CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH) POLICY

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Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
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17h Aug 18	6.1		Head of Health Safety and Security	Logo& names for responsibilities update – ratified at	Health Safety Security Fire and Estates Committee
11th Sep 18	7.0	11th Sep 18	Head of Health Safety and Security	Logo& names for responsibilities update approved at	Policy Management Sub-Committee

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1 Executive Summary

1.1 The Isle of Wight NHS Trust has a statutory duty under the Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH) to assess the risks to its employees, patients, visitors and others to any exposure to substances hazardous to health within all of the Trust premises.

1.2 This policy demonstrates the importance of compliance with the COSHH Regulations and sets out a procedure to:

- Safeguard the health and safety of staff, patients, visitors and others who may be affected by substances used by the Trust.
- Identify and control all substances used by the Trust that are within the COSHH Regulations.
- Ensure that suitable and sufficient risk assessments are carried out by the departmental managers in line with regulations; on all High Risk substances used within their department– see section 6.4.
- Identify through risk assessment the information and training needs of all Trust employees.

2 Introduction

2.1 The Trust Board regards its responsibility for the Health, Safety and Welfare of employees as a matter of great importance. The Trust Board seeks to ensure that everything that is reasonably practicable is carried out to prevent personal injury caused through work or work activities.

2.2 The COSHH Regulations 2002 require the Trust to evaluate and control the risks to health for all employees from the exposure to hazardous substances at work. This includes exposure to microbiological agents, dusts of any kind in substantial quantities and all chemicals hazardous to health.

2.3 Cytotoxic drugs also come under the requirements of COSHH and there is a duty to protect the staff administering these drugs.

2.4 The Trust is required to ensure the availability of up-to-date information upon the hazards associated with all substances used and establish that suitable controls and procedures are in place to minimise risk to the workforce. Each hazardous substance identified will require a formal COSHH assessment which must identify:-

- risk posed to the health of those exposed
- steps necessary to control exposure to those hazards

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- prevention or adequate control of exposure
- that the control measures are used and maintained
- monitoring of the exposure
- health surveillance where required
- employees are properly informed and trained and supervise
  The exception to the requirements of COSHH include: Lead, Asbestos etc. which carry their own regulations

3 Definitions

3.1 **COSHH –** Control of Substances Hazardous to Health

3.2 **GSH** – Globally Harmonised Symbols

3.3 **CLP** - European Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures came into force on 20 January 2009 in all EU Member States, including the UK. It is known by its abbreviated form, 'the CLP Regulation' or just plain 'CLP'.

4 Scope

4.1 This policy applies to all staff, volunteers and contractors that are employed by the Trust, and is applicable to all its premises.

4.2 This policy will cover all premises that are owned/occupied or shared by the Trust.

4.3 Where premises are shared with another organisation, employees will be required to follow this policy as well as complying with any additional requirements pertinent to that other organisation. Other organisations sharing Trust premises may either comply with this policy or an alternative that is in compliance with the COSHH Regulations (2002) (as amended). This must be agreed between the two organisations.

5 Purpose

5.1 COSHH is the law that requires employers to control substances that are hazardous to health. The COSHH Policy is designed to layout the practical methodology to prevent or reduce workers and others exposure to hazardous substances by: stating what the health hazards are and through risk assessment providing monitoring and health surveillance in appropriate cases; and planning for emergencies.

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6 Roles and Responsibilities

6.1 Chief Executive. The overall responsibility of COSHH within the Trust rests with the Chief Executive, who must ensure that the right policies, procedures and systems are in place and kept under review.

6.2 The Director of Quality Governance will be the Board Level Director responsible for ensuring that the COSHH Policy is implemented as part of his or her duties.

6.3 Directors, Assistant Directors and Senior Managers shall ensure that within services, wards and departments under their control, departmental managers appoint suitably competent persons to act as the COSHH link person for that service, ward or department. They shall also ensure that facilities are in place for link persons to both receive such training as required and to carry out required risk assessments.

6.4 The Head of Health and Safety and Security as lead on Health & Safety matters will oversee the implementation of this policy and support the COSHH Co-ordinator who will operate the software system and carry out a schedule of site visits.

6.5 All employees and other staff have a responsibility to comply with the Trust's COSHH Policy as well as any specific policies and procedures which affect their normal working practices. Staff should have the skills and knowledge to enable them to identify and report risks, near misses and incidents, in accordance with the Trust's incident reporting policy and procedures.

6.6 COSHH assessments must not intentionally or recklessly be interfered with or misused. Where there is reason to suspect such interference or misuse, that person may be subjected to disciplinary actions.

7 Policy detail/Course of Action

7.1 This policy sets out the principles and arrangements on which the Trust bases their commitment to the Control of Substances Hazardous to Health.

7.2 The intention of the policy is to ensure compliance with the regulations, support a safe system of work and ensure staff working with COSHH substances and others, who may come into contact with COSHH substances, as far as reasonably practicable, will be safe.

7.3 COSHH places a responsibility on the Trust to ensure that suitable Health Surveillance checks are carried out in areas where staff are exposed to substances that may have a chronic effect to their health. Within the Trust these checks are carried out by Occupational Health. These checks are to include Skin Checks, Lung Function Test, Blood Tests, and Urine Test etc. It is the departmental manager's responsibility to inform the Occupational Health Department which members of their staff have been exposed and therefore may require health surveillance.

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7.4 Any work area that is exposed to fumes; dust etc. on a regular basis must have the 'Occupational Exposure Limits' (OEL) and Maximum Exposure Limits (MEL) checked on a regular basis.

7.5 It is the responsibility of the department manager to ensure that all equipment used for the purposes of extraction, is suitably maintained on a rolling basis by the Estates Department. This will ensure that the mandatory 18 months is complied with and is in line with PPM (planned preventative maintenance).

8 Consultation

8.1 This policy has been through a full consultation process in accordance with the requirements of the Trust.

9 Training

9.1 The COSHH Co-ordinator will, by using a suitable COSHH Management System (CMS) create a database for all COSHH substances used within all Trust premises.

9.2 Following discussions with the COSHH link person of the work area, a COSHH folder is produced by the COSHH Co-ordinator, using the CMS system, and will contain an Index Sheet of all the items used within that work area, along with copies of all the COSHH Assessments for the substances identified within that work area.

9.3 Face to face COSHH Audits are to be carried out on an annual basis, for all Services, Departments, Wards and Community based work areas belonging to the Trust to identify any changes in substance used not previously declared. See Appendix B.

9.4 COSHH Risk Assessments will be carried out by the manager on all High Risk substances used within the Service, Ward or Department, based on how the substance is used, also following any changes in working practice that may have an adverse effect to the safety of both staff and patients.

9.5 This COSHH Policy has a mandatory 'COSHH Awareness' training requirement which is detailed in the Trust mandatory training matrix. This training is initially to be undertaken by all staff, and will only be required for renewed if the following apply:

a) If there is a change to the Legislation
b) If there is a significant change of job role
c) If the staff member is a COSHH Representative for a work area.

9.6 It is the responsibility of all staff within a work area, to be aware of any procedure regarding any 'Spillage' of substance in their area of work, if applicable, to know where the spill kit is located and what course of action is required to clean up the spillage.

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9.7 Following any accidental exposure employees should refer to their local COSHH file for information on what action to take. If there are any immediate health concerns they should attend E.D (Emergency Department) for assessment and treatment. Following this if there are any potential ongoing effects on their health they should be referred to the Occupational Health department for further advice, it must also be reported via the correct Incident Reporting procedures.

9.9 All COSHH link persons / Managers will be required to attend a COSHH Refresher training course in accordance with the Trust training schedule.

10 Monitoring Compliance and Effectiveness

10.1 Each service, ward ,department and premises is visited annually by the COSHH Co-ordinator who carries out a physical check, with the departmental COSHH Lead, of all substances used within that work area, comparing it with the COSHH Index sheet issued the previously year.

10.2 This activity is monitored by the Health, Safety and Security team on a monthly basis, and all progress sent to the Health, Safety, Security, Fire and Estates Committee. All training is monitored by the Training and Development department.

11 Links to other Organisational Documents

Health and Safety Policy	Policy Intranet Site
Code of Practice for the Prevention of Healthcare Associated Infection	Policy Intranet Site Infection Control Intranet Site
Fire Safety Policy	Policy Intranet Site Fire Safety Web Site

12 References

12.1 **Health and Safety at Work etc. Act 1974** – Available from www.hse.gov.uk

12.2 **Management or Health and Safety Regulations 1999** – Available from www.hse.gov.uk

12.3 **The Control of Substances Hazardous to Health Regulations 2002** (as amended) available from www.hse.gov.uk

12.4 **CHIP** - Chemicals (Hazard Information and Packaging Supply) Regulations 2002 Available from www.hse.gov.uk

13 Appendices

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Appendix A

GLOBALLY HARMONISED SYMBOLS

	Explosive, self-reactive, organic peroxides	Explosive
	Flammable gases, flammable liquids, flammable solids, flammable aerosols, organic peroxides, self-reactive, pyrophoric, self-heating, contact with water emits flammable gas.	Highly/ Extremely flammable
	Oxidising gases, liquids and solids	Oxidising
	Gases under pressure	No symbol
	Corrosive (causes severe skin burns and eye damage), serious eye damage.	Corrosive
	Acute toxicity, Very Toxic (fatal), Toxic etc.	Toxic/Very Harmful Toxic
	Harmful skin irritant , serious eye irritant, skin sensitization, specific target organ toxicity, respiratory tract irritation, narcotic effects	Harmful/ Irritant
	Respiratory sensitiser, mutagen, carcinogen, reproductive toxicity, systemic target organ toxicity, aspiration hazard.	No current specific symbol Use either

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	Hazardous to the aquatic environment		Dangerous for the environment

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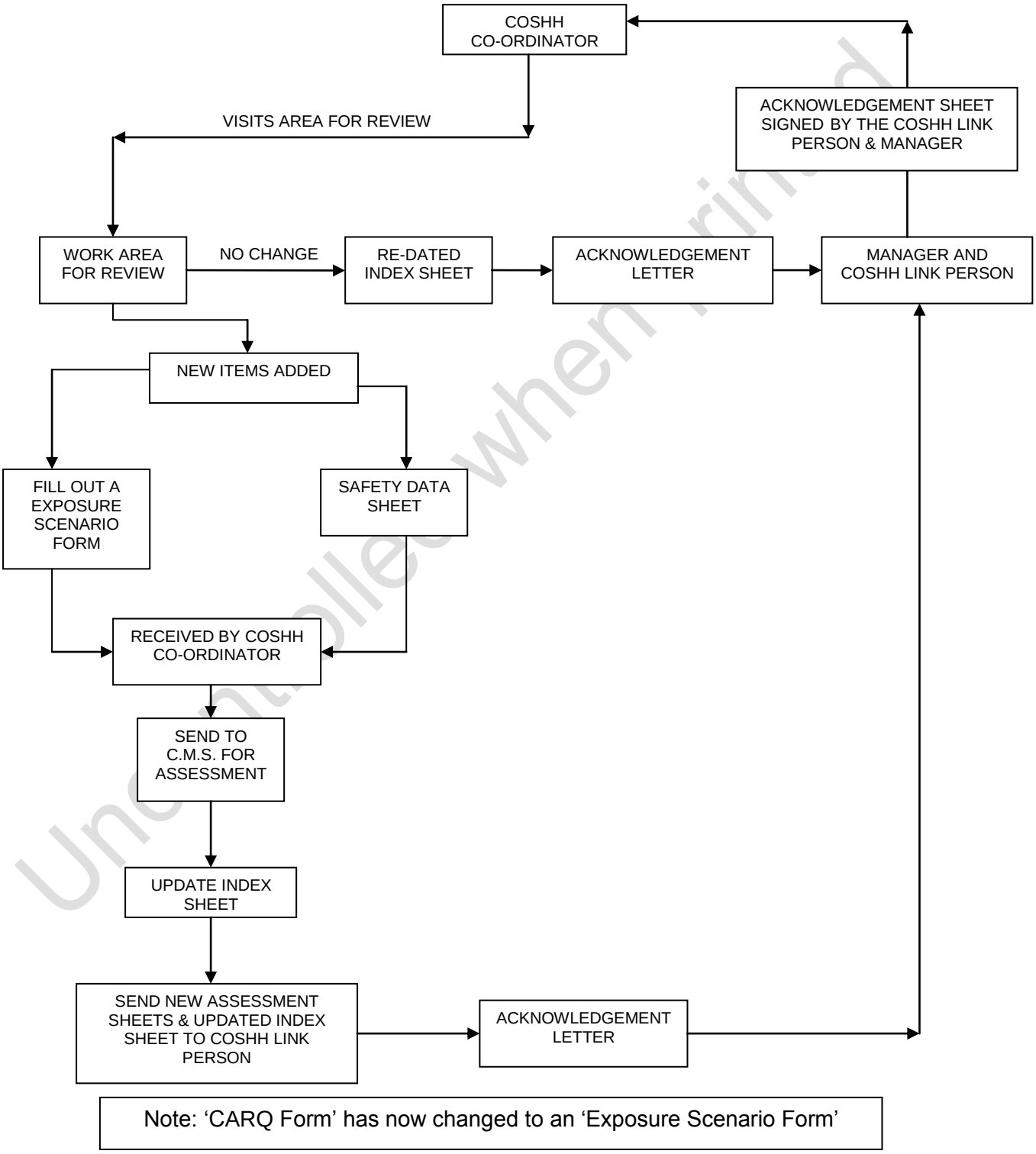
APPENDIX B

COSHH REVIEW PROCESS

COSHH ASSESSMENTS ARE PRODUCED BY AN INDEPENDENT COMPANY USING

A 'COSHH MANAGEMENT SYSTEM' (CMS)



Note: 'CARQ Form' has now changed to an 'Exposure Scenario Form'

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Appendix C

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	**CoSHH Policy**

Totals	**WTE**	**Recurring £**	**Non Recurring £**
Manpower Costs	**n/a**		
Training Staff	**n/a**		
Equipment & Provision of resources	**n/a**		

Summary of Impact:

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES/
- Are there any reported equality issues? NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	**WTE**	**Recurring £**	**Non-Recurring £**
Operational running costs	n/a		
Totals:	n/a		

Staff Training Impact	**Recurring £**	**Non-Recurring £**
Totals:	n/a	

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Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	n/a	
Building alterations (extensions/new)	n/a	
IT Hardware / software / licences	n/a	
Medical equipment	n/a	
Stationery / publicity	n/a	
Travel costs	n/a	
Utilities e.g. telephones	n/a	
Process change	n/a	
Rolling replacement of equipment	n/a	
Equipment maintenance	n/a	
Marketing – booklets/posters/handouts, etc	n/a	
	n/a	
Totals:		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	n/a
Signature & date of financial accountant:	n/a
Funding / costs have been agreed and are in place:	n/a
Signature of appropriate Executive or Associate Director:	n/a

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Appendix D

Equality Impact Assessment (EIA) Screening Tool

Document Title:	CoSHH Policy
Purpose of document	For compliance with the COSHH Regulations 2002 and health and safety in the workforce.
Target Audience	*All*
Person or Committee undertaken the Equality Impact Assessment	*Deputy Head of Heath Safety and Security*

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	**Negative Impact**	**Reasons**
Gender	Men	*N/A*	*N/A*	
	Women	*N/A*	*N/A*	
Race	Asian or Asian British People	*N/A*	*N/A*	
	Black or Black British People	*N/A*	*N/A*	
	Chinese people	*N/A*	*N/A*	
	People of Mixed Race	*N/A*	*N/A*	
	White people (including Irish people)	*N/A*	*N/A*	
	People with Physical	*N/A*	*N/A*	

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	Disabilities, Learning Disabilities or Mental Health Issues			
Sexual Orientation	Transgender	*N/A*	*N/A*	
	Lesbian, Gay men and bisexual	*N/A*	*N/A*	
Age	Children	*N/A*	*N/A*	
	Older People (60+)	*N/A*	*N/A*	
	Younger People (17 to 25 yrs)	*N/A*	*N/A*	
Faith Group		*N/A*	*N/A*	
Pregnancy & Maternity		*N/A*	*N/A*	
Equal Opportunities and/or improved relations		*N/A*	*N/A*	

Notes:
Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:		
	YES	**NO**
Legal (it is not discriminatory under anti-discriminatory law)		
Intended		

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?

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Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	

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