENT (Example)
SHERWOOD FOREST HOSPITALS NHS TRUST
HEALTH AND SAFETY COSHH RISK ASSESSMENT

Division	All as applicable	Department/Ward	All Clinical	Date	04.09.2020
Work Activity	Use of Sani-Cloth CHG 2% for general disinfection of surfaces and medical devices				

Assessor	Graham Bell CMIOSH	Next Review Date	September 2021
Applicable Labels and symbols			

No.	Use the MSDS sheet to Identify the hazard and who might be affected by the hazard. Identify what type or harm may occur	RAW RISK (No Control Measures)			Consider the need to use the substance is there a safer alternative, can the process be isolated, enclosed, what PPE is required.	OPERATIONAL RISK (With Control Measures			Are there any additional controls or measures that you can or do put in place to further reduce the risk. ***(This would normally be blank for department to complete)***	RESIDUAL RISK (With Additional Controls)		
	Hazard (the potential to cause harm)	Probabilit	Severity	Risk Rating	Control Measures or Safeguards in place	Probabilit	Severity	Risk Rating	Observations and recommendations to improve safety	Probabilit	Severity	Risk Rating
1.	May cause significant eye irritation for users such as health care assistants and nurses	3	2	6	Keep in sealed unit until use is required Avoid touching or rubbing around the eyes or eye area. Use suitable protective nitrial disposable gloves when handling. Always wash hands after handling or using even with gloves on.	2	2	4	E.g. Staff are trained to use the Sani-cloths and made aware of the risks of eye contact. Staff who wear glasses are instructed not to handle their classes when their hands have come into contact with the cloths	1	2	2

No.	Use the MSDS sheet to Identify the hazard and who might be affected by the hazard. Identify what type or harm may occur	**RAW RISK (No Control Measures)**			Consider the need to use the substance is there a safer alternative, can the process be isolated, enclosed, what PPE is required.	**OPERATIONAL RISK (With Control Measures**			Are there any additional controls or measures that you can or do put in place to further reduce the risk. ***(This would normally be blank for department to complete)***	**RESIDUAL RISK (With Additional Controls)**		
	Hazard (the potential to cause harm)	Probabilit	Severity	Risk Rating	Control Measures or Safeguards in place	Probabilit	Severity	Risk Rating	Observations and recommendations to improve safety	Probabilit	Severity	Risk Rating
2.	May cause irritation to the respiratory tract for users	3	2	6	Avoid using in a confined space or where there is limited ventilation. Where practical ventilate areas where process is taking place. If use is required in confined space or where there is limited ventilation, then use a suitable respirator. Do not hold cloth close to mouth or nose to avoid breathing in the vapour.	2	2	4	E.g. Staff are trained to use the Sani-cloths and made aware of the risks of breathing in the vapour. All areas where the cloths are used are well ventilated and staff are advised to open windows where practical.	1	2	2
3.	Ingestion of large quantities of the formulation supplied may induce narcosis and irritate the mouth and upper digestive tract for users	2	3	6	Keep in sealed unit until use is required. Use suitable protective nitrile disposable gloves when handling. Always wash hands before eating, smoking or drinking after handling or using, even with gloves on.	1	3	3	E.g. Staff are trained to use the Sani-cloths and made aware of the risks associated with eating or drinking after handling. Warning signs are put up in the department to remind staff	1	3	3
4	May cause mild skin irritation even if exposure is prolonged and/or repeated for users	3	2	6	Keep in sealed unit until use is required. Use suitable protective nitrile disposable gloves when handling. Always wash hands after handling	2	2	4	E.g. Staff are trained to use the Sani-cloths and made aware of the risks associated with contact with skin. Warning signs are put up in the	1	2	2

No.	Use the MSDS sheet to Identify the hazard and who might be affected by the hazard. Identify what type or harm may occur	RAW RISK (No Control Measures)			Consider the need to use the substance is there a safer alternative, can the process be isolated, enclosed, what PPE is required.	OPERATIONAL RISK (With Control Measures			Are there any additional controls or measures that you can or do put in place to further reduce the risk. ***(This would normally be blank for department to complete)***	RESIDUAL RISK (With Additional Controls)		
	Hazard (the potential to cause harm)	Probabilit	Severity	Risk Rating	Control Measures or Safeguards in place	Probabilit	Severity	Risk Rating	Observations and recommendations to improve safety	Probabilit	Severity	Risk Rating
					or using, even with gloves on. If accidental contact occurs drench the skin with plenty of water. Remove contaminated clothing and wash before re-use				department to remind staff. Suitable disposal facilities for contaminated gloves is available			
5	May result in ignition and as a result of fire cause burns of varying degrees to users and others within the vicinity	3	3	9	Keep in sealed unit until use is required Do not store or use close to heat or ignition sources. Do not smoke when using Use in well ventilated areas that allow the vapour to dissipate	2	3	6	E.g. Staff are trained to use the Sani-cloths and made aware of the risks associated with highly flammable materials, fire prevention and what to do in the event of a fire	1	2	2
6.	Very toxic to aquatic organisms Environmentally Hazardous	2	4	8	Keep in sealed unit until use is required Do not store or use close drains or sinks and dispose of in a safe manner	1	4	4	Wastes cloths must be disposed of safely	1	4	4

Risk Scoring System

(Probability x Severity) = Risk Rating and can be a number between 1 and 25
Risk Classification – 1-3: Low Risk, 4-6 Moderate Risk, 8-12: Medium Risk, 15-25: High Risk

	SEVERITY		PROBABILITY
1	Minor injury such as a chemical burn or allergic reaction requiring limited medical treatment	1	There is little or no risk of injury or ill health. Only under rare unforeseen conditions is there the likelihood of injury or ill health, this should be the aim of all workplace activities
2	Injury requiring medical treatment, but unlikely to result in absence from work	2	Remote possibility, if other factors were present, injury or ill health might occur, but the probability is low
3	More serious injury, possibly requiring hospital attendance and could result in absence from work	3	Possible, the incident may happen if additional factors precipitate it, but is unlikely without the other factors
4	Severe injuries including chemical burn, inhalation leading to breathing problems requiring attendance at hospital for treatment	4	The event is probable; the effects of humans or of other factors could cause the event (injury or ill health), but is unlikely without additional factors
5	Serious or fatal injury	5	If the task continues, then it is certain that an injury or ill health will occur

MSDS Information

Name of substance	Sani Cloth CHG 2%
What is the substance used for?	Disinfectant for Medical Devices
How is the substance used? e.g. spraying etc	As a wipe applied by hand
Where is the substance used?	Various departments within the hospital
Hazards e.g. skin irritants, corrosives etc	Flammable, Irritant, Environmental hazardous
Substance is: (Liquid, Solid, Gas, Aerosol)	Solid Wet
CLP Hazard	H225 : Highly flammable liquid and vapour. H318 : Causes serious eye damage; Eye Dam. 1 STOT 3, single exposure: Specific Target Organ Toxicant Category 3 H319 : Causes serious eye irritation. Eye Dam.2 H336 : May cause drowsiness or dizziness.

	H400 : Very toxic to aquatic life.
Workplace Exposure Limits	WEL: TWA (8hrs) 400ppm (999mg/m3) STEL (15 mins) 500ppm (1250mg/m3)
Handling & Storage	**Precautions for safe handling** Avoid direct contact with bulk unwrapped pads. As pads are wrapped singly in foil sachets necessary precautions are minimal. Wash hands after use. **Conditions for safe storage, including any incompatibilities** Ideally pads should be stored in a cool, dry area avoiding extremes of temperature. Store away from naked flames/away from electric heated equipment. Keep away from food, drink and animal feed stuff.

How does exposure occur?		**What controls are required?**	**1st Aid**
Inhalation	Due to small amounts of dosed liquid involved inadvertent effects should be minimal. If deliberately inhaled, headache and nausea may result.	N/A	N/A
Eyes	Accidental contact with eyes	Keep away from the eyes Wear suitable gloves when applying	Wash out eye cautiously with copious amounts of water, holding the eye lid open. If any irritation persists, seek medical advice.
Skin	Prolonged or repeated skin contact may result in redness or irritation	Wear Gloves and Apron	If skin contact is prolonged, redness or irritation may be experienced. Wash affected areas with soap and water. If effects persist seek medical advice
Injection	Not applicable	N/A	
Ingestion	Through ingestion of product	Do not swallow cloths Do not drink liquid from cloth Wash hands after use before eating drinking or smoking	Fairly unlikely to be routes of exposure but if it should occur, rinse out mouth with water. Do not induce vomiting. Obtain medical advice

Others (please specify)	None	N/A	N/A
Firefighting measures Highly flammable liquid and vapour		Packets close to fire should be removed if it can be done without risk. Prevent any run off water from extinguishing media entering the sewers or water courses. Wear self-contained breathing apparatus and full protective clothing Hazardous combustion products Combustion may liberate carbon oxides	Use water spray, Alcohol resistant foam, Carbon dioxide Unsuitable media: non-alcohol resistant foam

Action plan

Area	Action Required	By Whom	Target Date	Completion Date

APPENDIX 7

TITLE: BASIC GUIDANCE ON THE CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH AT SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

This guidance is intended for all staff whose job involves work with substances, which may be hazardous to the health of themselves, colleagues, patients, visitors and others.
It is intended to be user-friendly and describes in 'question and answer' format the roles of managers, COSHH Assessors, employees and others.

What is meant by COSHH?

COSHH means the Control of substances Hazardous to Health Regulations 2002 as amended. These Regulations are intended to help protect people from the harmful effects of substances used at work.

What do 'substances hazardous to health' mean?

These are substances and mixtures that can cause harm if they are inhaled, ingested or come into contact with or are absorbed by the skin.
Substances hazardous to health include biological agents, medicines and cleaning and maintenance products.

How do I know if a substance is likely to be harmful?

There is information on the container label and for most substances safety data sheets, manufacturers provide sheets (SDS) and suppliers and these should be available when the COSHH assessment is done.
If specific information is needed on biological agents this can be obtained from the appropriate Control of Infection and Microbiological Laboratory staff.

Does COSHH apply to everyone in the Trust?

As the employer, the Trust has the duty under COSHH to assess and **control risks from hazardous substances to all employees** and in most cases to people not at work e.g. patients and visitors. All employees also have to co-operate with the employer and make full use of control measures including the use and maintenance of protective equipment and reporting defects.

Does COSHH apply to contractors?

The Facilities Directorate co-operates with outside contractors on health and safety matters including COSHH.

Does COSHH apply to all substances used in the Trust?

If a substance is harmless in use a COSHH assessment is not needed.
The main 'substances' used in the Trust that does not come under COSHH are asbestos and radioactive products; however there are specific Regulations which apply to these.

What is meant by a COSHH assessment?

The COSHH assessment is, as its name suggests, a risk assessment which looks for any hazardous properties of a substance and the possible adverse health effects which could occur from the way in which the substance is handled or used.

It must include all the factors associated with the work and lead to an 'informed and valid' judgement about the risks, in other words common sense! It should lead to preventing exposure to the substance and, where this is not possible, how exposure to the substance can be controlled.

The assessment itself looks at any need for monitoring exposure e.g. theatre gases, and whether health surveillance is needed e.g. for respiratory or skin sensitizers.

The Trust COSHH assessment process has been designed to provide a working tool for all employees involved in the processes and who come into contact with the substance concerned. It also considers the possibility of risk to patients, visitors and others.
In designing the process and deciding on its structure, reference has been made to the Regulations themselves and associated 'Approved Code of Practice and Guidance'.
Managers and Staff are free to contact (preferably by e-mail) the Health and Safety Manager if they need advice.

What is meant by hazard? And risk?

Hazard is the potential for something to do harm.
Risk is the likelihood that harms will occur under the circumstances of use.

How is exposure to hazardous substances prevented or controlled?

Whenever possible a hazardous substance should be substituted with a less harmful one, however when this is not possible exposure to the harmful substance must be controlled. Main aspects of this 'hierarchy of control' are as follows:

- Enclosing or ventilating the process e.g. in some laboratory procedures
- Reducing the number of people exposed and/or how long exposed
- Containing spills and having 'mop-up' procedure
- Cleaning, storage and disposal procedures
- Washing, changing & storage of 'own' clothing and protective equipment
- Laundering of contaminated clothing
- Washing and changing facilities
- Not eating, drinking or smoking where there are hazardous substances
- Use of personal protective equipment (PPE)
- Use of respiratory protective equipment (RPE)

How do these control measures apply to exposure to biological agents?

These are covered in detail in the Control of Infection Policy and a note should be made on the appropriate page in the COSHH file identifying where the policy is located.

Is vaccination a COSHH control measure?

Vaccination is an important way of protecting the health of employees, patients and others and is regarded as an effective control measure for some infectious diseases. The Occupational Health Department advises on, and carries out, the vaccination programme for the Trust. Assessing an employee's immunity before or after vaccination is also regarded as a health surveillance procedure.

How is COSHH applied to medicines?

For many departments reference should be made in the COSHH file to the control and Administration of Medicines policy and its location, however some department's e.g. the Pharmacy will have specific substances for which COSHH assessments and controls are needed.

What is meant by Workplace Exposure Limits exposure limits?

For practical purposes safety data sheets indicate whether a substance has WEL (see below). The Trust COSHH assessment process asks whether the substance has a WEL and the Assessor or manager should request advice from the Occupational Health Department; Safety Manager or Infection Control Department if they are assessing a substance which the safety data sheet states has a stated WEL.

What are Workplace Exposure Limits (WEL)

WELs are established by the Health & Safety Executive and are intended to prevent excessive exposure to specified hazardous substances by containing exposure below a set limit. They can be found in the publication EH40, which is revised and published yearly.

Are there control levels for or skin absorption?

Skin absorption usually applies to solvents, some medicines and a number of pesticides. It is not possible to have set levels, but contact with the substance should be controlled so that ill health effects do not occur. This usually means completely avoiding skin contact.
For substances that can be absorbed through the skin the safety data sheet will have the 'Sk' notation; it will also give information on how to deal with accidental contamination and spills etc.

What controls are needed to prevent skin and eye contact?

Contact with irritant or corrosive substances can seriously harm skin or eyes. (For certain infections which can be transmitted by mucous membrane contact see control of infection policy.) The COSHH assessment looks at how a substance is used and should lead to a conclusion on whether and what personal protective equipment (PPE) is needed, e.g. gloves, overalls and eye protection: advice on suitable PPE can be obtained from the Occupational Health Department; Safety Manager or Infection Control Department.
Where PPE is identified as a control measure for a process, managers are responsible for monitoring the compliance by the employees concerned and employees must comply by wearing it correctly whenever they undertake that process and report any defects in the equipment to their manager.

Can harmful substances be ingested?

Yes! But good personal hygiene and cleanliness of PPE can prevent this. Examples include harmful substances getting trapped under fingernails and transferred to biscuits and sandwiches and also harmful substances on clothes and PPE being transferred to hands or food and eaten with it. Harmful dusts also settle on the surface of drinks left standing in the workplace and so get drunk.
Where there is risk of this occurring, an identified control measure will be a ban on eating and drinking in the area concerned.

When should PPE be used? And how is it selected?

Safety data sheets usually give information on the need for, and selection of, PPE: this is important when selecting gloves as some substances penetrate or damage the integrity of some glove materials. Assessors and managers should also refer to the Trust Latex Policy for Staff.

Within the Trust the use of PPE is included in the Control of Infection Policy which protects patients, employees and others. Some departments have standing operating procedures (SOPs) or other set procedures that include the use of PPE; for these procedures the COSHH assessment, which may consist of or include a cross-reference to other documents, will not usually indicate the need for separate selection of PPE.

All managers are responsible for ensuring that the PPE selected is fit for the purpose and, if not disposable, maintained in good condition. The Occupational Health Department; Safety Manager or Infection Control Department will advise on queries regarding the selection of suitable PPE and respiratory protective equipment (RPE).

When should respiratory protective equipment (RPE) be used and how selected?

Selection and use of the appropriate RPE is very important. If it is thought to be needed the Occupational Health Department; Safety Manager or Infection Control Department should be asked to advise on its selection, use and maintenance.

What is management responsibility for control measures etc?

Managers are responsible for providing and ensuring the proper use of control measures, supervising employees' use of PPE and the checking, maintenance and repair of equipment.

And what are employees' responsibilities?

All employees have to use the controls provided and follow procedures assessed under COSHH including personal hygiene (hand washing), observing eating, drinking and smoking rules and wearing and storing PPE/RPE correctly and also for reporting to management any defects or problems with the equipment.

What checks have to be made on control measures?

The Trust is responsible for ensuring that control measures remain appropriate, effective and in good condition. This will involve ensuring that contaminated PPE/RPE is safely dealt with and may involve Control of Infection staff.

The maintenance of 'engineering controls' e.g. extraction and ventilation requires specific expertise and skills and may be undertaken by outside contractors. Where there is doubt regarding arrangements in place managers should ask the Occupational Health Department; Safety Manager or Infection Control Department on the next step and should also refer to the Approved Code of Practice and Guidance to COSHH Reg.9 available on the Internet.

What does monitoring exposure mean? Is it needed?

Monitoring means either sampling the air and/or biological sampling to assess an individual's absorption of a substance.

Air monitoring is a way of ascertaining whether the controls in place are affective, e.g. anaesthetic gases.

The need for routine biological monitoring (measuring the amount of substance absorbed into the body) of employees within the Trust has not been identified, however it should be borne in mind should there be a serious spill of a hazardous substance.

Monitoring records for identifiable individuals have to be kept for 40 years and other purposes, including air measurements for 5 years, both after the date of the last entry.
If monitoring air or biological sampling is thought to be necessary the Occupational Health Department; Safety Manager or Infection Control Department will advise.

What is meant by 'health surveillance'?

Health surveillance is a way of protecting the health of people at work by identifying early symptoms in employees exposed to substances that could harm their health.

How is the need for health surveillance decided?

Exposure to respiratory and skin sensitisers (substances which cause an allergic reaction) is the most common reason for needing health surveillance (HS). Where the need for HS has been identified staff to whom this applies have the legal duty to co-operate with any HS procedures which apply to them.

What are the usual Health surveillance procedures?

The most common ones are breathing and skin questionnaires and a simple respiratory function test.

What happens if someone is found to have symptoms?

The COSHH assessment in your area will be reviewed to identify any possible shortfalls in the use of control measures. The Occupational Health Department; Safety Manager or Infection Control Department will probably be involved in this.
The Occupational Health Department will also advise you on how to avoid the problem getting worse or recurring.
It may be necessary to change the substance or PPE/RPE and, rarely, to make job changes.

Are health surveillance records confidential?

The HSE has approved the particulars to be kept for employees under health surveillance. These particulars are not clinically confidential and the Code of Practice makes it clear that confidential clinical data should not go on health surveillance records.
'Health records' are a management tool used to ensure that risks to health are being controlled. Employees can see their own records and also with their consent their representatives can be allowed to see them.
Health surveillance records have to be kept for 40 years from the date of the last entry.

What information and training is needed on hazardous substances?

Employees liable to be exposed to hazardous substances have to be given details of the substances including its hazardous properties and risk (COSHH) assessment. The COSHH assessment process has been designed to include these details and together with the substance data sheet provide a record of the information.
Managers and COSHH Assessors have training in controlling the risk from hazardous substances. Managers are responsible for ensuring that information is cascaded to the employees and others in their departments. Additional supporting advice is available from the Safety Manager.
Trust employees are expected to use the COSHH file for reference and to inform their manager of any concerns they have regarding any aspects of COSHH including the use of controls including PPE and RPE and health surveillance.
Managers are expected to ensure that training records are maintained in accordance with current Trust practice.

What happens in case of emergencies?

A COSHH emergency is an event that causes or could cause any employee to be exposed to one or more hazardous substances at a level much higher than normal. For example a fire, spillage, escape of biological agent or toxic fumes.

The COSHH assessment must include procedures for containing and clearing up a spill and limiting the number of people exposed or potentially exposed to the substance(s). It will also include first aid arrangements. Employees with special needs or mobility problems should also be considered in the emergency procedure.

Are there any other laws associated with COSHH?

Yes! The Personal Protective Equipment Regulations are concerned with the selection and maintenance of PPE. The Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) require that specified occupational diseases and certain accidents are reported to the HSE. The HSE often investigate circumstances leading up to a case of occupational disease and inspectors have a right to request copies of an employee's personal health record.

What sources of help and advice are there within the Trust?

The main sources for advice are the Occupational Health Department; Health and Safety Manager or Infection Control Department. These departments have access to other information and detail and are also a source of practical help. However these Departments do not do the assessments; the duty to undertake COSHH assessments and implement and manage controls rests with the managers concerned but assistance is available from the Health and Safety Manager.