

Control of Substances Hazardous to Health (COSHH) Procedure

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1. INTRODUCTION

The Control of Substances Hazardous to Health (COSHH) Regulations (the Regulations) requires an employer to ensure any substance identified as a risk to the health and safety (H&S) of staff is identified, assessed and controlled in a systematic and planned way to ensure staff are not exposed to the risk of harm. This Procedure identifies the manner in which the Trust will manage the risk to the H&S of staff due to the use of hazardous, and or, dangerous substances.

It is a requirement that all staff adhere to this procedure and any local specialised policies when controlling risk in their area. This includes the safe usage of Personal Protective Equipment (PPE) provided and following of risk assessments and the protective requirements written within them.

The Trust recognises that there are a range of exposure risks across sites.

This policy describes the general arrangements for the management and control of substances hazardous to health. Some substances require compliance with hazard specific Regulations and Guidelines. This Procedure should therefore be read in conjunction with other relevant Trust Policies & Procedures that include but are not limited to:

- Flammable Substances and medical gases,
- Safe and Secure Handling of Medicines Policy
- Standard Infection Control Precautions Policy

2. DUTIES

All staff have a duty to take care of themselves and others whilst working with substances that come within the scope of COSHH. Compliance with COSHH legislation, risk assessments and the use of PPE is a requirement of all staff, and any exceptions will need to be approved and reviewed via the appropriate channels.

Chief Executive Officer will act as the 'Employer' and is most responsible for ensuring that a procedure exists for the provision of the appropriate health and safety requirements, relative to the risk, for those who work with and around substances hazardous to health, throughout the trust. This is also true for people who may not be working directly with the substance but are affected in any way by the presence of dangerous materials, including patients, visitors, and contractors.

Chief People Officer is responsible for ensuring that the resources are in place to effectively implement the requirements of this policy and that the Trust complies with its obligations under the legislation. The day-to-day management of this policy lies with staff who are overseen and advised by the health and safety department. OD & People are also responsible for ensuring that the processes of which staff are employed is carried out in line with proper procedure to ensure that adequate experience and training is sufficient to work in that role.

Department Managers Are responsible for ensuring all information relevant to the use of COSHH is provided to staff via training and the appointment of a COSHH link person who in alignment with Health and Safety are responsible for the full scope of substances in their area and to have up to date assessments. Any additions of substances used must be communicated to the COSHH Co-ordinator including variations of substances and substances no longer in use.

Occupational Health Provide screening for staff as a pre-employment check and as part of a formal health surveillance regime. Health surveillance will be undertaken for example with staff exposed to chemicals such as solvents where there is a known risk to health identified on the safety data sheet

Health and Safety Manager will act in accordance with the guidance from HSE and is the responsible for ensuring that government legislation concerning COSHH is implemented and up to date. All risks and incidents are recorded, and the H&S manager is responsible for advising the executive members on data, trends, controls and gaps in assurance.

Fit-Testing Team Carry out routine Face Fit testing to ensure that the PPE required when working with dangerous substances is appropriate and safe. The department managers have a duty to ensure their staff are fit-tested for the PPE they are to wear when working with COSHH, with a 2-year review.

Health and Safety Advisor Will support the assessment process and be a source of guidance and expertise in ensuring staff comply with the requirements of the legislation. The Health and Safety Advisor is also responsible for carrying out audits, inspections, and task-based analysis to ensure that adherence to safety procedures is in place.

Contractors and external service providers Must attend a contract inaugural meeting to discuss all issues pertaining to safety, including compliance with the COSHH regulations. They must supply the contract manager with sufficient information about any hazardous substances that may be brought on site and the way in which the substance will be used. In addition, they must ensure that sufficient information about work to be carried out is given to the contract manager prior to commencing work. It is important that the contracting company ensure their employees, site staff and visitors are not significantly exposed to substances hazardous to health by their work activities or arising from materials which they use.

3. Managing Substances Hazardous to Health

Wherever possible, the Trust will seek to source substances that are not hazardous or dangerous. As a hospital setting there will be a significant number of COSHH substances that are dangerous, hazardous or infectious and cannot be substituted or eliminated. Where substances cannot be substituted, the Trust will seek to reduce the risk of exposure through engineering controls, training, supervision and the use of PPE.

No product shall be used without having been assessed by the Department COSHH key Worker or the H&S Team.

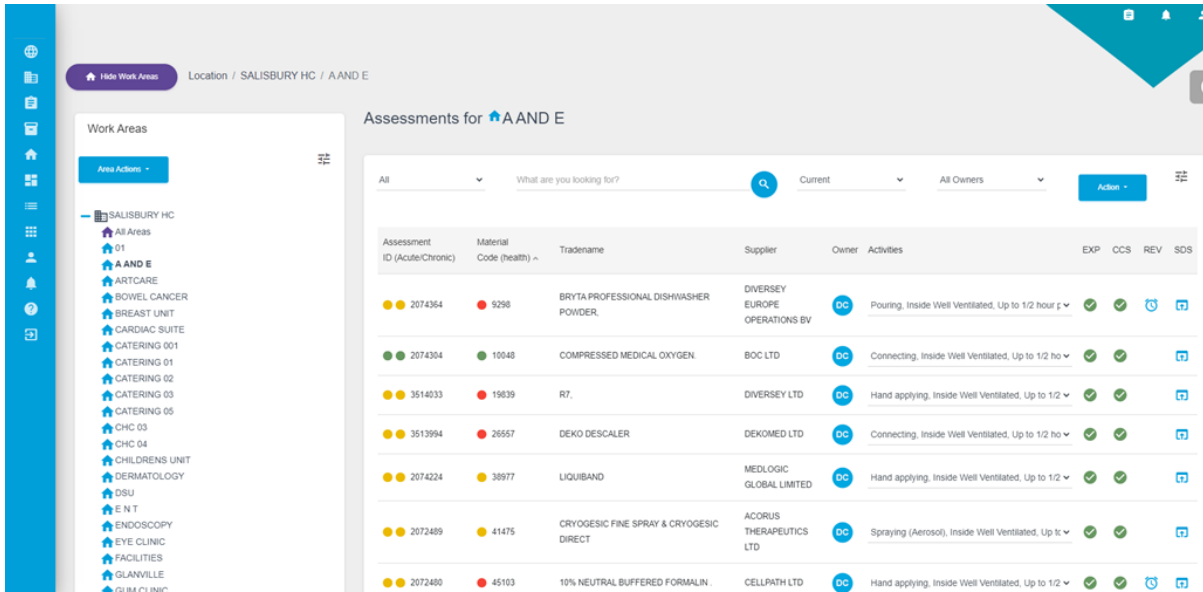
3.1 COSHH Database

A record of all COSHH substances will be kept on a central database (Sypol) and maintained by an external provider engaged by the Trust. Sypol provides a onestop shop to access COSHH safety data sheets (SDS), risk assessments, common usage, controls and emergency response actions. Sypol is available to all staff on the Trust intranet site (SALI). Any new COSHH substance introduced to the Trust will be added to Sypol.

Whilst Sypol continues to be rolled out across the Trust, and accessible to all, wards and departments will maintain a COSHH Record Book of COSHH substances used and a copy of the relevant SDS. Once Sypol is fully implemented, a printed version of COSHH information will not need to be issued unless requested by an external inspection agency or otherwise specified by the department who cannot access Sypol.

Each assessment is made for a specific work area and cannot be used outside of that area, unless included in the assessment and documented in the relevant Sypol Work Area.

A screenshot of the Sypol database, list of work areas and an example of COSHH substances listed in the A&E Work areas is seen below:

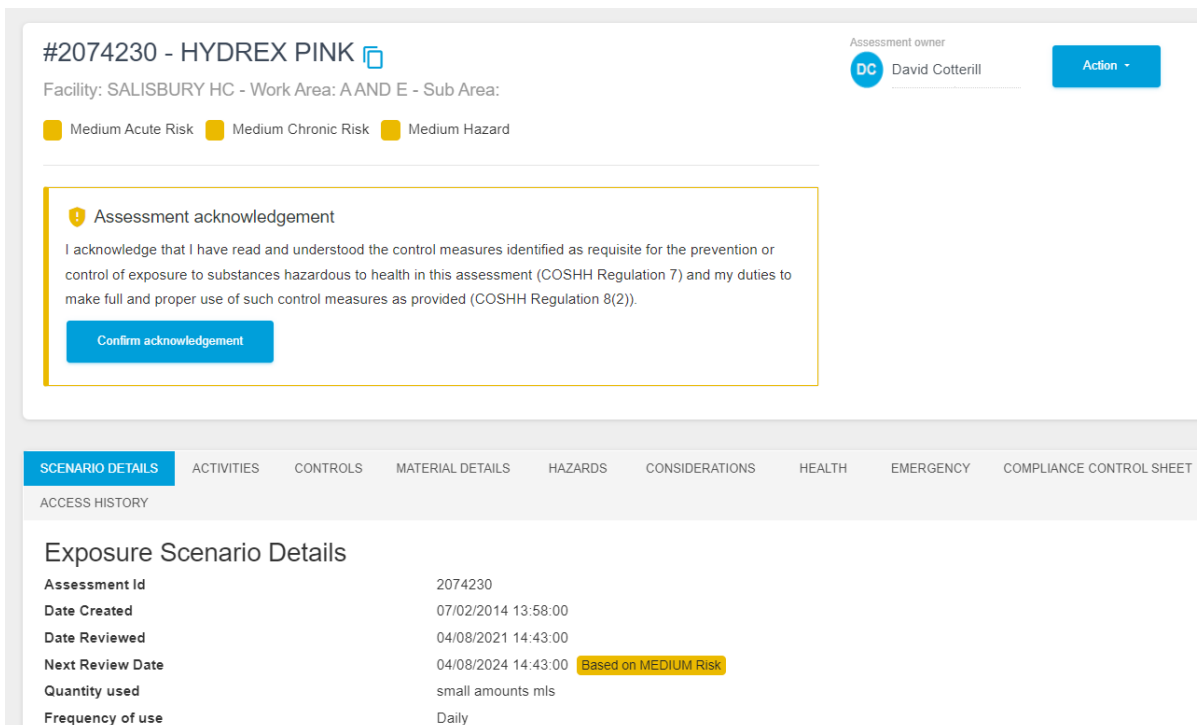


The H&S Team is responsible for managing the interface between the Trust and Sygol

3.2 COSHH Risk Assessment

3.2.1 Sygol

Where it is not reasonably practicable to use non-hazardous substances, and the SDS identifies a risk to the H&S of staff using COSHH, an exposure scenario assessment (seen below) will be completed on Sygol and available to all users.



An exposure scenario assessment will list the activity for use, controls according to usage, material details, hazards according to common COSHH pictograms, effects of exposure, emergency response actions and risk controls. Each exposure scenario is work area specific and whilst a COSHH substance can be common across all work areas, an exposure scenario will still be completed for each specific work area listed on Sygol.

3.2.2 Hard Copy Folder

For departments that are not yet using Sygol, the COSHH Key Worker will maintain and update a COSHH folder that will include the following:

- An inventory of substance,
- An up-to-date SDS supplied by the manufacturer
- A COSHH Risk Assessment where the SDS list the substance as dangerous or hazardous.

3.3 Maintenance and Testing of Equipment

If the risks of working with a specific substance require the use of engineering controls such as ventilation, spray booths, exhaust fans or autoclaves, all equipment must be examined and tested at as advised by the manufacturer. Each department, in consultation with the Estates Technical team (ETS) will be responsible for ongoing inspection, testing and maintenance.

3.4 Storage and Signage

All substances identified as hazardous to health must be stored, used and signposted as advised on the SDS and the exposure scenario assessment. Appropriate hazard signage must be used on all storage areas and containers where advised. Hazard pictograms alert us to the presence of a hazardous chemical and how they might cause harm to people or the environment. The GB CLP hazard pictograms appear in shape of a diamond with a distinctive red border and white background.

One or more of the following pictograms will appear on the labelling of a dangerous or hazardous substance.



3.5 Personal Protective Equipment (PPE)

PPE shall be provided as a last resort measure, following implementation of all other control options.

PPE recommended for useage will be identified on the exposure scenario assessment and Managers must ensure before first use of PPE, that employees receive instruction in the correct use, fitting, storage and maintenance of their PPE.

Any employee required to use face-fitted masks for their safety will be fit-tested prior to using that mask and shown by the Fit Test Team how to wear the identified mask correctly.

3.6 Training

All COSHH Key Workers will attend MLE training developed by the H&S Team or attend face to face training with the H&S team when MLE training is not available to understand the management of COSHH and the use of Sypol.

All staff will complete Trust induction, which will include information on the management and useage of COSHH.

Where engineering controls are implemented to reduce the risk of exposure to COSHH, the department will conduct competency based testing.

3.7 Health Surveillance

Monitoring shall be undertaken in accordance with regulations and approved codes of practice where measurement is necessary to ensure exposure limits are not being exceeded and where it is requisite for protecting the health of employees.

Examples of substances that may require exposure monitoring include:

- Nitrous Oxide
- Latex
- Formaldehyde
- Carcinogenic or mutagenic substances
- Legionella
- Solvents

The H&S Team and Occupational Health Team in consultation with managers will identify the requirement for Health Surveillance and ensure that appropriate monitoring is carried out for staff exposed to or using any of the above substances. Occupational Health and Wellbeing Services also ensure that appropriate arrangements are in place to protect employees who already have known healthcare conditions, which may be exacerbated by exposure to specific substances at work.

Some substances may not generally be harmful - but may be for some individuals with an allergy or sensitivity (for example latex – see Appendix 1). The Trust will consider reasonable adjustments with individuals and managers to prevent exposure and reduce the risk of harm. Employees will be screened and assessed through the

occupational health screening process undertaken when an offer of employment is made.

3.8 Reviewing COSHH Information

The H&S team conduct internal audits and departments undertake inspections of work areas. Both will assess the management of COSHH and make recommendations where gaps in the management of COSHH are identified.

4. Incident Reporting

Any incident that results in a spill or exposure to COSHH must be reported on Datix. The department manager, and where necessary the H&S team, will investigate the cause and identify preventative actions.

If special arrangements are needed to manage a spillage safely local fire services must be alerted through reception and the spill escalated to the EPMR Team.

5. Disposal

All substances no longer in use must be archived on Sypol and disposed of according to the manufacturer and in consultation with the waste management department, who will be available for information on proper procedure when disposing of dangerous chemicals and substances.

6. Record Keeping

It is a legal requirement to store and keep records and to be able to demonstrate compliance. In practice this is keeping records of assessments, maintenance, monitoring, training and other activities needed to confirm compliance. It is also helpful in creating action plans and improving document will be made available on the intranet via Microguide and briefed to trust committees and sub committees.

There is however a further requirement to maintain records of health surveillance. The Trust will maintain the following records as documented below.

| | |
|--|----------|
| Risk Assessments | 5 years |
| Using Protective Respiratory Equipment (PPE) | 5 Years |
| Monitoring | |
| - Environmental | 5 years |
| - Engineering records | 5 years |
| Health Surveillance | 40 Years |
| Training Records | 5 years |



7. Equality Impact

The Trust aims to design and implement services and policies that meet the diverse needs of its services, population and workforce, ensuring that none are placed at a disadvantage over others. This document has been assessed against the Trust's Equality Impact Assessment tool. This document has been assessed as not relevant to the duty.

8. References

- *COSHH Regulations 2002 (as amended 2019)*
- *EH40 (2005) Workplace exposure limits*
- *Control of substance hazardous to health (ACOP) L5*
- *Working with substance hazardous to health (a brief guide) INDG 136*
- *CHIP – The Chemicals (Hazard Information Packaging for Supply) Regulations 2009 (to be replaced in 2015 by the Chemical Labelling and Packaging Regulations)*
- *An introduction to CHIP 4 INDG 350*
- *Dangerous Substances and Explosive Atmosphere Regulations (DSEAR) 2002*
- *Environmental Protection Act 1990*
- *Environmental Protection (Prescribed Processes and Substances Regulations) 1991*
- *The Waste (England and Wales) Regulations 2011*
- *Health and Safety (Personal Protective Equipment) Regulations 1992 (as amended 2019)*

9. Appendices

| Appendix | Title | File / Link |
|----------|----------------------|--|
| A | Natural Rubber Latex |  Appendix A - Natural Rubber Late |
| B | SYPOL Instructions |  Appendix B - SYPOL instructions.docx https://mg.salisbury.nhs.uk/media/3857/appendix-b-sypol-instructions.docx |

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| Post Holder / Author Responsible for Policy | Health and Safety Advisor |
| Date Written | June 2023 |
| Approved by | Health and Safety Committee |
| Ratified by | To be approved by OMB |
| Next Due for Review | 3 years from approval |