

TRUST-WIDE NON-CLINICAL DOCUMENT

**CONTROL OF SUBSTANCES
 HAZARDOUS TO HEALTH (COSHH)**

| | |
|---------------------------------|--|
| Policy Number: | HS4 |
| Scope of this Document: | All Staff, patients/service users, visitors and contractors |
| Recommending Committee: | Health and Safety Committee |
| Approving Committee: | Health and Safety Committee |
| Date Ratified: | July 2019 |
| Next Review Date (by): | July 2021 |
| Version Number: | 2019 – Version 4 |
| Lead Executive Director: | Executive Director of Communications and Corporate Governance |
| Lead Author(s): | Head of Health Safety Fire and Security |

TRUST-WIDE NON-CLINICAL DOCUMENT

2019 – Version 4

*Striving for perfect care
 and a just culture*

TRUST-WIDE NON-CLINICAL DOCUMENT

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH)

Further information about this document:

| | |
|---|---|
| Document name | Control of Substances Hazardous to Health (COSHH) Policy HS4 |
| Document summary | The purpose of this policy is to provide employees with guidance of how to manage, assess and control the risk to health from hazardous substances and to minimise the risk to staff, visitors, patients and contractors from the exposure to hazardous substances whilst at work. |
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| Published by Copies of this document are available from the Author(s) and via the trust's website | Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ Trust's Website www.merseycare.nhs.uk |
| To be read in conjunction with | SA07 Health Safety Welfare Policy HS1 Risk Assessment Policy HS2 New Expectant Mothers HS12 First Aid Management Policy |
| This document can be made available in a range of alternative formats including various languages, large print and braille etc | |
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Version Control:

| | | Version History: |
|-----------|---|------------------|
| Version 4 | Policy review and update document was circulated to senior managers and Staff Side for wider consultation and Presented to the Health and Safety Committee for Approval in Jul 2019 | July 2019 |

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

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

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / 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 / 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 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 Foundation 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 Foundation 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 Foundation 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 Foundation Trust is committed to carrying out its functions and service delivery in line the 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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1. PURPOSE AND RATIONALE

- 1.1 The purpose of this policy is to enable Mersey Care NHS Foundation 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. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 The aim of the policy is to:

- Assess the risk to health that may arise from exposure to hazardous substances.
- Establish precautions and control measures needed appropriate to the risk. Wherever possible, risks should be eliminated.
- Monitor control measures to ensure they are adhered to and working properly. This includes maintenance and testing of any equipment involved e.g. local exhaust ventilation systems.
- Monitor the extent to which employees are exposed to hazardous substances and carry out health surveillance where necessary.
- Inform, instruct and train employees regarding the hazards, risks and precautions needed.
- ensure full reporting of all incidents involving exposure or potential exposure to hazardous substances, via the Trusts incident reporting procedures.

3. SCOPE

- 3.1 The procedures in this policy applies to the risk management of storage, transportation, handling, use, generation and disposal of all hazardous substances as defined by the COSHH Regulations 2002. In addition this polices is applicable to all employees as well as those patients, visitors, contractors and members of the public who come into contact with hazardous substances used or produced by the Trust.

4. DEFINITIONS

- 4.1 A '**hazardous substance**' is any substance used at work or arising from a work process which is or has the potential to cause harm to people's health. It may be in the form of: a solid, liquid, powder, dust, aerosol, vapor, gas or microorganism.

4.2 **“Control measure”** means a measure taken to reduce exposure to a substance hazardous to health (including the provision of systems of work and supervision, the cleaning of workplaces, premises, plant and equipment, the provision and use of engineering controls and personal protective equipment);

4.3 **“Hazard”**, in relation to a substance, means the intrinsic property of that substance which has the potential to cause harm to the health of a person, and “hazardous” shall be construed accordingly.

a) **Dust of any kind** when present in concentrations determined by reference to EH40, for example, where the average concentration in the air exceeds the levels specified in COSHH, for example, 10 mg/m³ for dust that can be inhaled.

b) **Biological agents** (bacteria and other micro-organisms) capable of causing any infection, allergy, toxicity or other human health hazard (this is normally in the form of body fluids). If they are directly connected with the work, such as with healthcare, sewage, or if the exposure is incidental to the work, e.g. exposure to bacteria from an air-conditioning system that is not properly maintained (Section 8).

c) **Occupational cancers**, cases of cancer must be reported where there is an established causal link between the type of cancer diagnosed, and the hazards to which the person has been exposed through work. These hazards include all known human carcinogens and mutagens, including ionising radiation. For example, the following diagnosed occupational cancers must be reported:

- mesothelioma or lung cancer in a person who is occupationally exposed to asbestos fibres
- cancer of the nasal cavity or sinuses in a person who is occupationally exposed to wood dust

d) **The Classification Labelling and Packaging (CLP) Regulation** does not apply to the following chemicals which are in the finished state intended for the final user; medicines, medical devices and food.

4.5 **Safety Data Sheet (SDS)** a SDS is also known as product safety sheet or material safety data sheet and suppliers of chemicals must by law provide an up to date safety data sheet if a substance is dangerous for supply. Safety data sheets are also needed if a chemical is not classified as dangerous but contains small amounts of a dangerous substance(s). Where a customer re-orders substances or mixtures, then the supplier does not need to re-supply the SDS, unless the sheet’s contents have changed. The SDS is not a COSHH Risk Assessment, the risk assessment must reflect the local use and control of the substance and the SDS should form part of the COSHH Risk Assessment process. In order to ensure the most up to date SDS is available, they must be obtained direct from the supplier.

5.0 DUTIES

5.1 **The Executive Director of Communications and Corporate Governance** is the delegated responsible officer for health and safety in the Trust and will:

- Ensure the effective implementation of this policy
- Allocate sufficient resources to enable the policy to be delivered
- Monitor the overall effectiveness of the Policy.
- Make sure that arrangements are in place to assess, control and monitor the use of all substances hazardous to health.

5.2 Divisional Directors / Chief Operating Officers

- Are responsible for ensuring that this policy is implemented within their respective division and service areas.
- They should provide sufficient resources to departments and staff under their management to ensure compliance with this policy. This will include ensuring that;
 - Employees under their management are given time to attend for any Health Surveillance and/or any appropriate training that may be required.
 - Where health surveillance is indicated as necessary by the assessment, this is carried out and records maintained and kept for forty years from the date of the last entry. Advice should be obtained from the Occupational Health Service as to the form of health surveillance required.
 - The appropriate Personal Protective Equipment is resourced and provided.

5.3 Estates & Facilities

Estates have specific statutory responsibilities regarding the selection and maintenance of control measures e.g. ventilation systems, this also includes the retention of associated records and must:

- Ensure where possible, substances hazardous to health are eliminated or substituted for less hazardous ones or used in a less hazardous form.
- Where elimination or substitution is not possible, appropriate control measures, preferably engineering controls are in place and are used.
- Ensure that engineering controls, such as local exhaust ventilation, are properly maintained under planned preventative maintenance schedules and monitored to ensure their continued effectiveness. Performance monitoring must take place every 14 months or earlier dependent on the manufacturer's operating guidance and the results of the examinations and tests and any repairs carried out as a result of them be clearly recorded.
- That records or a suitable summary must be kept available for at least five years from the date on which it was made.
- Suitable records are kept of any atmospheric monitoring, where the record is representative of personal exposure of identifiable employees, for at least forty years. In any other case, records should be kept for five years.
- Ensure that COSHH products when not in use are kept in a designated secure COSHH locker and/or designated locked room.
- Ensuring that all contractors engaged by the Estates Department to carry out work have the necessary information on any hazardous substances that they may encounter and

have undertaken the necessary COSHH assessments for any substances that they may bring to and/or use on any Trust premises.

5.4 **Ward/ Departmental / Facility Managers**

Must ensure that:

- All products identified under the COSHH regulations /and or displaying a COSHH label must be listed on product sheet at **Appendix 1**
- All processes that involve or may involve exposure to substances hazardous to health are risk assessed (and reviewed) by 'competent persons' who are familiar with the task / environment and potential hazards present and recorded using the risk assessment form at **Appendix 2** and formally documenting how the risk assessment was communicated with staff.
- Their COSHH risk assessments are reviewed and updated annually.
- Safety Data Sheets are readily available for each product in use.
- All employees are provided with comprehensive information, instruction and training, in order for them to know the health risks created by any exposure to substances hazardous to health and the preventative measures that must be taken, records should be held of such training.
- All employees who work in affected areas and others that may enter to work or complete other activities are informed of the purpose and safe operation of all engineering controls.
- Personal protective equipment (PPE) is only used as a last resort or as a back up during testing or modification of other controls. If it is to be used, an assessment must be made using the guidance and assessment form contained in the Risk Assessment Policy. The specific requirements of this policy must be complied with, in terms of training staff in the correct use and fit of PPE.
- All COSHH products when not in use are kept secured in a suitable locked COSHH cabinet and/or a suitable room
- Appropriate visual checks, observations and supervision of defined work methods and control measures are in place.
- Staff are referred to the Occupational Health department for health surveillance where necessary.
- Report all incidents of injury to staff in line with the Trust Incident Reporting Policy

5.5 **Employees**

All employees must:

- Take reasonable care for themselves and others as required by the Health and Safety at Work etc Act 1974; this duty extends to the safe use of substances hazardous to health.
- Be aware of the contents of any COSHH Assessment relating to any substance that they may encounter in the workplace.
- Follow any safe systems of work that have been identified in the assessment.
- Take steps to minimise exposure to themselves and others.
- Make full and proper use of control measures including reporting any defects.
- Wear any PPE provided, including Respiratory Protective Equipment (RPE), correctly and in accordance with the manufacturers instructions;

- Co-operate with any Health Surveillance or Monitoring as requested.
- To report any defects and bring to the attention of managers any problems relating to the safe use of chemicals, including control measures or PPE.

5.5 **Health and Safety Advisors**

Will:

- Providing advice on the COSHH Policy and Procedure, including risk assessment and information on health & safety legislation relating to hazardous substances.
- Providing information on request regarding the substitution of hazardous substances with safer alternatives;
- Ensure that COSHH risk assessments are completed and reviewed annually across their service areas.
- Liaise with other departments e.g. Occupational Health, Infection Control as appropriate.
- Report any significant exposure to a substance to the Health & Safety Executive (HSE), as required under the Reporting of Incidents, Disease and Dangerous Occurrences Regulations (RIDDOR) 2013.

5.6 **Infection Control**

Will:

- Provide competent advice and support, in relation to control of infection arising from hazardous substances and blood borne infections/diseases, are provided to employees.
- Ensure that Managers are made aware of any relevant advice required to enable continued safe working practice.
- Ensure that occupational hygiene monitoring arrangements are in place for identified staff & departments.
- On request, assist in investigating incidents relating to biological agents.

5.7 **Occupational Health Service**

Will:

- Ensure that competent advice and support, in relation to health surveillance and ill-health issues arising from hazardous substances, are provided to all employees.
- Provide the collective results of health surveillance to the relevant manager by written report.
- Informing employees of results of health surveillance and any actions required.
- Ensure that individuals are recalled for health surveillance as required.
- Keep clinical records of individual's undergoing individual health surveillance for 40 years.
- Provide advice to managers regarding health surveillance outcomes so that controls and safe practice can be reviewed and amended
- Liaising with and advising the Health and Safety Team of any identified RIDDOR reportable diseases, dangerous occurrences or ill-health.

5.8 Procurement

Will:

- On request, supply copies of substance data sheets for products supplied to departments
- Where necessary eliminate the risk by substituting COSHH products for alternative safer products

6.0 PROCESS

6.1 What is not a substance hazardous to health under COSHH?

6.2 COSHH applies to virtually all substances hazardous to health, except the following, which are dealt with by separate legislation.

- Asbestos and lead, which have their own regulations;
- Substances which are hazardous only because they are: radioactive; at high pressure; at extreme temperatures; or have explosive or flammable properties (again, these are covered by other regulations);
- Biological agents that are outside the employer's control, e.g. catching an infection from a colleague.










6.3 Requirements of COSHH

6.4 Complying with COSHH involve applying the following principles of good practice:

- **Assessing the risks** to health arising from work activities or processes carried out by staff
- **Deciding what precautions are needed.** Any work which could expose employees to hazardous substances must not be carried out unless both the risks and the necessary control measures have been assessed and implemented.
- **Preventing or adequately controlling exposure,** by introducing appropriate measures.
- **Ensuring that control measures are used and maintained properly,** and that any safety procedures that have been laid down are followed (incl. PPE);
- **Monitoring exposure of workers** to hazardous substances and carrying out health surveillance, where necessary;
- **Carrying out appropriate health surveillance** where the assessment has shown this is necessary or where COSHH sets specific requirements.
- **Preparing plans and procedures** to deal with accidents, incidents and emergencies.
- **Informing, instructing, training and supervising** employees regarding the risks and the precautions to be taken.

6.5 How we will maintain a register of COSHH products

- 6.6 Any product displaying a COSHH warning symbol must be entered on to the COSHH Inventory at Appendix 1. The COSHH register is an Inventory of all products in use that are listed as being hazardous to health.

| What do the COSHH symbols mean? | | |
|---|---|--|
|  <p>Dangerous to the environment</p> |  <p>Toxic</p> |  <p>Gas under pressure</p> |
|  <p>Corrosive</p> |  <p>Explosive</p> |  <p>Flammable</p> |
|  <p>Caution – used for less serious health hazards like skin irritation</p> |  <p>Oxidising</p> |  <p>Longer term health hazards such as carcinogenicity</p> |

6.7 How we will complete COSHH risk assessment

- 6.8 Using the Manufacturer's Safety Data Sheet complete a full COSHH risk assessment for all hazardous substances listed in the COSHH register and advise on the control measures. The COSHH risk assessment form can be found at **Appendix 2**.

- 6.9 The Assessment is an evaluation of the risks to health from hazardous substances which are brought into the workplace. The assessment needs to take into account all users of the substance and anyone else who might be affected by the use of the substance (or how they are exposed to it), the volume or quantity of the substance used or stored, what they use it for, how long it is used as well as the hazards presented by the substance.

- 6.10 The systematic steps to be followed in making an assessment are:

- a) **Identify the hazardous substances** which are present or are likely to be present to which employees and others may be exposed. Start by recording substances on the Inventory of Hazardous Substances and use the COSHH Risk Assessment Form to document your findings.
- b) **Identify the route** by which the substances might enter the body. Think whether each substance is in a form in which it could be;

- **Inhaled.** Once breathed in, some substances can attack the respiratory system while others get into the body through the lungs and harm other parts of the body, eg the liver.
 - **Swallowed.** Either directly, or from settling on food etc. eg. eating or smoking with contaminated fingers.
 - **In contact with skin.** Some substances damage skin, while others pass through it and damage other parts of the body. Skin gets contaminated by direct contact, by splashing, by substances landing on the skin, by contact with contaminated surfaces (including contact with contamination inside protective gloves).
 - **In contact with the eyes.** Some vapours, gases, dusts and liquids can damage the eyes.
 - **Injected** into the body or puncture the skin e.g. sharp objects or high pressure equipment.
- c) **Identify** the resulting effects. For instance, could serious effects or death, either immediate or delayed, occur from a single exposure to the substance, or could adverse effects or death result from repeated, even low level exposures over a long period of time? Could cancers occur? Could the substances cause sensitisation or allergic reactions? Could the substance be harmful to the human reproductive process? In the case of micro organisms, could they cause infection or could an infected individual infect others? Could there be any enhanced harmful effects from exposures to mixtures of substances?
- d) **Examine** the working processes, practices and procedures which involve hazardous substances. It is important to know the potential impact / outcome of an incident involving hazardous substances in each area and identify how this can be removed / reduced. The resulting assessment will identify real solutions that work in practice for the potential problems in individual workplaces.
- e) **Estimate** current exposure levels and also those which might result from a planned or unplanned event such as an increase in levels of work or an accidental release of substances. Advice can be obtained from the Health and Safety Team.
- f) **Compare** the estimate against a valid exposure limit that represents adequate control, i.e. Workplace Exposure Limit (WEL). Personal exposure must be reduced as far as is reasonably practicable below this level for carcinogens mutagens and asthmagens, and in all cases must not be above this level.
- g) **Control Measures** are actions taken to reduce exposure to a hazardous substance. This may include elimination or replacement of the substance, safe systems of work, standard operating procedures, the cleaning of the workplace, plant and equipment, the provision and use of engineering controls, supervision, training and personal protective equipment). If control is inadequate, decide on appropriate steps. Choose control measures in the following order of priority:
- **Eliminate** the use of a harmful product or substance and use a safer one.
 - **Use a safer form of the product**, eg paste rather than powder.

- **Reduce** - Change the process to emit less of the substance.
- **Enclose** the process so that the product does not escape.
- **Extract** emissions of the substance near the source.
- **Isolate** - Have as few workers in harm's way as possible.
- **Provide PPE** such as gloves and respirators that provide suitable, adequate protection and are specific to the task

h) Decide on additional precautions to sustain adequacy of control and whether there is any need for exposure monitoring and/or health surveillance.

6.11 In gathering information for an assessment, expert advice may be required. Further information should be sought as necessary through the Health and Safety Team and Occupational Health Services.

6.12 **Personal Protective Equipment (PPE)**

6.13 Where necessary and only as a last resort, provide personal protective equipment. Carefully assess the type and use of personal protective equipment (PPE) and maintain and train staff according to manufacturer's instruction. Managers are responsible for ensuring that PPE, as required, is suitable for its intended purpose, appropriately maintained, cleaned, inspected, stored and replaced as required.

6.14 **Purchasing Procedures**

6.15 All purchases of goods and substances must be undertaken in accordance with recognised and agreed procurement procedures. No other purchasing approaches should be adopted. Manufacturers and suppliers of substances and materials have a legal duty to supply material safety data sheets for the materials provided. All purchases/ requisitions should include a request to supply data information sheets. Line managers must ensure an assessment has been carried out PRIOR to any use or handling of the substance

6.16 **Health Surveillance**

6.17 Health surveillance is a legal requirement as detailed in COSHH Regulations 11 and Management of Health and Safety at Work (MHSWR) Regulations 1999. Health Surveillance ensures procedures are in place that are designed to detect early signs of work-related ill health among employees exposed to certain health risks. It also ensures results are acted upon.

6.18 The COSHH risk assessment requires health surveillance to be carried out where it has identified:

- An employee who has been exposed to a substance listed in Schedule 6 (pg. 92 of amended COSHH Regulations) who was working in one of the related processes and there is reasonable likelihood that an identifiable disease or adverse health effect will result from that exposure.

- An Employee who has been exposed to a substance such as Micro-organisms and there is a reasonable likelihood that during the course of their work activity, they could be adversely affected

6.19 Health surveillance can be arranged through the Trusts Occupational Health Service.

6.20 **New and Expectant Mothers**

6.21 COSHH risk assessments for the products to which employees may be exposed within their department, will detail any special hazards relevant to expectant and nursing mothers. This information will be included under the 'Use of Product' heading: 'Does the substance pose an additional risk to certain groups or individuals?' (Also refer to the **Risk Assessment Policy and Procedure for New and Expectant Mother's**).

6.22 **Record Keeping**

6.23 Maintain employee health records of all exposures to substances hazardous to health where health surveillance is indicated for a minimum of 40 years.

6.24 **Incident Reporting**

6.25 In the context of this policy incidents and near misses are when any person suffers actual or potential injury or ill health as a result of exposure to substances. Incidents/near misses must be reported as soon as possible after the event using Datix- the Trust's incident reporting system (refer to the Trusts **Incident Reporting Policy**).

7.0 **CONSULTATION**

7.1 When carrying out a suitable and sufficient COSHH risk assessment, the Trust will consult employees and appointed safety representatives on any measures or plans to introduce as a result of the assessment which may substantially affect employee health and safety. This is a legal requirement under the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996.

8.0 **TRAINING AND SUPPORT**

8.1 Where necessary the Health and Safety Advisors of each Division will provide support to Facilities Managers and their Supervisors in the completion of COSHH Risk Assessments

9.0 **MONITORING**

| | | | | | | |
|--|----------------------------|--|-------------------------------------|-----------------|---|--|
| What key elements will be monitored? (measurable policy) | Where described in policy? | How will they be monitored? (method + ?) | Who will undertake this monitoring? | How Frequently? | Group /Committee that will receive and review | Group /Committee to ensure actions are completed |
|--|----------------------------|--|-------------------------------------|-----------------|---|--|

| objectives) | | sample size) | | | results | |
|--------------------------------------|-----|--------------|-----------------|----------|-----------------------------|-----------------------------|
| Completion of COSHH Inventory | 6.4 | Auditing | Safety Advisors | Annually | Health and Safety Committee | Health and Safety Committee |
| Completion of COSHH Risk Assessments | 6.5 | Auditing | Safety Advisors | Annually | Health and Safety Committee | Health and Safety Committee |

10 Equality and Human Rights Analysis

| |
|---|
| Title: The Control of Substances Hazardous to Health (COSHH) Policy |
| Area covered: Trust Wide |
| <p>What are the intended outcomes of this work?</p> <p>To Provide guidance to senior and line managers on requirements of the COSHH Regulations and ensure that all activities involving the use of hazardous substances are subject to a COSHH risk assessment and that adequate controls are in place. To 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 ensure full reporting of all incidents involving exposure or potential exposure to hazardous substances, via the Trusts incident reporting procedure.</p> |
| Who will be affected? staff, patients, service users, contractors etc |
| Evidence |
| What evidence have you considered? |
| Health and Safety Legislation |
| Disability (including learning disability) People with learning disabilities will protected from coming into direct contact Substances hazardous to health to health |
| Sex COSHH Regulations imposes a duty on employers to protect women of child bearing age, women who are pregnant and nursing mothers |
| Race <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i> N/A |
| Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i> Person under 18 will require supervision when handling COSHH items |
| Gender reassignment (including transgender) <i>Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i> N/A |
| Sexual orientation <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i> N/A |
| Pregnancy and maternity <i>Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</i> Process designed to take into consideration risks to women and unborn child |

| |
|---|
| Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities. n/a |
| Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. N/A |
| Cross Cutting implications to more than 1 protected characteristic N/A |

| Human Rights | Is there an impact? How this right could be protected? |
|--|---|
| Right to life (Article 2) | <i>Use not engaged if Not applicable</i> |
| Right of freedom from inhuman and degrading treatment (Article 3) | <i>Use not engaged if Not applicable</i> |
| Right to liberty (Article 5) | <i>Use not engaged if Not applicable</i> |
| Right to a fair trial (Article 6) | <i>Use not engaged if Not applicable</i> |
| Right to private and family life (Article 8) | <i>Use not engaged if Not applicable</i> |
| Right of freedom of religion or belief (Article 9) | <i>Use not engaged if Not applicable</i> |
| Right to freedom of expression Note: this does not include insulting language such as racism (Article 10) | <i>Use not engaged if Not applicable</i> |
| Right freedom from discrimination (Article 14) | <i>Use not engaged if Not applicable</i> |

| |
|---|
| Engagement and Involvement <i>detail any engagement and involvement that was completed inputting this together.</i> |
| Consultation with Staff Side |
| Consultation with Facilities and service managers |

| |
|--|
| Summary of Analysis <i>This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010</i> |
| 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.

Advance equality of opportunity

N/A

Promote good relations between groups

N/A

What is the overall impact?

No negative/adverse impact detected

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified.

Include here any or all of the following, based on your assessment

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record

Name of persons who carried out this assessment:

Carlton Brooks

Date assessment completed: July 2019

| |
|--|
| Name of responsible Director: Elaine Darbyshire |
| Date assessment was signed: July 2019 |

11. APPENDICES












Appendix 1: COSHH Product Inventory





Appendix 2: COSHH Risk Assessment

Appendix 1: COSHH INVENTORY

| Product Details | | | Quantity stored/how often it's used/by who? | | | Is there a Manufacturers Safety Data Sheet for the product? | Are there health hazards issues? (see Risk Phrases on Manufacturers Safety Data Sheet and/or product label) | Risk Evaluation | |
|-----------------|--------------------|--------------|---|---|---|---|---|-----------------|--|
| Nu | Manufacturers name | Product name | How much of the substance do you have (approx.) | How often is it used? (daily, weekly, monthly etc.) | Who is it used by and what is it used for? (Housekeepers, Nurses, maintenance etc.) | Yes/No | State | C X L | Risk assessment Number must be same as product Number in column [a] |
| a | b | c | d | e | f | g | h | i | j |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

Appendix 2: COSHH Risk Assessment

| | | | |
|--|---|---|---|
| Risk assessment number | | Inventory number | |
| Service Area | | Site/Location | |
| Product name & manufacturer | | What is the substance used for (e.g cleaning floors) | |
| Is the substance any of the following? Check the White Diamond warning signs on the packaging or under 'Regulatory Information' on the product Safety Data Sheet? | | | |
|  Corrosive <input type="checkbox"/> |  Harmful <input type="checkbox"/> |  Irritant <input type="checkbox"/> |  Toxic <input type="checkbox"/> |
|  Very Toxic <input type="checkbox"/> |  Harmful to environment <input type="checkbox"/> |  Explosives <input type="checkbox"/> |  Flammables <input type="checkbox"/> |
|  Oxidising <input type="checkbox"/> |  Gases under pressure <input type="checkbox"/> |  Respiratory Sensitizer <input type="checkbox"/> | |
| Check under 'Regulatory Information' (Section 15) of the product Manufacturers Safety data Sheet for Risk Phrases? | | | |
| Risk Phrases | | | |
| Safety Phrases | | | |
| Is the product either made from a process or has a biological agent? | | | |
| Dust contaminant <input type="checkbox"/> | Blood borne virus <input type="checkbox"/> | Latex <input type="checkbox"/> | |
| Physical State | | | |
| Gas <input type="checkbox"/> | Vapor <input type="checkbox"/> | Liquid <input type="checkbox"/> | Solid <input type="checkbox"/> |
| Dust <input type="checkbox"/> | Other <input type="checkbox"/> | | |
| Is the hazardous substance when it is? | | | |
| Ingested <input type="checkbox"/> | Injected <input type="checkbox"/> | Inhaled <input type="checkbox"/> | |
| Contact with eyes <input type="checkbox"/> | Absorbed through skin <input type="checkbox"/> | Released into environment <input type="checkbox"/> | |
| Use of product | | | |
| How is the substance to be used? (E.g diluted with water, applied by spray etc.) | | | |
| Approximately how much is used and how often per week? (E.g 1litre/kilo/once/twice a week) | | | |
| Who will be exposed to the substance? (E.g staff, patients, visitors etc.) | | | |
| Does the substance pose an additional risk to certain groups or individuals? (E.g expectant mothers, young, elderly, staff with asthma etc.) | | | |
| Control measures | | | |
| Can this product be substituted with a less hazardous one? (Further information should be sought from the supplier on alternative products) | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Give details of control measures, other than personal protective equipment (PPE) (E.g. well-ventilated area, local exhaust ventilation, authorised persons only) | | | |

| Give details of all PPE required | | | |
|---|-----------------|---|------------|
|  | Gloves: |  | Face Mask: |
|  | Eye Protection: |  | Coveralls: |

STORAGE: Give details how the product should be stored and how much is stored at location: (e.g locked cupboard, away from certain other substances, 10Kilos stored)

CHEMICAL REACTIONS: Give details of any substances/products that this product should not come into contact with

Has the person required to use this product been given appropriate information and training in its use? (as a minimum a copy of the COSHH Risk Assessment and the Safety Data Sheet should be in a known and accessible place) Yes No

Emergency Procedures

What to do if the product is

Swallowed: In contact with eyes:

In contact with the skin: Inhaled:

Other: (please specify)

Fire: What action should be taken if the product is involved in a fire:

Disposal: How should the product and it's packaging be disposed of:

Spillage: What actions should be taken in the event of a spillage:

Health Surveillance: Give details of any health surveillance for staff using this product

ASSESSMENT OF RISK

Are all the above control measures in place and working to control the risk? Yes No

If No, please state what remedial actions are required and date for completion Completion date:

When all the control measures are in place are all hazards for health adequately controlled Yes No

Assessors name: Assessors signature: Date:

Line managers name: Line managers signature: Date:

Remedial Action date : Line Managers signature: Review date:

Review dates

| | | |
|-----------------|-------|-------|
| Reviewers name: | Sign: | Date: |
| Reviewers name: | Sign: | Date: |
| Reviewers name: | Sign: | Date: |
| Reviewers name: | Sign: | Date: |