

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH) PROCEDURE

Policy Number:	HS4
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2016 – Version 2

Quality, recovery and wellbeing at the heart of everything we do

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CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH PROCEDURE

Further information about this document:

Document name	RISK ASSESSMENT PROCEDURE (HS4)
Document summary	This procedure details the trust's responsibilities towards employees, patients and others, to reduce risks associated with the transportation, handling, use and disposal of hazardous substances so far as is reasonably practicable.
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To be read in conjunction with	Health, Safety and Welfare SA07
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Version Control:

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Approved		2015 Version 1	October 2015
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SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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Procedure for the Control of Substances Hazardous to Health (COSHH)

1 Statement

The purpose of this procedure is to enable Mersey Care NHS Trust (hereafter the 'trust') to meet its legal obligations and protect employees, patients and others who could be affected by the use of hazardous substances.

The trust has a legal responsibility under the Health and Safety at Work etc. Act 1974 to protect employees and others who may be affected by its work activities, more specific duties are imposed by the Control of Substances Hazardous to Health (COSHH) Regulations 2002. As far as is reasonably practicable the trust recognises its responsibilities towards employees, patients and others, to reduce risks associated with the transportation, handling, use and disposal of hazardous substances.

2 Introduction

2.1 Background

Hazardous substances can cause acute and chronic ill health and it is essential that a task based approach is adopted when evaluating risk. The COSHH Regulations require that all activities involving hazardous substances are assessed to identify any hazards and that adequate control measures are introduced to control the risks to health.

2.2 Scope

This procedure applies to the storage, transportation, handling, use, generation and disposal of all hazardous substances as defined by the COSHH Regulations across all Trust sites.

The COSHH Regulations apply to all activities involving the use or generation of hazardous substances throughout the Trust, from the use of strong acids in laboratories and cleaning materials used by domestic staff, to substances which are regularly used in offices such as printer toners and typewriter correction fluid.

The COSHH Regulations do not apply to the following hazardous substances, but there is still a requirement to assess and adequately control risks under the Management of Health and Safety at Work Regulations or other Regulations specific to the substance:

- a. Asbestos
- b. Lead
- c. Radioactive sources
- d. Substances hazardous due to their flammability only
- e. Biological agents not directly associated with work activities
- f. Non hazardous substances at extreme temperatures

2.3 Definition of a Hazardous Substance

A hazardous substance is any substance which can cause adverse health effects or disease. Substances with the following characteristics are defined as hazardous substances under the COSHH Regulations:

- a) Very Toxic; Toxic; Corrosive; Harmful; Irritant
- b) Mutagens, Teratogens and Carcinogens (including cytotoxic drugs)
- c) Any substance with a designated Maximum Exposure Limit (MEL),
- d) Occupational Exposure Limit (OEL) or Workplace Exposure Limit (WEL)
- e) Sensitising substances (e.g. latex)
- f) Biological Agents directly related to work activities, including Bacteria,
- g) Microorganisms, Cell Cultures, Human Endoparasites capable of causing any infection, allergy, toxicity or other human health hazard
- h) Work involving direct patient contact or contact with blood, other body fluids and tissue is included as there is a potential infection risk
- i) Dust(s) of any type in significant concentrations in air (e.g. chemical, flour etc.)
- j) Any hazardous substances created during a task / activity which could cause disease or ill health (e.g. fumes, aerosols, dusts from drilling and sawing, chemical products and by products)
- k) Naturally occurring substances that staff are incidentally exposed to in the course of their work activities must also be considered if they could present a risk to all or known sensitised individuals (e.g. hazardous gases in deep drains, mould spores etc.)
- l) Any other substance which creates a health hazard equivalent to any of the above
- m) Drugs and medicines used in medical treatment **are** defined as hazardous substances by the COSHH Regulations in relation to the effects on employees and others not receiving treatment, e.g. preparation, storage and disposal.
- n) The effects in relation the products in the actual clinical treatment of a patient **are not** covered by the COSHH Regulations, but appropriate control measures must still be in place to reduce the risk of harm.

COSHH warning signs can be found in Appendix 5.

2.4 Procedure aims

This procedure aims to:

- a. Provide guidance to senior and line managers on requirements of the COSHH Regulations;
- b. Ensure that all activities involving the use of hazardous substances are subject to a COSHH risk assessment and that adequate controls are in place;
- c. Promote practical measures to eliminate or minimise the risks to the health, safety and welfare of staff, patients, visitors and others who may be affected by the storage, use and disposal of hazardous substances;

and

- d. Ensure full reporting of all incidents involving exposure or potential exposure to hazardous substances, via the Trusts incident reporting procedure.

3 Duties and Responsibilities

3.1 The Chief Executive is responsible for:-

- a. Making sure there are arrangements to assess, control and monitor the use of all substances hazardous to health;
- b. Providing the resources for putting the procedure into practice; and
- c. Ensuring there are arrangements for monitoring the effectiveness of the procedure and that it is regularly reviewed by the Board.

3.2 Chief Pharmacist is responsible for:-

- a. Ensuring that the relevant COSHH information relating to drugs and medicines is provided to Managers; and
- b. Providing advice and assistance to Trust Managers to enable them to undertake and complete their COSHH risk assessments.

3.3 Deputy Director of Estates and Facilities is responsible for:-

- a. Ensuring that COSHH risk assessments are completed for all tasks and activities involving the use of materials used by estates and facilities staff classed as hazardous substances;
- b. Ensuring that all staff undertaking COSHH risks assessments have received training on the basic principles of COSHH;
- c. Ensuring that these COSHH risk assessments are issued to ward and department managers;
- d. Ensuring that adequate controls are in place to control the risks from hazardous substances;
- e. Ensuring that all Estates and Facilities COSHH risk assessments are suitably reviewed and that the effectiveness of control measures is monitored and assessed;
- f. Providing suitable and sufficient information, instruction, training and supervision to ensure that all staff working with hazardous substances will be aware of any potential risks to health and welfare and of the necessary controls required to be in place to minimise the risks.

3.4 Trust Senior Managers/Divisional Managers are responsible for:-

- a. Ensuring that COSHH risk assessments are completed for all tasks and activities undertaken by their staff involving the use of materials (including drugs and medicines) classed as hazardous substances.
- b. Ensuring that all staff undertaking COSHH risks assessments have received training on the basic principles of COSHH.

- c. Ensuring that the COSHH risk assessments are issued to ward and department managers.
- d. Ensuring that suitable and sufficient controls are in place to control the risks from hazardous substances.
- e. Ensuring that all COSHH risk assessments are reviewed as appropriate and that the effectiveness of control measures are monitored
- f. Providing appropriate information, instruction, training and supervision to ensure that all staff working with hazardous substances is aware of any potential risks to health and the controls in place to minimise the risks.

3.5 Ward/Department Managers are responsible for:

- a. Ensuring that COSHH risk assessments are in place for substances hazardous to health. Advice on what substances are identified as being hazardous to health under COSHH Regulations can be obtained from the Trust's Health and Safety Advisor;
- b. Ensuring staff are aware of the location and content of COSHH risk assessments;
- c. Ensuring that the controls outlined in the COSHH risk assessments are followed;
- d. Ensuring that staff identified as requiring health surveillance have this information, including the substances with which they are working, recorded in their personal/personnel file (Health Record);
- e. Ensuring staff undertake health surveillance as appropriate.

3.6 All staffs are responsible for:

- a. Taking reasonable care of themselves and others who may be affected by their actions;
- b. Cooperating with the Trust on all matters of health and safety, including following procedures and guidance on the safe use of hazardous substances, including the appropriate use of Personal Protective Equipment (PPE), Local Exhaust Ventilation (LEV) and any other control measures;
- c. Reporting all incidents, defects, work-related ill health and other potential hazards associated with the use or generation of hazardous substances.

3.7 Contractors and Service Providers are responsible for:

- a. Ensuring that risk assessments are completed for the use of hazardous substances or activities which may generate hazardous substances (including dust and fumes) on hospital sites;
- b. Providing risk assessment information and Safety Data Sheets to the Trust's

Project Manager or relevant Trust manager if there is an increased risk to Trust staff, services users or visitors.

- c. Ensuring that appropriate measures are taken to control the risks from hazardous substances associated with their activities (e.g. secure storage).

3.8 Suppliers of hazardous substances have a responsibility to:

- a. Ensure that any hazardous substances are provided in appropriate containers;
- b. Ensure that containers are marked with the necessary hazard warning and safety information;
- c. Provide Safety Data Sheets for all hazardous substances they supply; and
- d. Comply with the requirements of
- e. REACH (Registration, Evaluation, Authorisation and restriction of Chemicals)
- f. CHIP – Chemical (Hazard Information and Packaging for Supply) Regulations 2002
- g. European Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures known by its abbreviated form 'CLP'.

These responsibilities also apply to Trust Departments that 'manufacture', alter or decant hazardous substances for supply to other departments or organisations.

3.9 Substance Inventory

All wards and departments must maintain an accurate inventory of all hazardous substances used or stored in the area. The inventory must be reviewed annually or whenever there is a change in the substances used/stored in the area. The substance inventory must be easily accessible for employees accessing hazardous substances.

4. Safety Data Sheets

Safety data sheets provide information on chemical products that help users of those chemicals to make a risk assessment. They describe the hazards the chemical presents, and give information on handling, storage and emergency measures in case of accident.

All wards and departments must maintain an accurate file of or have ready access to Safety Data Sheets for all hazardous substances used or stored in the area.

Safety Data Sheets can be obtained by contacting the suppliers of the hazardous substance. Many suppliers now publish Safety Data Sheets on their official websites. Where Safety Data Sheets are not available for a substance for example when dust is created during work process), contact the Health and Safety Team for further information.

5. Workplace Exposure Limits (WELs)

Exposure to a substance is how the substance can enter into the body. The usual exposure routes are:

- a) By breathing fume, dust, gas or mist
- b) By skin contact
- c) By injection into the skin
- d) By swallowing

The effects due to exposure to hazardous substances is dependant on the nature of the substance and the duration of the exposure – some effects are immediate (acute), others develop after prolonged or accumulated exposure (chronic).

Exposure to hazardous substances must be reduced to the lowest level reasonably practicable, regardless of whether a substance has an associated Workplace Exposure Limit. **Workplace Exposure Limits must not be exceeded under any circumstances.**

The relevant exposure limits will be available from the suppliers Safety Data Sheets, with the Health and Safety Executive also publishing a list of Workplace Exposure Limits.

6. Risk Assessment for Hazardous Substances

6.1 Assessing the Risk

The Control of Substances Hazardous to Health Regulations require that a risk assessment be undertaken regarding the use of hazardous substances or activities which may generate hazardous substances (sawing, drilling, mixing of chemicals etc.). The risk assessment must be completed and adequate controls implemented before the activity is commenced.

Safety / Hazard Data Sheets provide information regarding the substance. They do not constitute the COSHH Assessment. The Assessment must be **TASK BASED**, considering the quantity used, the way in which the substances are used, who will be affected and how.

6.2 Identification of Hazardous Substances

All hazardous substances which will be used or generated by the process must be identified in a **substance inventory**, including substance quantities where relevant. These must be listed and the Safety Data sheets used to list the properties (physical form, hazards, Workplace Exposure Limit etc.) of each substance.

6.3 Description of Process

The process must be described, including all individual tasks where hazardous substances are used or generated. It is important to consider how hazardous substance will be used and any environmental factors. A TASK based approach must be used to assess the risks.

6.4 Hazards and Persons Exposed

It is essential that all persons (groups) who could potentially be affected, by the activity, are considered. The hazards and possible exposure routes (e.g. inhalation, injection, skin contact etc.) for these individuals must be assessed to determine if they are at risk. Examples of those potentially at risk are:

- a. Those undertaking the task/activity
- b. Others directly or indirectly involved with the activity
- c. Vulnerable persons (e.g. new and expectant mothers, persons with respiratory conditions etc.)
- d. Others within an affected area (e.g. staff, patients, visitors etc.)
- e. All who could be exposed to hazardous waste

The risk to each affected group must be assessed by examining the likelihood and severity of any incident which could result in an accident or work-related ill health. Where significant risks are identified, adequate control measures must be implemented.

6.5 Prevent or Adequately Control Exposure

Where significant risks from the use or generation of hazardous substances are identified, arrangements must be made to prevent or adequately control exposure.

The risks from hazardous substances must be prevented so far as is reasonably practicable. This will be accomplished ideally by eliminating the use of or substituting the hazardous substance for a less hazardous substance. Where this is not possible the risks to health and safety must be adequately controlled by other means.

6.6 Controlling Exposure to Hazardous Substances.

The risks from all activities using or generating hazardous substances must be assessed and adequately controlled with the risks being reduced to the lowest level reasonably practicable. The control options outlined below will assist with this process. For the purpose of this procedure 'adequate control' means reducing exposure to a level that most workers could be exposed to, day after day at work without adverse effects on their health.

The process is based on a hierarchy of control:-

a. Elimination of hazardous substance

Change the process/activity so that the hazardous substance is not used or generated.

b. Substitution with less hazardous substance

Replace the hazardous substance with a safer alternative or use the substance in a safer physical form (e.g. replace powder with pellets).

c. Reducing the amount of the hazardous substance

Use of smaller volume container or dilution to reduce the concentration of hazardous substance.

d. Implementing safe systems of work

Operating safer working procedures to reduce the risks from hazardous substances (e.g. brush paint in place of spray paint).

e. Introduce physical and engineering controls

This will include for example:-

- i. enclosure of a process to prevent exposure or
- ii. installation of Local Exhaust Ventilation (LEV) to remove inhalable contaminants at, or close to, their source, e.g. fume cupboard, biological safety cabinets, waste anaesthetic gas scavenging systems.

The appropriateness of all physical and engineering controls must be assessed to guarantee they provide adequate protection and do not present additional risks.

f. Provision of general ventilation

General ventilation may well in some areas provide adequate protection against hazardous substance (e.g. fumes) by reducing the concentration of inhalable contaminants.

g. Reduce the number of employees exposed, or the duration of their exposure

Exposure must be reduced to the lowest levels reasonably practicable and below the WELs using the measures outlined above.

h. Issuing personal protective equipment (PPE)

Where other measures do not provide adequate control alone PPE must be used. Due to the fact that the equipment is reliant upon individuals wearing it the use of PPE is very much a last resort.

PPE must be used in accordance with the Trust's PPE Procedure.

6.7 Emergency situations and Non-Routine Tasks

The assessment must identify actions to be taken in the event of an emergency (e.g. spillages) or non-routine tasks (e.g. decontamination prior to maintenance) & whom to contact for advice e.g., HSE or trust safety team/union health & safety representatives.

6.8 Control of Introduction of Hazardous Substances and New Procedures

All new substances and new procedures must be assessed prior to commencement of the work. This includes:-

- a) The use of Hazardous Substances that are already in the Trust.
- b) Procedures already in use in which a new or different Hazardous Substance is to be used.
- c) The use of trial samples and products.

When a task is being considered that utilises a product/substance which has not previously been used it is advisable to obtain a Hazard Data Sheet from the proposed supplier **before ordering** it to check that adequate controls can be implemented.

Substances and products must be obtained through the approved Trust procurement procedures.

Personally purchased or owned, hazardous products/substances **must not be** brought into the workplace.

6.9 Review of Risk Assessment

All risk assessments must be regularly reviewed at the minimum on an annual basis.

It is also important that Risk assessments are reviewed and revised when there are changes in the process where the substance is used e.g. environmental changes, change in location etc. or following an incident.

7 Maintenance and Use of Physical Control Measures

All employees are required to use safety equipment provided by the Trust, including the use of physical and engineering controls in accordance with approved Trust procedures. The Trust will provide suitable information, instruction and training in the use of all control measures.

Where physical or engineering measures are used to control the risks to health and safety, they will be serviced and maintained appropriately and in accordance with the manufacturers recommendations.

Local Exhaust Ventilation (LEV) equipment will be inspected by a competent engineer at least every 12 – 14 months. An outline of required checks is in Appendix 5.

There must be some indication for users to know that the LEV is functioning effectively at the time of use and an example record sheet for checks is in Appendix 6.

Any suspected defect must be reported immediately and the equipment must be taken out of service until it has been repaired and tested.

8 Personal Protective Equipment (PPE)

Personal protective equipment (PPE) must only be used as a last resort, where other measures do not adequately control the risks to health and safety. Before the use of PPE is considered the risks must be reduced to the lowest levels reasonably practicable using other control measures outlined in section 6.6.

It is the responsibilities of all employees to make effective use of all PPE supplied, use it in accordance with approved Trust procedures and report any loss or defect to their line manager without delay.

All PPE must be manufactured to the appropriate British Standards and CE marked.

All equipment must be suitable for purpose and all staff required to use PPE must be provided with appropriate information, instruction and training. PPE must only be used for its intended purpose.

Reusable PPE must be regularly cleaned and maintained to ensure it operates effectively; this includes the laundering of protective clothing.

Disposable PPE must not be reused under any circumstances and must be disposed of immediately after use.

PPE must be disposed of appropriately into the correct waste stream, e.g. PPE contaminated with blood / body fluid is an infection risk and must be disposed of as clinical waste.

Further information is contained in the Trust's Personal Protective Equipment Procedure. If in doubt contact the Trust safety team or trade union health & safety reps.

9 Information, Instruction and Training

All staff using hazardous substances or undertaking an activity which could generate hazardous substances must be provided with basic health and safety awareness training.

All staff exposed to substances hazardous to health must be provided with suitable and sufficient information regarding the hazards and risks and be trained in the safe systems of work and appropriate control measures to be taken to adequately control the risks. Instruction and training must also include information on actions to be taken in emergency situations (e.g. spillages).

All health and safety training must be recorded and refresher training provided as appropriate.

Where staff is working on the same task/in the same area as staff from another department or organisation there must be appropriate cooperation and communication of information by the managers of the different groups.

For further advice on the completion of a COSHH risk assessment please contact the Health and Safety Adviser.

10 Supervision

All staff working with hazardous substances must be provided with an appropriate level of supervision dependent on the competency of individuals and the risks associated with the task.

The Trust also has a responsibility to take all reasonable steps to ensure that all staff makes safe and effective use of the control measures provided to reduce the risks to health and safety.

Non use or deliberate misuse of control measures, including failure to follow safe systems of work, can result in disciplinary procedure.

11 Monitoring Exposure to Hazardous Substances

Exposure monitoring must be considered in the following circumstances:

- when there is inadequate information to be confident that the control
- measures adequately control the exposure risks
- when there are concerns that the control measures may not be
- effective at adequately controlling the exposure risks
- All exposure monitoring must be undertaken by competent persons
- Using appropriate monitoring equipment and techniques.

The results of any exposure monitoring must be reviewed by the person responsible for the service, if necessary discussing the information with the Health and Safety Adviser.

12 Health Surveillance

Health surveillance must be undertaken where staff is exposed to a substance linked to a disease or adverse health effect and there is a reasonable likelihood of work-related ill health.

In its simplest form this may be a record that the individual is working with a particular substance, or it may be more extensive, e.g. questionnaires, medical examination or sample testing.

Managers of employees exposed to such substances are required to contact the Department of Occupational Health and Safety to discuss and if necessary establish appropriate systems of health surveillance.

Employees are obliged to cooperate with surveillance arrangements which have been identified for reasons of health and safety.

13 Storage of Hazardous Substances

All hazardous substances must be appropriately stored, based on their quantities, properties and compatibility with other substances. All hazardous substances must be stored in a secure area with security proportional to their hazard level and the accessibility to their location.

So far as is reasonably practicable, hazardous substances must be stored in the supplier's commercial container with the relevant hazard safety information displayed.

Where hazardous substances are decanted and stored in non commercial containers they must be suitable for containing the substance and clearly marked with the substance name and appropriate hazard warning labels.

All hazardous substances must be stored in sealed containers to prevent any loss of containment.

If hazardous substances are not in routine use, but a decision has been made to retain them for probable future use, there must be safe storage, adequate information and a procedure/appropriate equipment available to deal with accidental spillage or loss of containment.

Consideration must also be given to the quantities of hazardous substances stored and associated moving and handling risks from the transportation of hazardous substances.

14 Disposal of Hazardous Substances

Any hazardous substance that is not in use and will not be used in the future must be disposed of via the appropriate route. Many hazardous substances cannot be disposed to drain or other standard waste streams and require specialist disposal by a licensed contractor in accordance with the Hazardous Waste Regulations 2005.

Hazardous substance for specialist disposal must be stored appropriately in a secure external store and clearly marked with the relevant information, including 'Waste – for disposal'.

Where possible, managers must make arrangements with chemical suppliers to safely remove the waste generated. To allow safe arrangements to be made for other unwanted chemicals and waste disposal the form in appendix 4 must be completed and returned to the Health and Safety Adviser.

15 Research Projects

The Research Project / Trial Manager are responsible for ensuring that Assessments are performed and recorded prior to commencement of the work. As the work progresses any proposed changes in methodology which could significantly alter the risks must be reassessed.

Project Bids must incorporate funding for control measures necessary to adequately control the risks and for appropriate, safe disposal of any hazardous substances remaining at the conclusion of the project.

If any Hazardous Substances, including those of biological origin, are to be retained following completion of a project, appropriate arrangements must be made for their remaining member of staff accepting responsibility for them.

16 Procedure Review

This procedure will be regularly reviewed and revised if appropriate by the Health and Safety Adviser.

17 Further Information

Further information is available on request from the:
Safety Team 0151 471 2306 or
Infection Prevention and Control Lead Nurse

18 References

Regulations and External Information:

- a) Health and Safety at Work etc. Act 1974
- b) Management of Health and Safety at Work Regulations 1999
- c) Control of Substances Hazardous to Health (COSHH) Regulations 2002
- d) Chemical (Hazard Information and Packaging for Supply) Regulations 2002
- e) EH40: Workplace Exposure Limits (annual publications)
- f) Personal Protective Equipment at Work Regulations 1992
- g) Provision and Use of Work Equipment Regulations 1998
- h) Pregnant or Returning from Maternity Leave
- i) Ward / Clinical Areas
- j) Potential Infection Risk from Microorganisms

Appendix 1

Procedure for the Control of Substances Hazardous to Health COSHH Risk

Assessment Completion Flowchart

Completion of COSHH Risk Assessment Form 1 – Standard Assessment

Location:
 Assessor:

Identify hazardous substances in the substance inventory. List hazardous properties (e.g. irritant) and WELs if appropriate using Safety Data Sheets

Describe the processes involved in the task and how the hazardous substance(s) will be used at each stage. Specify volumes and concentrations where appropriate.

Identify hazards/risks introduced from the use of the hazardous substance(s), person groups that could potentially be affected and the existing control measures.
Identify emergency arrangements – appropriate procedures, equipment and Personal Protective Equipment.

ADEQUATE?

YES

NO

No Further Action Identified

Review assessment annually or when there are changes that significantly the risks.
Complete COSHH Risk Assessment Form 2

Identify residual risks.
 Identify additional controls

Further assessment required?

YES

NO

If there are significant remedial risks an action plan must be formulated and implemented.
Manager validates and signs
 Control of Substances Hazardous to Health (CO

Review to ensure additional controls are implemented.
Manager validates and signs assessment.

Appendix 2

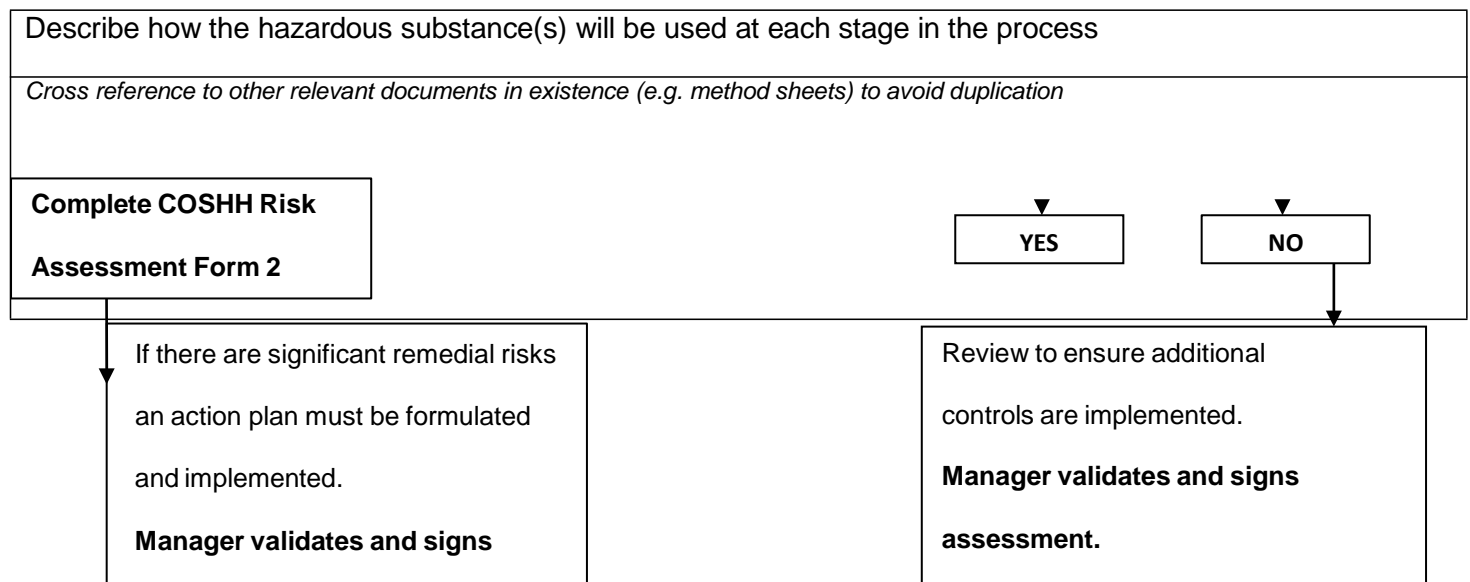
COSHH Risk Assessment Form1 - Standard

Hospital	Ward/Dept	
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Assessor(s)	Date	
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

1. Substance Inventory

Substance Name	Use	Hazard(s)	Exposure Limit (WEL's)	Access to safety Data Sheet	
				Yes	No

2. Description of task/process



3. Emergency procedures

Describe the emergency procedures in place (e.g. loss of containment, first aid arrangements)

--

4. Controls/precautions

Hazard	Exposure Route	Person/groups exposed	Current Controls	Adequate	
				Yes	No

5. Additional Controls required

Hazard	Control Required	Person Responsible	Action Date

COSHH Risk Assessment Form1

Information on the expected Hierarchy of controls is in the COSHH Procedure – Section 6.6

Are the risks adequately controlled so far as is reasonably practicable? Yes No

Further assessment required? Yes No

(if **YES** please complete Assessment Form 2 – Advanced)

6. COSHH Assessor(s)

Name:	Signed:	Date:
Name:	Signed:	Date:

7. Senior Manager Verification

Name:	Designation:
<p>Please confirm that the risks from Hazardous substances have been adequately controlled. YES NO</p>	
Signed:	Date:

8. COSHH Assessment Review

Review 1	Name:	Date:	Additional	YES	NO
			Actions		
Review 2	Name:	Date:	Additional	YES	NO
			Actions		
Review 3	Name:	Date:	Additional	YES	NO
			Actions		
Review 4	Name:	Date:	Additional	YES	NO
			Actions		
Review 5	Name:	Date:	Additional	YES	NO
			Actions		

**Assessments must be reviewed annually
 Or
 when there is a change that significantly alters the risk!**

Appendix 3

Control of Substances Hazardous to Health Risk Assessment Form 2 – Advanced

Hospital:	<input style="width: 95%;" type="text"/>	Ward/Dept:	<input style="width: 95%;" type="text"/>	Assessor:	<input style="width: 95%;" type="text"/>
Task/Process	<input style="width: 95%;" type="text"/>			Date:	<input style="width: 95%;" type="text"/>

Substance	Use/Action	Substance Hazards	Exposure		Persons at Risk	Controls	Level of Risk			Actions Required
			Route	Duration			Severity	Likelihood	Risk	

Hazard/Risk	Additional Control(s) to be implemented	Responsible Person	Action Date

COSHH Assessor:	<input type="text"/>	Risks Adequately Controlled	YES	NO	Signed:	<input type="text"/>	Date:	<input type="text"/>
Senior Manager:	<input type="text"/>	Risks Adequately Controlled	YES	NO	Signed:	<input type="text"/>	Date:	<input type="text"/>

COSHH Assessment Review(s)

Sign and date to verify that COSHH Assessment is still valid and risks are adequately controlled. See COSHH Procedure for review requirements.














Review 1	Signed:	<input type="text"/>	Date:	<input type="text"/>	Review 3	Signed:	<input type="text"/>	Date:	<input type="text"/>
Review 2	Signed:	<input type="text"/>	Date:	<input type="text"/>	Review 4	Signed:	<input type="text"/>	Date:	<input type="text"/>





Location of chemicals..... Date:..... Telephone No.....

Contact Name:..... Signature:.....(Sign when chemicals have been checked and labelled as being part of this list)

Send a completed copy of this form to the Health & Safety Advisor

Appendix 5 Classification Labelling and Packaging (CLP) Symbols

CHIP	NEW CLP	CHIP	NEW CLP
 EXPLOSIVE		 OXIDISING	
 HIGHLY FLAMMABLE		 (Very)TOXIC	
 IRRITANT		 CORROSIVE	
 DANGEROUS for ENVIRONMENT			

CHIP	NEW CLP	NEW CLP
 HARMFUL		 LONGER TERM HEALTH HAZARD (e.g. CARCINOGENITY)
	 GAS UNDER PRESSURE	

Appendix 6

Local Exhaust Ventilation (LEV) Equipment – Requirements for Competent Engineers’

12 – 14 Month Inspection

*Required by the Control of Substances Hazardous to Health Regulations: Regulation 9
Maintenance, Examination and Test of Control Measures etc*

Control measures are to be maintained in:

- An efficient state;
- Efficient working order;
- Good repair.

Engineering controls require “thorough examinations and tests” at least every fourteen months (in effect this means annually).

Suitable records are required of:

- Examinations and tests;
- Any repairs carried out as a result of the examinations/tests;

These records must be kept available for at least five years.

L.E.V. Testing/Examination/Work

This must be by arrangement with users and a Permit to Work system is to be used. No testing/examination/work is to commence until the person in charge of the work in the area has signed the Permit to Work stating that it is safe to commence.

Those performing the testing/examination/work on the system must inform the person in charge of the area regarding the state of the equipment before they leave the site. This is to ensure that the equipment is not used until it is returned to a fully operational state. Users of L.E.V. are responsible for performing visual checks on a weekly basis where checking is possible.

The requirements of the fourteen monthly examination and test are listed on the following sheet.

Local Exhaust Ventilation (LEV) Equipment – Requirements for Competent Engineers' 12 – 14 Month Inspection

The record must contain the following particulars in respect of each thorough examination and test of L.E.V. plant / equipment:

1. The name and address of the employer responsible for the plant.
2. The identification and location of the L.E.V. plant, process and hazardous substance concerned.
3. The date of the last thorough examination and test.
4. The conditions at the time of the test, for example normal or special usage.
5. Information about the L.E.V. plant which shows:
 - a) its intended operating performance;
 - b) whether the plant now still achieved the same performance;
 - c) if not the repairs required to achieve that performance.
6. The methods used to make the judgements of 5b and 5c must be recorded.
7. The date of examination and test.
8. The name, designation and employer of the person carrying out the examination and test.
9. The signature or unique authentication of the person carrying out the examination and test.
10. The details of repairs carried out; the effectiveness of the repairs must be proved by retest.

Parts of the L.E.V. system to be included in the examination/test will include:

1. The working enclosure/hood;
2. The ducting;
3. Any filter/collector;
4. The fan or air mover, including its prime mover and any drive mechanism.

Appendix 7

Local Exhaust Ventilation (LEV) Equipment – Record of User Checks

IMPORTANT: To be kept by the L.E.V. equipment to which it relates

Hospital:	<input style="width: 90%;" type="text"/>	Ward/Dept:	<input style="width: 90%;" type="text"/>
Model:	<input style="width: 90%;" type="text"/>	LEV No:	<input style="width: 90%;" type="text"/>
Acceptable upper/lower Airflow Limits:	<input style="width: 95%;" type="text"/>		

PRIOR TO EACH USE: THE OPERATOR MUST CHECK THAT THE FAN IS ON AND THAT THE AIRFLOW IS WITHIN THE ACCEPTABLE RANGE

AIRFLOW RECORD: Weekly if LEV is in daily use:
 Monthly if LEV is used less frequently:

DATE	AIRFLOW	IF UNACCEPTABLE, ACTION TAKEN	SIGNATURE

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Equality and Human Rights Analysis

Title:

HS4 Control of Substances Hazardous to Health (COSHH)

Area covered: Trust Wide

What are the intended outcomes of this work?

The procedures above are paramount to maintaining the health and safety and welfare of everyone who the Trust interacts with. To do this we need to think about what might cause harm to people and or the environment and to consider the procedures in place to provide this protection.

The Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Construction (Design and Management) Regulations 2015 impose duties to safeguard the health and safety of those who are not in the employment of Mersey Care NHS Trust, but who may be affected by our activities. These duties also apply to a contractor or sub-contractor on Trust premises, in respect of safeguarding our employees, patients and visitors from their activities.

Who will be affected?

Staff, Patients, Service Users, Visitors, Contractors.

Evidence
What evidence have you considered?
The Procedures
Disability including learning disability
Risk assessments will consider a range of vulnerable groups including those who have disabilities.
Sex
No issues identified within discussions.
Race
No issues identified within discussions.
Age
Risk assessments will consider a range of vulnerable groups including younger/older people.
Gender reassignment (including transgender)
No issues identified within discussions.
Sexual orientation
No issues identified within discussions.
Religion or belief
No issues identified within discussions.
Pregnancy and maternity
Risk assessments will consider a range of vulnerable people including pregnant women/new mothers.
Carers
Will be covered by the procedures above when visiting the Trust buildings.
Cross Cutting
All groups of people will be subject to health and safety and protection.
Other identified groups
No issues identified within discussions.

Human Rights	Is there an impact? How this right could be protected?
This section must not be left blank. If the Article is not engaged then this must be stated.	
Right to life (Article 2)	Human Rights Based Approach Supported. The above procedures aim to maintain the health and safety (including life) of all people using /working/visiting the Trust premises.
Right of freedom from inhuman and degrading treatment (Article 3)	No Issues identified within Discussions.
Right to liberty (Article 5)	No Issues identified within Discussions.
Right to a fair trial (Article 6)	No Issues identified within Discussions.
Right to private and family life (Article 8)	No Issues identified within Discussions.
Right of freedom of religion or belief (Article 9)	No Issues identified within Discussions.
Right to freedom of	No Issues identified within

<p>expression Note: this does not include insulting language such as racism (Article 10)</p>	<p>Discussions.</p>
<p>Right freedom from discrimination (Article 14)</p>	<p>No Issues identified within Discussions.</p>

<p>Engagement and involvement</p>
<p>N/A</p>

<p>Summary of Analysis</p>
<p>Eliminate discrimination, harassment and victimisation The procedures above all relate to health and safety of all people using/ visiting/working the Trust. Pregnant women/ mothers of new born babies People with Disabilities Younger /older people are identified as vulnerable groups within the procedures.</p>
<p>Advance equality of opportunity N/A</p>

<p>What is the overall impact? No negative/adverse impact detected.</p>
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<p>Addressing the impact on equalities N/A</p>

Action planning for improvement

N/A

For the record

Name of persons who carried out this assessment:

George Shield

George Sullivan

Anthony Crumpton

Date assessment completed: 09.November.2015

Reviewed; 06/09/2016

Name of responsible Director/Lead Trust Officer

Executive Director of Finance (Deputy CEO)

Date assessment was signed:

November 2015

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Division
Other			
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			
Transparency (including publication)			