

Control of Substances Hazardous to Health (COSHH) Policy and Procedure, including Respiratory Sensitisers and Health Surveillance

The document describes the health and safety arrangements, including the processes and systems in place for identifying substances used and how they are used, the requirement for COSHH risk assessments to be undertaken, recorded and training for staff. Organisational arrangements included for the management of respiratory sensitisation including health surveillance.

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.0		Harmonised document
2.0	January 2014	Facilities Consortium amended to NHS Horizons throughout Health and Safety Team amended to Health and Safety Compliance Team throughout
3.0	December 2016	Revised to reflect organisational changes
3.1	May 2018	Revised to reflect organisational changes regarding new documentation. CHIP Regulation revoked 01/06/15.
3.2	April 2019	Amendment to section 6.4 Line Managers following receipt of Alert EFA 2019/002
4	March 2021	Definition of Personal Protective Equipment (PPE) amended to include Respiratory Protective Equipment (RPE) Definition of risk reviewed and updated Definition of Material Safety Data Sheets (MSDS) updated Definition of Workplace Exposure Limits (WELs) reviewed and updated <i>Reviewed Policy</i> reflecting changes to GB Classification, Labelling and Packaging Regulation (GB CLP) legalisation Requirement to attend COSHH risk assessment refresher training Appendix 2 COSHH Inventory reviewed and updated Inventory to reflect products currently in use
5	November 2022	Policy reviewed to reflect regulation changes Personal Protective Equipment at Work Regulations 1992 as amended by the Personal Protective Equipment at Work (Amendment) Regulations 2022. Policy merge undertaken and now includes the organisational arrangements for the management of respiratory sensitisation including health surveillance.

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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Due Regard

The Trusts commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to

eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

Due regard is implicit with each section of this policy. It is acknowledged that the Control of Substances Hazardous to Health (COSHH), Regulation 6, Section 2, 3 and 4 and Regulation 7, Section 1, 2 and 3 outline the legal requirement for risk assessment in relation to COSHH and to implement the necessary control measures to protect employees and others. (See Section 7)

Definitions that apply to this Policy

Asthma	Asthma is a condition in which inflammation of the lining of the small airways of the lung together with spasms of the muscles around the airways, cause these airways to narrow and reduce airflow both into and out of the lungs. This produces wheezing, shortness of breath, chest tightness, and coughing. Most people with asthma have periodic attacks of symptoms separated by symptom-free periods. Symptoms can be aggravated by cold air and cigarette smoke and are often worse at night or early in the morning.
Biological agent	Any micro-organism, cell culture, bacteria, virus, fungus, parasite or infectious larvae with the ability to cause infection in humans.
Carcinogenic	A substance which if it is inhaled or ingested or penetrates the skin may induce cancer or increase its incidence.
Contractor	Anyone brought in by an organisation to work at or on the premises who is not an employee of the Trust. It includes any individuals or company who come onto site to fulfil a contractual obligation between the site and a third party.
Corrosive	Substances that may on contact with living tissue destroy them.
Harmful	A substance which if it is inhaled or ingested or penetrates the skin may involve limited health risks.
Hazard	Presented by a substance is its “potential to cause harm”.
Hazardous Substance	Is any solid, liquid, dust, fume, vapour, gas or micro-organism that could be harmful to health.
Health Surveillance	The examination of the health and wellbeing of a person who is, or is liable to be, exposed to substances hazardous to health and where there is a valid and suitable technique for measuring the adverse effects on health.
Irritant	A non-corrosive substance that, through brief, prolonged or repeated contact with the skin or mucous membrane can cause inflammation.
Local Exhaust Ventilation (LEV)	Local Exhaust ventilation (LEV) is an extraction system to remove airborne contaminants (dust, fumes, vapours) before they can be inhaled. LEV needs to be thoroughly tested and examined at least every 14 months by a competent person to ensure it is effective.
Monitoring	In the context of hazardous substances is the use of valid and suitable techniques to derive an estimate of the exposure of staff to substances hazardous to health. Personal and environmental monitoring techniques can be used.
Mutagenic	A substance that if it is inhaled or ingested or it penetrates the skin, may involve a risk of hereditary genetic defects.
Personal Protective Equipment (PPE)	Is equipment designed to give a measure of protection to an employee using or handling a hazardous substance. It includes head protection such as hard hats, through to foot protection such as safety boots. It also includes Respiratory Protective Equipment (RPE)
Respiratory Sensitiser	A respiratory sensitiser is a substance which when inhaled it can trigger an irreversible allergic reaction in the respiratory system. Once this sensitisation reaction has taken place, further exposure to the substance, even the tiniest trace, will produce symptoms. Sensitisation does not usually take place right away. It generally happens after several months or even years of breathing in the sensitiser.

	Respiratory sensitisers are subject to the Control of Substances Hazardous to Health Regulations (COSHH) 2002 (as amended).
Respiratory Sensitisation	The process by which an individual develops an allergic response to an antigenic substance to which they are exposed in their environment whether at work or home.
Respiratory Protective Equipment (RPE)	Is equipment designed to prevent or minimise the amount of hazardous substance to which the employee might be exposed from entering the lungs. It includes breathing apparatus used for full-scale respiratory protection where there is no breathable atmosphere; through to disposable face masks used to prevent an employee inhaling dust particles.
Risk	The likelihood of harm occurring in the actual circumstances of using identified substances hazardous to health.
Material Safety Data Sheet (MSDS)	MSDS are important documents in the safe supply, handling and use of chemicals. They help ensure that those who use chemicals in the workplace use them safely without risk of harm to users or the environment. The MSDS will contain the information necessary to allow employers to complete a risk assessment as required by the Control of Substances Hazardous to Health Regulations (COSHH)
Substances hazardous to health	<ul style="list-style-type: none"> • Substances labelled as toxic, corrosive, irritant, harmful • Substances with workplace exposure limits (WELs) • Biological agents (e.g. micro-organisms) • Dusts of any kind in substantial concentrations • Carcinogenic substances • Any other substance that can be harmful to health
Teratogenic	A substance which if it is inhaled or ingested or penetrates the skin, may involve a risk of subsequent non-hereditary birth defects in offspring.
Very Toxic / Toxic	A substance which if inhaled or ingested or penetrates the skin, may involve extremely serious / serious acute or chronic harm or death.
Work Related Asthma	Asthma is work-related when there is an association between symptoms and work, and can be divided into the following categories: <ul style="list-style-type: none"> • Work aggravated asthma: pre-existing or new onset asthma worsened by workplace exposure • Occupational asthma: asthma caused by substances inhaled at work, which can be typed as: <ul style="list-style-type: none"> • Allergic: where the immune system becomes sensitised to a substance at work. There is a gap between exposure, becoming sensitised and then developing symptoms. • Irritant: airway dysfunction caused by a reaction to an irritant substance which does not involve the immune system, symptoms develop within a few hours of exposure.
Workplace Exposure Limits (WELs)	WELs are concentrations of hazardous substances in the air. WELs are legal limits of exposure, averaged over a specified timeframe (long term exposure limits which cover exposure over eight hours and short term exposure limits, which is a limit over 15 minutes).

	<p>WELs are British occupational exposure limits, approved and enforced by the Health and Safety Executive.</p> <p>You can find the full list in EH40/2005 Workplace Exposure Limits.</p>
Due Regard	<p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none">• Removing or minimising disadvantages suffered by people due to their protected characteristics.• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

1 Introduction

The Control of Substances Hazardous to Health (COSHH) Policy applies to all employees of the Leicestershire Partnership NHS Trust referred to throughout this policy as 'the Trust', who may be required to use or handle substances hazardous to health during the course of their work as well as other staff including temporary employees (e.g. agency/bank, contractors/students) and any other people who may be affected by the Trust's activities.

This policy forms part of the suite of policies which contribute to the overall objectives of the Trust Health & Safety Policy.

The purpose of this policy is to set out the Trust arrangements to comply with the COSHH Regulations and imposes specific duties and responsibilities for all employees.

2 Policy Statement

The Trust has a duty to ensure, so far as is reasonably practicable, the health, safety and welfare of all its employees and other persons with regards to the use of hazardous substances and to reduce and control the risks from respiratory sensitisers. Where reasonably practicable exposure to substances should be prevented, where this is not possible, the exposure will be controlled to prevent injury or ill health at work.

In line with the COSHH Regulations and Trust Policy, all substances deemed to be hazardous to health arising out of a work activity will be assessed to protect employees and other persons against risks to their health, (acute or chronic).

2.1 The Trust will:

- Where possible, eliminate substances hazardous to health.
- Where substances cannot be eliminated, identify if a suitable alternative is available (substitute)
- reduce the number of people exposed to the substance and the period of time that people are exposed.
- Isolate the substance and its use where possible.
- Adequately control the substance.
- Ensure the provision of adequate health surveillance where identified as part of the risk assessment process.
- Ensure a suitable and sufficient assessment of the risks of exposure and Protection required including any monitoring and the recording of these findings will be put in writing and shared with relevant staff.

3 Arrangements

This policy and arrangements are to be applied throughout the Trust and will extend to encompass the full range of the Trust's work and undertakings. This will include:

3.1 Premises

- All Trust premises
- Shared premises where Trust staff work
- All places where staff undertake their duties

3.2 Substances Hazardous to Health covered by COSHH Regulations

Substances hazardous to health include:

- Any material, mixture or compound used at work or arising from work activities, which is harmful to people's health in the form in which it occurs in the work activity (e.g. solid, liquid, dust, fume, vapour, gas or micro-organism)
- All substances or mixture of substances classified as being toxic, very toxic, harmful, corrosive, or irritant under GB Classification, Labelling and Packaging Regulation, known as GB CLP. For all commercially available substances and preparations, this information is given on statutory warning labels on their containers. Suppliers must also provide (by law) safety chemical hazard data sheets for these substances
- A substance for which the Health and Safety Commission has approved a Workplace Exposure Limit (WEL). WELs apply to airborne contamination. Exposure limits can be found in the HSE publication EH40 (revised annually)
- A biological agent (bacteria and other micro-organisms) defined as any microorganism, cell culture, or human endoparasite and body fluids, including any which have been genetically modified, which may cause any infection, allergy, and toxicity or otherwise create a risk to human health
- Dust of any kind if its average concentration in the air exceeds the levels specified in the COSHH Regulations
- Any other substance, which creates a risk to health but which for technical reasons, may not be specifically covered by the GB CLP Regulations
- The Regulations apply to all substances from the time of receipt in Trust premises to their internal transportation, storage, use and disposal. This includes substances transported by or on behalf of the Trust

3.3 Substance not covered by the COSHH Regulations

Exceptions to the Regulations include:

- Health risks to patients arising from the substance being administered in the course of medical treatment¹ to them. Certain drugs will, however, require task based COSHH risk assessment because of the potential risks to others involved in their administration and disposal. This is particularly the case with cytotoxic drugs (any drug with a toxic effect on cells such as some cancer treatment drugs)
- Substances already covered by their own regulations
 - Lead: Control of Lead at Work Regulations 2002 (CLAW)
 - Asbestos: Control of Asbestos at Work Regulations 2002 (CAW) (as amended)

¹Nb: 'medical treatment' means medical or dental treatment which is conducted by, or under the direction of, a registered medical practitioner, registered dentist or non-medical prescriber)

- Substances, which are hazardous only because they are:
 - radioactive
 - at extreme temperatures
 - asphyxiants
 - have explosive or flammable properties
 - at high pressure
 - Medicines are also excluded from this Policy as the COSHH requirements of these substances are covered under the Medicines Management Policy

3.4 Respiratory Sensitisers

It is recognised that exposure to certain materials used in the workplace can result in respiratory sensitisation in certain individuals which may result in ill health and potentially long term disability.

Respiratory sensitisation is the process by which an individual develops an allergic response to an antigenic substance to which they are exposed in their environment, whether at work or home. Clinical manifestations may include nasal stuffiness, rhinitis, watering or irritable eyes, cough, wheeze, shortness of breath. Once this sensitisation reaction has taken place, further exposure to the substance, even to the tiniest trace, will produce symptoms. Sensitisation does not usually take place right away. It generally happens after several months or even years of breathing in the sensitiser.

Once a person is sensitised, continued exposure can result in

- permanent damage to their lungs and increasingly severe symptoms.
- people with rhinitis may go on to develop asthma.
- asthma attacks are likely to become worse and can be triggered by other things such as tobacco smoke, general air pollution or even cold air. These attacks often continue for years after exposure to the sensitiser has stopped.

Symptom enquiry may be used to detect early symptoms and lung function testing (spirometry) may show evidence of airways obstruction before lower respiratory symptoms become apparent. Once this sensitisation reaction has taken place, further exposure to the substance, even to the tiniest trace, will produce symptoms.

Once a person is sensitised, symptoms can occur either immediately they are exposed to the sensitiser or several hours later. If the symptoms are delayed, they are often most severe in the evenings or during the night, so workers may not realise it is work that is causing the problem.

Wherever it is reasonably practicable, exposure to substances at work that can cause occupational asthma should be prevented. Where this is not possible, the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. For substances that can cause occupational asthma, COSHH requires that exposure be reduced as low as is reasonably practicable. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma

and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.

3.5 Common Respiratory Sensitisers within Healthcare

The most common respiratory sensitisers encountered within Healthcare and those persons likely to be exposed are listed within Appendix 5. This is not a comprehensive list and a more comprehensive list can be found in Health and Safety Executive (HSE) publications and reference occupational health texts.

4 Managing the Risk

COSHH risk assessments are undertaken that identify the risks from using chemicals or other hazardous substances at work that can put people's health at risk will be managed to the lowest level that is reasonably practicable following the hierarchy of controls in COSHH Legislation. Staff will be informed by their line manager(s) of any control measures required and provided with information, instruction and training to ensure they are made aware of the hazards and risks and their duties.

The following factors must be taken in to consideration when conducting a COSHH risk assessment:-

- Possible harmful health effects (risk)
- Its form and quantity
- How it is stored and handled
- How it is used and transported
- Possible routes of entry in to the body e.g.
 - inhalation (breathing)
 - ingestion (through the mouth)
 - absorption (through the skin or mucus membranes)
 - injection, cut or abrasion
- Prevention and control measures to be implemented
- How it is disposed of (the substance)

Latex and other skin irritants & sensitisers will be included as part of the COSHH and risk assessment procedure.

5 Control Measures

Control measures must be determined by the level of risk to health and must take in to account:

- Elimination and /or use of alternative/less hazardous substances where possible
- Modification of the use or process to eliminate, isolate or reduce exposure
- Elimination and/or reduction of the number of people exposed to the hazardous substance
- The outcome of any environmental monitoring, as appropriate, which has been undertaken by competent person
- The provision, maintenance and use of any control equipment required

- Safe systems of work including documented standard operating procedures must be in place e.g. permits to work. These must be documented and easily accessible to staff in the area where the work is being carried out.
- The use of personal protective equipment/respiratory protective equipment (PPE/RPE) should be regarded as a “last resort” in providing protection from exposure to substances hazardous to health
- Cleaning chemicals must be safely and securely stored considering vulnerable patient groups who may access such products. At LPT the requirement is for COSHH items to be secured behind locked door and with a lockable cabinet (preferably metal cabinet if flammables stored)
- Cleaning chemicals must not be left unattended or in unlocked/unsecured areas/trolleys/cupboards where they may be accessed by vulnerable patients
- Guidance on decanting and dilution of cleaning chemicals must be followed, for example only using a labelled secondary container expressly used for that purpose and not using drinking or other vessels intended for patient or staff use
- Measures to limit/prevent the exposure of patients and staff to ingestion of cleaning products, etc. must be in good working order; for example, locks on cleaning trolleys must always work and be fit for purpose with keys removed when not in use
- Work techniques must be followed that avoid or minimise contact with harmful cleaning chemicals and minimise leaks and spills for staff and patients
- Provide information, training and instruction for employees must be provided appropriate to their job role and in a suitable style of delivery and language

Any physical control measures put in place as a result of assessments e.g. local exhaust ventilation (LEV) systems must be inspected and maintained to ensure their effectiveness.

Where health surveillance monitoring is identified as a requirement, records of monitoring will be kept. Where a monitoring record contains personal exposure of identifiable staff then these records will be retained in the staff member's Occupational Health record and must be kept for 40 years from the last date of entry. All managers must ensure that monitoring is forwarded to the Occupational Health Service and the Health and Safety Team.

6 Roles and Responsibilities

6.1 Chief Executive

- Responsible for ensuring the effective implementation of this Policy
- Monitoring the overall effectiveness of this Policy

6.2 Director with Responsibility for Health and Safety

- Has been designated as the lead Board member with the responsibility for Health and Safety and as such will ensure that robust management systems exist to reasonably minimise and or adequately control risks to patients, staff and others from substances hazardous to health
- Advising the Board on the review of existing policy arrangements
- Advising the Board on the allocation of resources to implement health and safety procedures
- Referring matters of a critical nature to the Board for resolution
- Ensuring adequate safety arrangements exist within the Trust

6.3 Directors

- Must implement this policy and any associated guidance on COSHH and task based COSHH assessments within their areas of responsibility
- Must ensure arrangements are in place for the monitoring of (and compliance with) this policy
- This includes identifying who is responsible for doing what, together with identifying the name, number and location of people delegated to undertake task based COSHH assessments within the Directorate/Corporate Services
- Ensure there are suitable resources available for the implementation of this policy

6.4 Line Managers

Line Managers have accountability and responsibility for all COSHH items in their environment ensuring COSHH inventories (Appendix 2) and risk assessments are in place, maintained shared with staff. The Health and Safety Compliance Team must be notified of any new products to be introduced or changes to existing products included in the centralised COSHH inventory.

Managers are responsible for ensuring that PPE, as required, is suitable for its intended purpose, appropriately maintained, cleaned, inspected, stored and replaced as required.

As part of the COSHH risk assessment, will identify risks in areas their services operate within or use to deliver care where patients are admitted, assessed or receive treatment. The risk assessment should take account of multiple environmental, clinical, and operational health and safety factors, including but not limited to:

- equipment and therapeutic environment needs of the room/space
- operation and services undertaken in the room/space
- staff resource and ability to observe a patient in the room/space
- patient population risk especially vulnerable groups such as dementia, mental health, children, etc.
- type of healthcare facility
- Provide information, training and instruction for employees must be provided appropriate to their job role and in a suitable style of delivery and language
- Will communicate information to staff about all COSHH identified products including respiratory sensitising agents used in their area of work and share with them the associated task based COSHH risk assessments
- Must complete COSHH inventories and ensure that these are regularly reviewed and updated.
- They will ensure that, following completion of the task based COSHH risk assessment staff training in relation to COSHH products is adequate and appropriate to the individuals use and contact with the COSHH product. Staff training records relating to COSHH must be retained locally for five years from the date training took place.
- If Line Managers delegate the task of COSHH risk assessments to a COSHH Assessor, each service does not necessarily require a COSHH assessor at each site. For example, in District Nursing there could be one assessor in each hub/service. The assessor would be responsible for ensuring all substances used and operations/procedures in District nursing in that hub/service are

assessed and all staff in the hub trained and aware of the task based COSHH risk assessment. This approach to appointing assessors to be adopted across a range of services to ensure each site was not unduly duplicating the assessment procedures.

- Managers must ensure that employees who require health surveillance are known to the Occupational Health Service so a baseline assessment can be carried out
- Managers will ensure local Induction training will be provided for every new member of staff, providing details of local COSHH risk assessments and the safe systems of work in place that they will be required to work to.
- Managers will ensure young people (as identified by legislation) who are required to use COSHH products will be identified on the task based COSHH assessment and will be given training suitable and sufficient to their needs.

6.5 COSHH Assessor

- Will be responsible for
 - attending COSHH risk assessment training and update training every three years to refresh their knowledge.
 - Completing or updating an inventory (Appendix 2) of all hazardous substances within their area of responsibility and reviewing and revising as necessary (at least annually, but following any change, whichever is sooner)
 - Collating relevant generic task based COSHH risk assessments and COSHH documentation identified on their inventory, from the LPT Staffnet centralised system.
 - Reviewing and amend risk assessments to fit their working environments and site specific processes
 - Conducting suitable and sufficient task based COSHH risk assessments not on the LPT Staffnet centralised system with support from the Health and Safety Compliance Team
- Issuing a copy of the inventory, any local additional COSHH risk assessments and associated MSDS not included on the intranet centralised system, to the Health and Safety Team
- Reviewing COSHH risk assessments at least every two years or whenever there have been any significant changes in product(s) or process or there is a reason to suspect that they are no longer valid.
- Ensuring the COSHH risk assessments available are locally, including the inventory and safe systems of work documentation.
- Escalate any risks that cannot be managed locally and document on to the risk register
- Assisting in the development of safe systems of working
- Liaising with the Health and Safety Compliance Team, Infection Prevention and Control Team or Occupational Health Service, and other specialist advisors as required

6.6 All employees

- Will adhere to this COSHH Policy and the control measures identified in individual task based COSHH assessments.
- Will comply with all Health Surveillance requirements as identified as part of the task based COSHH assessment process

- Will report any ill health effects immediately to their line manager and complete an incident form in line with the Trust's reporting policy.
- Will not use any unauthorised product
- Will not bring products into work or buy via petty cash
- Employees are required to use PPE in accordance with the training they have been given and report any faults/defects or concerns regarding PPE to their manager. For further guidance please refer to the Workwear PPE Policy.
- Failure to comply with the identified control measures may result in disciplinary action.
- All staff who use a COSHH substance as part of their work activity who become pregnant or who are nursing mothers should inform their manager of their status so that the task based COSHH assessment can be reviewed for any contraindications of that product for new and expectant mothers and their baby.

6.7 Health and Safety Compliance Team

- Will provide specialist advice and guidance
- Advise on occupational hygiene monitoring services to ensure effectiveness of control measures and compliance with workplace exposure limits
- Will provide specialist advice and guidance where substances have an EH40 classification as indicated on the manufacturer's safety data sheet or are classified as WEL/health hazard H351 (Carcinogen) H334 (respiratory) H315 (skin irritation) specific specialist task based COSHH assessments.
- Provide COSHH training for COSHH assessors
- Provide additional support with locally based task based COSHH risk assessments
- Liaise with other Specialist Advisors e.g. infection control, pharmacists, clinical leads or medical physics to ensure that products are carefully evaluated before being introduced into the workplace.
- Will manage the centralised COSHH system for hazardous substances used across the Trust including:
 - COSHH inventory,
 - Material Safety Data Sheets,
 - Generic substance COSHH risk assessments
 - Task based COSHH risk assessment
 - Safe systems of work
 - Manufacturer's instructions for hazardous substances used across the Trust.

6.8 Infection Prevention and Control Team

Including

- Will provide expert advice on the risk from microbiological agents
- Provide policies and procedures to ensure safe practices are in place to limit the risk and spread of micro-organisms
- Education and training of staff with regard to infection control policies and procedures
- Provide a report to the Health and Safety Committee detailing any incident relating to COSHH

6.9 Estates and Facilities Team and Contractors

- Provide expert advice on LEV
- Provide maintenance of equipment

- Provide the Trust with records of testing and any monitoring undertaken
- Ensure any deterioration is reported without delay to the appropriate manager and specialist advisors for action to be taken
- To adhere to Trust policies and procedures relating to COSHH
- When undertaking work within the Trust will be expected to undertake COSHH assessments prior to using products on site that fall within the Regulations
- Must have a documented record of their COSHH assessments and share this information with the Trust Estates and Facilities
- Sharing relevant documentation and records as required by the Trust to ensure staff and patient safety
- Provide training and tool box talks to their staff re: health surveillance and appropriate use of PPE / RPE

6.10 Occupational Health Service (External)

- Under the service level arrangement the service must ensure the following are provided
- Post-employment check for all clinical staff and all Estates and Facilities staff
- Any staff at interview who declare a Health problem may be seen prior to employment if the preferred candidate
- Advise Line Managers and employees of any necessary adjustment of restriction to their work activities
- Provide health surveillance (including follow-up) if required i.e. legal requirements, good practice or as identified following risk assessment
- Provide activity reports on quarterly basis to the Health and Safety Committee and Infection Prevention and Control Group
- Attend Trust meetings as required
- Will assist promote staff wellbeing in relation to any COSHH products used
- The Occupational Health Service will advise on routine surveillance of individual health to be undertaken following consideration of the degree of exposure and the nature of the effects, i.e. exposure to latex etc. This must be recorded on the relevant COSHH risk assessment
- The Occupational Health Service will undertake health surveillance procedures and maintain the records as required by legislation
- Provide an early warning mechanism to any sensitisers

6.11 Procurement/Purchasing Procedures

- All purchases of goods including hazardous substances must be procured via the approved purchasing process. No other purchasing mechanism should be adopted. All substances/products must be COSHH assessed prior to use to ensure products/substances chosen have the least potential to cause any ill-health
- Non authorised products will be masked prior to assessment and being made available to order. Requests for purchases of COSHH products will be monitored.

6.12 Health Surveillance

- Due to the nature of some substances, health surveillance may be required. The Trust will provide suitable health surveillance.
- Managers must ensure that employees who require health surveillance are known to the Occupational Health Service so a baseline assessment can be carried out

- Health Surveillance may involve tests such as lung peak flow, skin checks, blood tests, which are carried out at regular intervals to minimise the risk of potential ill health effects
- The Occupational Health Service will undertake health surveillance procedures and maintain the records as required by legislation (minimum 40 years)
- Individual health surveillance health records will be made available to the individual employee should they wish to access them in accordance legislation and Trust policies
- The effects of some substances on the body cannot be measured by health surveillance and it is the manager and the employee's responsibility to be aware of this and monitor potential side effects and report them promptly
- Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.

7 Training

In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory training and is delivered as part of the Trust Induction and Core Mandatory programme refreshed every three years.

In addition, staff identified to undertake work activities where COSHH is applicable will have the task based COSHH risk assessment shared with them including receiving information and instruction. This will include guidance on the COSHH assessment process (see Appendix 1 and 3).

In addition, staff identified to undertake task based COSHH assessments will be receive information given suitable and sufficient training to carry out this role together with written guidance by the Health and Safety Team (Appendix 1).

Managers will ensure all staff required to use a COSHH substance as part of their work activity will be given training locally in the correct and safe use of the product and all associated personal protective equipment (PPE).

Managers will, (within their areas of control), ensure that all staff who use a COSHH substance which requires health surveillance as part of their work activity, are informed of the need to have regular health surveillance checks and are referred to occupational health service.

Managers must ensure adequate supervision is given to employees where indicated until a satisfactory level is reached. Update training will be provided as identified. Records of all training given must be kept.

Staff are responsible for ensuring that they attend and receive such training to enable them to undertake their duties in a safe manner.

The governance group responsible for monitoring the training is the Health and Safety Committee.

8 Review

The Health and Safety Committee will review the policy every three years or sooner where a change to legislation, national policy or guidance occurs.

9 Guidance and References

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health Regulations 2002(as amended)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Personal Protective Equipment at Work (Amendment) Regulations 2022
- GB Classification, Labelling and Packaging Regulation, known as GB CLP
- Health and Safety Policy
- Work wear/ Personal Protective Equipment Policy
- Prevention and Management of Occupational Dermatitis (inc Latex) Policy
- Glove Policy
- Risk Management Policy
- Infection Control Policies including Personal Protective Equipment for the use in Healthcare Policy, Management of Latex and Occupational Dermatitis Policy
- Associated Occupational Health Service Policies and Procedures

Further guidance is available from the Health and Safety Executive -

<http://www.hse.gov.uk/>

<https://www.hse.gov.uk/asthma/>

HSE Guidance EH40/2005 Workplace Exposure Limits

<https://www.hse.gov.uk/pubns/books/eh40.htm>

Labelling and Packaging Hazard and Precautionary Phrases

<http://www.hse.gov.uk/chemical-classification/labelling-packaging/index.htm>

Appendix 1

Guidance for completing the task based COSHH assessment Tool

The task-based COSHH assessment tool is designed to enable you to assess the hazards associated with using substances as part of a task or process, rather than assessing substances as individual stand-alone items.

This improves the assessment by focusing on what the substance is being used for, what other substances may be used in undertaking the same task, and how those substances are used.

This means fewer actual assessments being undertaken as each designated task may use several substances.

There are two parts to COSHH management, the substance inventory, and the assessment.
The LPT COSHH Substance Inventory (Appendix 2)

This acts as a comprehensive reference of all substances used with the workplace, whether hazardous or not. A comprehensive audit should be carried out regularly to ensure all substances in the workplace are accounted for and appropriately managed. This form is an integral part of this management process.

List all products, the name of the manufacturer, and all the tasks in which the product is used.

Next answer Yes/No as to whether or not you hold a Materials Safety Data Sheet (*MSDS*) for this product, if not you must obtain one from the manufacturer.

The safety data sheet tells you whether the substance is classified as hazardous under the GB Classification, Labelling and Packaging Regulation, known as GB CLP. Further details will be required for the assessment.

The Task based COSHH Risk Assessment Template (Appendix 3)

You can generate the *Assessment Title* and *Reference Number* for your own local reference.

The form allows you to enter different *locations* where this task is performed.

Activity or Process - This section should include the equipment/tools needed e.g. mop and bucket, brush/roller, description on how to undertake the task, frequency and quantity.

Persons at risk - How *many people are likely to be exposed* make sure you consider anyone who might be in the area such as vulnerable persons, visitors, contractors/estates or other employees.

This assessment needs to also consider if any additional risks to a new or expectant mother or young person.

Hazard Identification – identify the substance classification, label elements and hazard statements.

First aid measures; will be listed on the MSDS in section 4 along with routes of entry.

Firefighting measures – this will be listed in section 5 of the MSDS.

Emergency measures – this will be listed in section 6 of the MSDS.

Handling and storage – this will be listed in section 7 of the MSDS.

Exposure controls/ personal protection – this will be listed in section 8 of the MSDS.

Examples of hazardous substances or chemicals used in healthcare work situations that can put people's health at risk may involve the following:-

Office environments

- photocopier toner
- cleaning materials including furniture polish, window cleaner, hard surface floor cleaner, toilet cleaner, air freshener

Healthcare environments

- pathology specimens and body fluids e.g. infections via blood and bodily fluids e.g. saliva, vomit, urine and faeces
- cleaning products e.g. disinfectants, solvents etc. (see Occupational Asthma Policy)
- biological agents such as bacteria, viruses, cell cultures
- substances generated by work activities including dust, fumes, chemical reaction products
- drugs that may be harmful to staff, other patients or visitors due to handling or excretion e.g. cytotoxic drugs
- anaesthetic gases
- naturally occurring substances to which staff are accidentally exposed
- latex (especially latex gloves- see Glove Policy)
- wet work (see The Management of Latex and Occupational Dermatitis Policy)

Maintenance/workshop areas

- wood dust
- welding fumes
- varnish, paint and solvents
- adhesives
- medium density fibre board (MDF)
- metal cutting fluids
- timber/metal treatments

External work environments

- contaminated water supplies e.g. sewage, bacteria
- animal or bird borne diseases e.g. Weils disease, Ring Worm,
- pollen
- dust
- fuels and liquid petroleum gas
- wood preservatives or other wood finishes
- pesticides
- substances used in road surfacing

Controls measures

Information, Instruction and Training must be provided to all staff and recorded who undertake this task. This includes informing them of the associated hazards and risks identified in the assessment, as well as how to undertake the task itself safely.

NB: This also applies to bank and agency staff.

Routine monitoring/supervision should be employed where tasks are complex or involve significant risk, or where staff turnover is high.

The Statutory or other test section refers to any mandatory testing listed in the MSDS such as air sampling.

Health surveillance – see Annex 1 for when Health Surveillance may be required and advice from Occupational Health must be sought.

Risk rating after the implementation of control measures

The COSHH regulations stipulate that hazardous substances must be eliminated or substituted wherever possible. If such substances are used then the line manager/COSHH Assessor must decide if it would be possible to undertake this task equally well without it or with another substance/product which is not classified as hazardous.

If the assessment concludes that the risks are anything other than insignificant or controlled then the action plan must be completed to address this.

The Trusts standard 5 x 5 risk matrix must also be completed to address the COSHH risks arising out of the task.

Checkpoint

Once you have completed a task based assessment for each individual task under your control ensure that you haven't missed anything out by double-checking against the Ward/Department/Service Substance Inventory to ensure you have accounted for all substances. Ensure all substances used are accounted for on the inventory and task based risk assessments, safety data sheets and safe systems of work/manufacture's guidance are available in the COSHH folder.

All task based COSHH assessments will be reviewed every two years (minimum requirement), or sooner where there are changes to the task being undertaken or where COSHH substances are being introduced to or removed from the task or if there is reason to suspect that health is being adversely affected or if monitoring results deteriorate.

The COSHH Folder

The COSHH folder must contain three sections

1. LPT COSHH Inventory document
 - Must list all substances within the area/department.
2. Colour printed copies of task based COSHH assessments and associated data sheets

- Data sheets for substances used in each task should be filed with that task's assessment.
- Any relevant safe systems of work/mmanufacturer's instructions documents used for the product.
- The folder must be easily accessible to staff and contents explained during the site induction process. Training to be refreshed as required.

3. COSHH Policy

Task based COSHH assessments must be retained as long as substance is in use. Obsolete Task based COSHH assessments (for substances no longer in use) must be retained locally for five years from the date the substances was removed from use.

Annex 1. Health surveillance requirements

** Health surveillance shall be treated as being appropriate where –*

a) the exposure of the employee to a substance hazardous to health is such that-

- (i) an identifiable disease or adverse health effect may be related to the exposure,*
- (ii) there is a reasonable likelihood that the disease or effect may occur under the particular conditions of his work, and*
- (iii) there are valid techniques for detecting indications of the disease or effect,*

and the technique of investigation is of low risk to the employee.

** Information direct extract from Regulation 11 Health Surveillance in Control of Substances Hazardous to Health Regulations 2002*

Appendix 2


COSHH Inventory Document December 2022 (This is updated annually, please check the Staffnet H&S pages/COSHH for the latest inventory version)

























Generic No	Name of Substance or Product	Summary of Work Activity	COSHH RA	Safety Data Sheet	Safe System (s) of Work	Used in area/department
1	CHLOR CLEAN TABLETS	Disinfection and deep cleaning of bodily fluids (not blood spillages)	✓	✓	✓	
2	Biohazard Wipes – (formally CHLOR CLEAN wipes)	Disinfection and deep cleaning of bodily fluids and blood borne viruses	✓	✓	✓	
3 & 3A	DEB CUTAN gentle wash/Clear foam wash	Frequent washing and hand hygiene	✓	✓		
4	DEB CUTAN moisturising cream	Emollient rich skin moisturising cream	✓	✓		
5	DEB CUTAN hand sanitising gel / Complete foaming hand sanitiser	Hand sanitiser to protect against yeasts, moulds, bacteria and viruses	✓	✓		
6	PURELL hand sanitising gel	Hand sanitiser to protect against yeasts, moulds, bacteria and viruses	✓	✓		
7	VIDENE antiseptic solution	Antiseptic for skin that is infected or likely to become infected or used as an effective hand wash	✓	✓		
8	HYDROMOL bath and shower emollient	Management of dry skin conditions such as dermatitis, eczema, psoriasis, ichthyosis etc.	✓	✓		
9	HYDROMOL ointment	Management of dry skin conditions such as dermatitis, eczema, psoriasis, ichthyosis etc.	✓	✓		
10	TITAN sanitiser detergent disinfectant	General purpose cleaner, disinfectant and sanitiser	✓	✓		
11	HOSPEC concentrated general purpose liquid detergent	Suitable for general cleaning and damp dusting of surfaces and hospital furniture, hand dishwashing and manual cleaning of reusable instruments	✓	✓		
12	DIVERSEY SHIELD concentrated surface disinfectant	General cleaner and disinfectant used on a variety of hard washable surfaces including walls, bathrooms, kitchens and washrooms	✓	✓		
13	Sani Cloth CHG 2% disinfectant wipes	Used for disinfecting surfaces, medical and other general devices including patient shared equipment, hubs and connection ports	✓	✓		
14	VERNAGEL solidifier absorbent powder	Prevents spillages, minimises residual odours and enables safer transportation of liquid clinical waste by soaking up bodily fluids and turning them into a semi solid gel	✓	✓	✓	

15	Aqua Gel	Lubricant for use in gynaecological, digital and instrument examinations as well as patient catheterisation	✓	✓		
16	Instillagel	Lubricant for use in gynaecological, digital and instrument examinations as well as patient catheterisation	✓	✓		
17	Nail Polish Remover Pads	Purpose of nail polish removal as part of therapeutic manicure or when prepping a patient's finger before applying a pulse oximeter	✓	✓		
18	CLINELL detergent wipes	For multi surface general cleaning, damp dusting and cleaning of non- invasive medical devices	✓	✓		
19	CLINELL universal sanitising wipes	Used to disinfect and clean hands, surfaces and non-invasive medical devices	✓	✓		
20	Sterets Skin Cleansing Swabs	Product is used to clean skin area pre-injection.	✓	✓		
21	Lexmark Printer Toner Cartridge	Printer toner cartridge used in Lexmark printers.	✓	✓	✓	
22	Hospec Detergent Sanitizer	All surface disinfectant cleans and disinfects in one step.	✓	✓	✓	
23	Chemodol Massage Oil/Lotion	Massage oil/lotion used in physiotherapy settings.	✓	✓		
24	Persil Professional Biological washing powder & one3five non biological washing powder.	Powdered detergent for laundering clothes	✓	✓		
25	Suma Bac D10 Sanitiser	Concentrated liquid detergent disinfectant that is diluted into spray bottles for use in food preparation and serving areas.	✓	✓	✓	
26	Haz-Tab Granules	Disinfectant granules for blood and blood-stained body fluid spillages	✓	✓	✓	
27	Hospec professional Toilet Cleaner	Professional toilet cleaner to clean toilet bowls and urinals.	✓	✓	✓	
28	Caustic pencil and Caustic Applicator	For medical use in the treatment of warts, verrucae, granulation tissue for cautery and as medical caustic.	✓	✓		
29	Fairy Professional All in One Original Dishwasher Tablets	Professional use dishwasher tablets	✓	✓		
30	Neutral Buffered Formalin	For use with specimens	✓	✓		

31	Tristel trio wipes – Pre-clean, sporicidal & rinse wipes.	3 part decontamination system for non-lumened medical devices with manual traceability.	✓	✓	✓	
32	ThinPrep PreservCyt Solution	A methanol based, buffered preservative solution used to support cells during transport and slide preparation	✓	✓		
33	Medical gases – oxygen	Medical gas for used in clinical areas	✓	✓	✓	
34	Medical gases – Nitrous Oxide	Medical gas used in clinical areas.	✓	✓	✓	
35	WD40 aerosol	Lubricant and corrosion protection.	✓	✓		
36	Lifosan	Lifosan Pure is a soothing wash lotion suitable for use on sensitive skin.	✓	✓		
37	Unibond Adhesive	Unibond contact liquid – high strength formula	✓	✓		
38	Milton Fluid	Milton Fluid	✓	✓		
39	3M Scotchcast	Enhancing performance casting tape	✓	✓		
40	Medical Air	Medical Air is used on the tourniquet machine to pressurise tourniquet cuffs (✓	✓		
41	Medical Carbon Dioxide	CO2 is used on the laparoscopy stack to inflate patients abdomens during surgery	✓	✓		
42	Sevoflurane	Liquid anaesthetic agents used in the vaporisers on the anaesthetic machines.	✓	✓		
43	Isoflurane	Liquid anaesthetic agents used in the vaporisers on the anaesthetic machines.	✓	✓		
44	Liquefied phenol	Liquefied Phenol is used to kill off nail beds during Podiatry toenail removal.	✓	✓		
45	Virosolve + Disinfectant Wipes	Impregnated disinfectant wipes for cleaning and disinfecting of medical devices and hard surfaces.	✓	✓		
46	Lyreco Wet and Dry Wipes	Impregnated wipes for cleaning IT equipment screens	✓	✓		

If you need to add further products to the COSHH inventory document, please can you inform the health and Safety Team - [mailto:Health Safety \(LPT\) <HealthandSafety@leicspart.nhs.uk>](mailto:HealthSafety@leicspart.nhs.uk)

	COSHH RISK ASSESSMENT This assessment must be kept with the materials safety data sheet		Date of Assessment:							
			Assessor Name:							
			Signature:							
Division / Department:		Location / Team:								
Identification of the substance / preparation and of the company undertaking										
Product identifier										
Product name										
Safety data sheet ref no		Date of issue								
Activity or process										
Describe the activity or process										
Where is the activity carried out										
How often is it used		Quantity of substance used								
Persons at risk - Identify groups of people at risk of exposure and numbers affected* (*Identify maximum numbers of people in each group)										
Persons at risk (please tick ✓)	Employees	Trainees	Bank / Agency	Patient	Contractor	Public				
Is there a risk for certain groups of individuals? (please tick ✓) e.g. pregnant mothers, young, elderly, staff with asthma etc.					Yes		No			
If 'yes' state who										
Hazard Identification										
Classification of the substance or mixture										
Physical hazards (please tick ✓)	Liquid	Dust	Solid	Fumes	Mist	Vapour	Gas	BBV	Late x	Other (state)
Routes of exposure (please tick ✓)		Inhalation		Ingestion		Skin contact		Eye contact		
If 'other' state										
Health hazards										
Environmental hazards										
Human health										
Label elements (please tick ✓)										
Acute Toxicity	Irritant	Carcinogenic / Respiratory sensitisation	Environmental	Corrosive	Explosive	Flammable	Oxidising	Pressurised Gases		

								
If 'other' state								
Signal word (please tick ✓)		Warnin g	Dange r					
Hazard statements								
First aid measures								
Description of first aid measures								
								
Firefighting measures								
Extinguishing media (please tick ✓)								
								
Special hazards from the substance or mixture			see safety data sheet					
Advice for firefighters			see safety data sheet					
Emergency arrangements e.g. accidental release, spillages etc.								
Handling and storage								
Exposure controls / personal protection								
Occupational exposure limits								
Long term (8hr TWA)			Short term (15 minutes)					
TWA = time weighted average WEL = workplace exposure limits								
Control parameters (please tick ✓)								
								
				If other please state				
				Other				
						Yes		No

Is health surveillance or monitoring required? (please tick ✓) If 'yes' state below how this is done? (contact Occupational Health for advice on health surveillance)					
How is the surveillance carried out?			By whom		Frequency
Disposal considerations					
Waste treatment methods (please tick ✓)					
Hazardous waste		Clinical waste		Return to supplier	Other (state)
Other information					
See product label for any other information					
Can this product be substituted with a less hazardous alternative? (please tick ✓) If 'yes' further information should be sought from the supplier/s on alternative products				Yes	No
Control measures					
Give details of any additional control measures e.g. well ventilated area, local exhaust ventilation system, extraction, competently trained staff, authorised persons only, supervision, safe systems of work, transport etc.					
Actions required					
Is exposure suitably controlled? (please tick ✓)				Yes	No
If 'no' state below what further actions are required?					
Details			Person Responsible		Completion Date
Risk rating after the implementation of control measures					
Risk Matrix					
Severity	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5
Risk scoring likelihood x severity = risk scoring				Total Score	
Line Manager					
Is the assessment a correct and reasonable reflection of the hazards (please tick ✓)				Yes	No
All staff must be informed of the assessment findings and control measures they must adhere to					
Line Manager Name:		Line Manager Signature:			
Date of Review:					
LEGAL DISCLAIMER					

10 Safety Tips for COSHH

Control of Substances Hazardous to Health

1. Always read the product label and follow the instructions for use.
2. Always use the appropriate personal protective equipment (PPE).
3. Never mix chemicals, this may cause a chemical reaction and release hazardous gases.
4. Never put products into unmarked containers or into bottles or containers with other uses i.e. water bottles, beverage jugs etc.
5. Prevent patients accessing products when in use, keep safe and secure.
6. Store products securely after use away from children and patients.
7. Know where to find the COSHH folder containing the safety data sheets.
8. Know who your first aider is and how to contact them.
9. Report faulty equipment and incidents to your manager
10. Always follow the Trust's COSHH Policy

Most products you work with in LPT are not harmful when used correctly, following a safe system of work. Products that are hazardous will be identified by one of the following symbols on their label. It is important you read these carefully and follow the instructions.

Label Pictograms



Corrosive



Explosive



Flammable



Irritant



Environmental



Oxidising



Acute Toxicity



Carcinogenic/Respiratory sensitisation



Pressurised gases

***Common Respiratory Sensitisers within Healthcare
(List not exhaustive or exclusive)**

Agent (Asthmagen)	Use	Exposed Group
Orthophthalaldehyde (Cidex-OPA) or Glutaraldehyde Peracetic Acid (Gigasept, Perascope, Adaspore, Nu-Cidex)	Now rarely used in theatres	Nurses and doctors in endoscopy clinics and theatres or laboratory workers in slide preparation
Methyl methacrylate Constituent of bone cement	Constituent of bone cement	Orthopaedic surgeons and theatre staff, Dental lab workers
Latex	Gloves – infection control and other medical devices	Health care workers
Laboratory animals	Experimental laboratories	Animal handlers and research workers
Drugs (various)	Pharmacy	Pharmacists engaged in mixing loose powders and liquids
Isocyanates	Constituent of Neofract Used for spinal supports. Some paints	Occupational therapists Estates workers
Epoxy resins	Glues e.g. for flooring	Estates workers
Hard wood dust e.g. red cedar wood and dust of any kind when present at a concentration in air equal to or greater than 10mg.m3	Carpentry, wood/metal and brick processing High level cleaning e.g. pipework and ducting.	Estates workers Cleaners
Troclosene Sodium	Contained within Chlor Clean	Cleaners, Health Care Workers, Medical Staff
Diathermy and surgical Smoke	A surgical technique used to cut tissue or seal bleeding	Surgeons and theatre staff

* Source: See 7.0, Guidance and Reference

Appendix 6

Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	COSHH risk assessments compliance		Annual check of inventory/ COSHH folder	Manager/COSHH Assessor	Annually - review COSHH risk assessment every 2 years.
	COSHH inventory in place and annual review		Annual Health and Safety Inspection	H&S Compliance Team	Annually
	Trained COSHH Assessors in place		Annual Health and Safety Inspection	H&S Compliance Team	Annually
	Ill health and injury from COSHH use including the number of reported staff ill-health in relation respiratory ill-health (Occupational Health Service) Incidents Data		Occupational Health statistical information Infection Prevention and Control Report	LPT Health & Safety Committee	Quarterly
	Number of civil claims due to COSHH use		LPT Claims Team information	LPT Health & Safety Committee	Quarterly

Training Needs Analysis

Training Required	YES	NO
Training topic:	COSHH	
Type of training: (see study leave policy)	<input type="checkbox"/> Role specific	
Directorates(s) to which the training is applicable:	Mental Health Community Health Services Enabling Services Families Young People Children & Learning Disability Services Hosted Services	
Staff groups who require the training:	Those identified as COSHH assessors	
Regularity of Update requirement:	COSHH Assessors every three years	
Who is responsible for delivery of this training?	Health and Safety Compliance Team	
Have resources been identified?	Yes	
Has a training plan been agreed?	Yes	
Where will completion of this training be recorded?	ULearn	
How is this training going to be monitored?	Bi-monthly reports received at the Health and Safety Committee	

Appendix 8

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input type="checkbox"/>
Support and value its staff	√
Work together with others to ensure a seamless service for patients	<input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

Section 1			
Name of activity/proposal		COSHH	
Date Screening commenced			
Directorate / Service carrying out the assessment		Health and Safety Compliance	
Name and role of person undertaking this Due Regard (Equality Analysis)			
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: This Policy sets out the arrangements in place to support staff in the use of substances hazardous to health.			
OBJECTIVES: To reduce the risk of injury and harm to patients and staff when using substances considered hazardous to health.			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	No		
Disability	No		
Gender reassignment	No		
Marriage & Civil Partnership	No		
Pregnancy & Maternity	No		
Race	No		
Religion and Belief	No		
Sex	No		
Sexual Orientation	No		
Other equality groups?	No		
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	√
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Products are standardised as far as reasonably practicable within Trust. COSHH data sheets are available for products and risk assessments and safe systems of work are in place for products deemed hazardous to health. This includes policy meets the legal requirements to comply with Health & Safety legislation to minimise all foreseeable risk of harm or injury from work activities where potential for ill-health where respiratory sensitisers are in use.			
Signed by reviewer/assessor	Christian Knott	Date	08/11/2022
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Samantha Roost	Date	12/01/2023

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	COSHH Policy		
Completed by:	Christian Knott		
Job title	Health & Safety Advisor		
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			N
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			N
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			N
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			N
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			N
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			N
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			N
8. Will the process require you to contact individuals in ways which they may find intrusive?			N
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust