



**Joint Policy for Cumbria Partnership Foundation Trust & North Cumbria  
University Hospital NHS Trust**

**Policy Title: Control of Substances Hazardous to Health  
Policy (COSHH)**

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## Policy On A Page

### **SUMMARY & AIM**

The aim of this policy is to prevent, or adequately control, exposure to substances hazardous to health so as to prevent ill health.

Every type of hazardous substance is found within health care setting e.g. chemical, biological, gases, fumes, vapours, dusts.... The COSHH Regulations 2002 places the duty on employers to manage and prevent ill health arising from exposure to them.

### **TARGET AUDIENCE:**

This policy applies to all Trust-employed staff, all staff working in integrated teams, full-time and part-time clinical and non-clinical staff, staff directly employed and those who may be contracted-in.

### **TRAINING:**

Support and advice is available from the Health & Safety Team for those manager requiring assistance/guidance.

Training of staff carrying out processes involving hazardous substances is arranged by their department/service.

### **KEY REQUIREMENTS**

Managers are required to :-

- Identify hazardous substance(s) used in their department/ward/service,
- Assess the risks,
- Develop the precautions,
- Implement the control measures,
- Monitor exposure,
- Carry out health surveillance,
- Inform, instruct, train staff,
- Prepare plans and procedures to deal with accidents, incidents and emergencies

Staff must use the control measures in the way they are intended to be used and as they have been instructed. In particular, they should:

- Use the control measures provided for materials, plant and processes;
- Follow the defined methods of work;
- Wear the Personal Protective Equipment (PPE) provided, including any Respiratory Protective Equipment (RPE), correctly and in accordance with the manufacturer's instructions;
- Store the PPE, when not in use, in the accommodation provided;
- Remove any PPE which could cause contamination before eating, drinking or smoking;
- Maintain a high standard of personal hygiene and make proper use of the facilities provided for washing, showering or bathing and for eating and drinking;
- Report promptly to the appointed person, eg supervisor or safety representative, any defects discovered in any control measure, including defined methods of work, device or facility, or any PPE, including PPE

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## 1. INTRODUCTION

The Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH) apply to all persons at work as well as others who may be affected by such work. The regulations require the employer to identify ALL hazardous/potentially hazardous substances which may be used in the workplace or that may be produced by a process e.g. dust, fumes etc. The employer must then conduct an assessment of these substances, evaluating the risk of exposure of people, and where necessary, take the appropriate precautions to prevent or control that exposure.

N.B. COSHH does not apply to: drugs, lead, asbestos, and substances whose hazard is due to their explosive, radioactive, flammable, temperature (high or low) or high pressure characteristics, there is separate legislation covering these things.

## 2. PURPOSE

The Trust will ensure a COSHH risk assessment is undertaken for all work activities involving substances hazardous to health, applying the hierarchy of controls - elimination, substitution, engineering and training means, to prevent, or adequately control, exposure to substances hazardous to health so as to prevent ill health.

## 3. POLICY STATEMENT

The Trust will undertake COSHH risk assessment to take into account those substances which are:

- brought into the workplace and handled, stored and used for processing;
- produced or emitted, eg as fumes, vapour dust etc, by a process or an activity, or as a result of an accident or incident;
- used for, or arising from, maintenance, cleaning and repair work;
- produced at the end of any process, eg wastes, residues, scrap etc;
- produced from activities carried out by another employer's employees in the vicinity

In keeping with COSHH Regulation 7 **The Trust will ensure that the exposure of its employees to substances hazardous to health is either prevented or, where this is not reasonably practicable, adequately controlled.**

## 4. DEFINITION OF SUBSTANCES HAZARDOUS TO HEALTH

The COSHH Regulations give the following definition to "hazard", in relation to a substance, that has 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.

As such the COSHH Regulations apply to

- **chemicals**

- **products containing chemicals**
- **fumes**
- **dusts**
- **vapours**
- **mists**
- **nanotechnology**
- **gases and asphyxiating gases** and
- **biological agents**. If the packaging has any of the hazard symbols then it is classed as a hazardous substance.
- germs that cause diseases such as leptospirosis or legionnaires disease **and** germs used in laboratories.  
<http://www.hse.gov.uk/biosafety/infection.htm>

## 5. PRINCIPLES OF COSHH MANAGEMENT ADOPTED FROM REGULATION

- 5.1 COSHH Regulation 7 States “An employer’s overriding duty and first priority is to consider how to prevent employees being exposed to substances hazardous to health by all routes (regulation 7(1) and 7(2)). **The duty to prevent exposure should be achieved by measures other than the use of PPE.** Employers can best comply with this requirement by completely eliminating the use or production of substances hazardous to health in the workplace. This might be achieved by:
- *changing the method of work so that the operation giving rise to the exposure is no longer necessary; or*
  - *modifying a process to eliminate the production of a hazardous by-product or waste product; or*
  - *substituting, wherever reasonably practicable, a non-hazardous substance which presents no risk to health where a hazardous substance is used intentionally.”*

### Trust adopts the following principles

- 5.2 Principle (a): Design and operate processes and activities to minimise emission, release and spread of substances hazardous to health
- 5.3 Principle (b): Take into account all relevant routes of exposure – inhalation, skin and ingestion – when developing control measures
- 5.4 Principle (c): Control exposure by measures that are proportionate to the health risk
- 5.5 Principle (d): Choose the most effective and reliable control options to minimise the escape and spread of substances hazardous to health
- 5.6 Principle (e): Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable PPE
- 5.7 Principle (f): Check and review regularly all elements of control measures for their continuing effectiveness
- 5.8 Principle (g): Inform and train all employees on the hazards and risks from substances with which they work, and the use of control measures developed to minimise the risks

- 5.9 Principle (h): Ensure that the introduction of measures to control exposure does not increase the overall risk to health and safety

*These principles and their practical application are expanded in detail in Regulation 7 <http://www.hse.gov.uk/pubns/priced/l5.pdf>*

## **6. COSHH MANAGEMENT PROCESS**

### **6.1 Identifying Substance(s) Hazardous to Health and Assessing Risk**

An assessment must be carried out to identify and assess the potential health risks to employees

A template for COSHH Assessment that captures this process can be found in the COSHH Guidance folder on the Trust Intranet <https://staff.cumbria.nhs.uk/services/health-safety-and-security/advice> (For information attached as Appendix 1) The sections of the template capture different sections of the COSHH Regulations. The paragraphs below are to be considered as “headlines” and assessors must reference the regulations to ensure all aspects of the COSHH Regulations have been adequately addressed.

There are a number of resources to support identification of hazardous substances. The details can be found In the COSHH Guidance folder on the Trust Intranet [https://staff.cumbria.nhs.uk/application/files/8615/5541/5709/HSE\\_-\\_COSHH.pdf](https://staff.cumbria.nhs.uk/application/files/8615/5541/5709/HSE_-_COSHH.pdf) (For information attached as Appendix 2 - 6)

### **6.2 Prevent**

Exposure must be prevented or substitution to a less hazardous substance or process.

Decide on what precautions are needed to prevent or adequately control exposure.

Prevent exposure – COSHH Require that exposure to substances hazardous to health must be prevented if reasonably practicable to do so.

Adequately control exposure if prevention is not reasonably practicable, for example by use of work systems and engineering controls, and provide suitable work equipment to prevent exposure; Control exposure at source and reduce the numbers of exposed employees to a minimum and the level and duration of their exposure; Reduce the quantity of hazardous substances used or produced in the workplace

### **6.3 Implement Control Measures**

When prevention or substitution is not reasonably practicable, there must be control of exposure introduced. COSHH requires employees to make proper use of control measures and to report defects. This is why employees must be suitably trained, have appropriate information and supervision.

#### **6.4 Maintain control measures**

COSHH places specific duties to maintain, examine and to test control procedures. This is to ensure that every part of the control measure continues to be met as originally intended.

#### **6.5 Monitor Exposure**

Under COSHH you must measure the concentration of hazardous substances in air if – there is a serious risk to health if any control measures failed or deteriorated; exposure limits might be exceeded or control measures might not be working properly. Air monitoring must be carried out when employees are exposed to certain substances and processes specified in Schedule 5 of the COSHH Regulations.

#### **6.6 Carry Out Health Surveillance**

Where appropriate, health surveillance will be carried out and where exposure may result in an identifiable disease or adverse health effect i.e. where an employee is exposed to one of the substances listed on schedule 6 of COSHH and is working in one of the related processes. Where employees are exposed to a substance linked to a particular disease or adverse effect, and there is reasonable likelihood under the conditions of the work of the disease or effect occurring and it is possible to detect the disease or health effect.

#### **6.7 Inform Instruct and Train**

Information, instruction and training must be made available to employees. This includes the main findings of the risk assessment; the names of the substances they work with or could be exposed to and the risks created by exposure; access to any data sheets that apply to those substances; the precautions they should must take to protect themselves and others; how to use personal protective equipment and clothing provided; the results of any exposure monitoring and health surveillance; the emergency procedures that need to be followed.

#### **6.8 Prepare Plans and Procedures**

Prepare plans and procedure to deal with accidents, incidents and emergencies. COSHH requires a plan outlining the response before an accident happens. The plans must include: preparing procedures and setting up of warning and communication systems to enable a suitable response as soon as possible any incident happens; ensuring that the information on the emergency arrangements is available to those who need to see including the emergency services. If any accident or incident occurs all steps required must be taken to minimise the harmful effects and restore the situation to normal as soon as possible; employees who may be affected must also be informed. Only those staff necessary to deal with the incident may remain in the area and they must be provided with appropriate safety equipment. This also requires safety drills to be practiced at regular intervals.

### **7. TRAINING AND SUPPORT**

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Training in the COSHH assessment process will be provided to managers by the H & S Team.

Training in use of hazardous substances is provided within departments/services

## 8. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
What	How	Who	Where	How often
Ill-Health caused by Substances Hazardous to Health	Surveillance Summary Report	Occupational Health	H & S , Security Committee	Quarterly
Safe Operating Procedures related to use of hazardous substances	Audit of processes/ H & S Audit and report	Department/Service Managers	Care Group Safety & Quality; H&S Security Committee	Annual
Efficacy of Controls e.g. ventilation	Environmental monitoring/occupational hygiene Report	Department/Service Manager	Care Group Safety & Quality; H&S Security Committee	Annual

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the *Health and Safety, Security Joint Committee* minutes
- Risks will be considered for inclusion in the appropriate risk registers

## 9. REFERENCES:

Health and Safety at Work etc Act 1974

<http://www.legislation.gov.uk/ukpga/1974/37/contents>

Management of Health and Safety at Work Regulations 1999

<http://www.hse.gov.uk/pUbns/books/l21.htm>

Control of Substances Hazardous to Health 2005

<http://www.hse.gov.uk/pubns/priced/l5.pdf>

EH40/2005 Workplace exposure limits



<http://www.hse.gov.uk/pubns/priced/eh40.pdf>

The Classification, Labelling and Packaging of Chemicals Regulations 2015

[http://www.legislation.gov.uk/ukxi/2015/21/pdfs/ukxi\\_20150021\\_en.pdf](http://www.legislation.gov.uk/ukxi/2015/21/pdfs/ukxi_20150021_en.pdf)

Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

<http://www.hse.gov.uk/pubns/hsis7.htm>

Registration, Evaluation, Authorisation & restriction of Chemicals (REACH)

<https://echa.europa.eu/reach-2018>

## **10. ASSOCIATED DOCUMENTATION:**

Infection Prevention Policy

Sharps Safety Policy Joint

Health and Safety Policy Joint

Incident Reporting and Management Policy

Risk Assessment of New and Expectant Mothers At Work Policy

Risk Assessment of Young Persons At Work

Risk Management Policy and Process

## **11. DUTIES (ROLES & RESPONSIBILITIES):**

### **11.1 Chief Executive / Trust Board Responsibilities:**

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

### **11.2 Executive Director of Finance Responsibilities:**

The Executive Director of Finance responsibility is:

- to be involved in the development and sign off of the policies, with the objective that Trust policies meet statutory legislation and guidance where appropriate.
- to ensure the policies are kept up to date by the relevant author and approved at the appropriate committee.

### **11.3 Managers Responsibilities:**

Managers responsibilities listed below are derived from the following COSHH Regulations <http://www.hse.gov.uk/pubns/priced/l5.pdf> . The list is not exhaustive and reference to the full text of legislation is essential

- Regulation 6 Assessment of the risk to health created by work involving substances hazardous to health
- Regulation 7 Prevention or control of exposure to substance hazardous to health
- Regulation 8 Use of control measures
- Regulation 9 Maintenance Examination and testing of control measures
- Regulation 10 Monitoring exposure at the workplace
- Regulation 11 Health Surveillance

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- Regulation 12 Information, instruction and training for persons who may be exposed to substances hazardous to health
  - Regulation 13 Arrangements to deal with accidents, incidents and emergencies

Ward Managers/Heads of Departments/Service Managers are responsible for the implementation and monitoring of this Policy in areas of their remit. In particular they are responsible for:-

- managing and minimising the risks from work activities.
- developing suitable and sufficient control measures and ways of maintaining them.

It is their duty to:

- identify hazards and potentially significant risks;
- take action to prevent and control risks;
- keep control measures under regular review.

To this end they must:

- Ensure risk assessments are undertaken for all operations which involve, or may involve, exposure to substances hazardous to health. And keep a record.
- Ensure control measures and safe work procedures are in place and implemented to eliminate exposure, or if this is not possible, to at least minimise exposure to levels within statutory limits.
- Maintain an inventory of all substances hazardous to health in each workplace, and also maintain up to date hazard information (Material Safety Data Sheets) on each product/substance.
- Review COSHH assessments and related system of work, supervision system or any other similar measure, intended to manage or control exposure to hazardous substances annually or following an untoward incident and revise if necessary
- Where the use of PPE is necessary, ensure that appropriate PPE is provided to employees and others who may be at risk from hazardous substances
- Inform all employees and others who may work, or be present, in the affected areas of the purpose and safe operation of all engineering controls
- Ensure all changes to the control measures and changes of PPE are properly assessed and no new substances are introduced into the workplace without prior assessment.
- Ensure all employees are provided with understandable information and appropriate training on the nature of the hazardous substances they work with.

Managers are considered the “competent person” to undertake COSHH Assessment in that they know

- how the work activity uses, produces or creates substances hazardous to health;

- have the knowledge, skills, training and experience to make appropriate decisions about the level of risk and the measures needed for prevention

Where managers do not have elements of the above criteria for competency they must

- consult the H & S Team and
- establish a multi-disciplinary group to undertake the assessment

#### **11.4 Staff Responsibilities:**

All Employees are responsible for safeguarding their own health safety and welfare, and that of others, by:-

- Following safe working procedures whilst working with substances hazardous to health
- using the control measures provided for materials, plant and processes
- Wearing any personal protective equipment (PPE) provided in the interests of health and safety
- removing any PPE which could cause contamination before eating, drinking or smoking
- maintain a high standard of personal hygiene and make proper use of the facilities provided for washing, showering or bathing and for eating and drinking
- Highlighting to managers any concerns they may have in relation to working with hazardous substances.
- Reporting to their manager any incidents involving COSHH products and recording it using the Trust's on-line incident reporting system as detailed in the Incident and Serious Untoward Incident Policy
- Highlighting to their manager and occupational health department any symptoms which may suggest sensitisation to products or substances, including any potential latex allergy, for example from wearing protective gloves (Glove Selection Policy).

#### **11.5 Providers of Estates Services (In-house or contract) Responsibilities:**

Estate Service Providers that are allocated plant and equipment to maintain as part of their service contract are responsible, under Regulation 9 Maintenance, examination and testing of control measures, for :

- ensuring plant and equipment, including engineering controls and personal protective equipment, essential as control measure for prevent exposure to hazardous substance, is maintained in an efficient state, in efficient working order, in good repair and in a clean condition, and
- in the case of the provision of systems of work and supervision and of any other measure, it is reviewed at suitable intervals and revised if necessary.

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Where engineering controls are provided to meet the requirements of regulation 7, on behalf of the Trust shall ensure that thorough examination and testing of those controls is carried out :-

- in the case of local exhaust ventilation plant, at least once every 14 months, or for local exhaust ventilation plant used in conjunction with a process specified in Column 1 of Schedule 4, at not more than the interval specified in the corresponding entry in Column 2 of that Schedule; or
- in any other case, at suitable intervals.
- to provide the Trust a suitable record in respect of each thorough examination and test. For LEV plant, the record should contain the information listed in paragraph 186 of regulations

### **11.6 Estates and Facilities Assurance Group**

The Estates and Facilities Assurance Group are responsible for: -

- monitoring the above functions of the estates services
- receiving reports and records of above maintenance, examination and testing of control measures

### **11.7 Occupational Health Department**

The Occupational Health Department will in relation to COSHH:-

- Provide health surveillance in accordance to Regulation 11
- Monitor ill health related to hazardous substances
- Provide clinical support to staff exposed to blood borne viruses through inoculation or splash or injury.
- Provide ill health statistics to the Health and Safety, Security Committee as part of the monitoring of implementation of health and safety policy
- Provide specialist advice on work related injuries and ill health to managers and staff.
- Support staff in rehabilitation to work.

### **11.8 H & S Team**

The Health and Safety Team will in relation to COSHH:-

- Support managers in COSHH Assessment
- Advise managers on review and monitoring of the efficacy of controls
- Provide training to managers in COSHH Assessment
- Will, when assessment is undertaken by a multi-disciplinary group, co-ordinate, consult, compile, assure quality, record, communicate and implement the risk management measures and monitor their effectiveness, as well as consider the need for reviewing the assessment
- Develop a central resource of MSDS and COSHH risk assessment

## 11.9 Joint Health and Safety, Security Committee Responsibilities:

The Chair of the Health and Safety, Security Committee will ensure the policy approval is documented in the final section of the Checklist for Policy Changes.

The committee will:-

- agree the approval of the final draft of the policy.
- Monitor the implementation of the policy
- Receive and monitor incident reports of ill health associated with hazardous substances

## 12. ABBREVIATIONS / DEFINITION OF TERMS USED

ABBREVIATION	DEFINITION
COSHH	Control of Substances Hazardous to Health Regulations
CLP	The Classification, Labelling and Packaging of Chemicals Regulations 2015 place statutory duties on manufacturers to label products that contain substances hazardous to health. These replace the former Chemicals (Hazard Information and Packaging for Supply) Regulations 2002 (CHIP) with full effect from 1/6/15.
EH40	Publication by the Health and Safety Executive that contains the list of workplace exposure limits for use with the Control of Substances Hazardous to Health Regulations 2002 (as amended).
WEL	Workplace Exposure Limit - WELs are occupational exposure limits set under COSHH, in order to help protect the health of workers
STEL	A short-term exposure limit ( <b>STEL</b> ) is the acceptable average exposure over a short period of time, usually 15 minutes as long as the time-weighted average is not exceeded
LTEL	Long-term exposure limit ( <b>LTEL</b> ) is the maximum exposure allowed over an 8 hour period
TWA	Time-weighted average – ( <b>TWA</b> ) is the average exposure over a specified period, usually a nominal eight hours.
MSDS	The Material Safety Data Sheet gives the recipient the information necessary to take measures relating to health and safety at work and the protection of the environment and contains information about the product.
PPE	Personal Protective Equipment - Where exposure to a hazardous substance cannot be avoided, Personal Protective Equipment (PPE), which includes equipment and clothing, must be provided to individuals to physically protect them from the substance.

**DOCUMENT CONTROL**

<b>Equality Impact Assessment Date</b>	
<b>Sub-Committee &amp; Approval Date</b>	Health and Safety, Security Joint Committee 22/03/2019

**History of previous published versions of this document:****Statement of changes made from previous version**

<b>Version</b>	<b>Date</b>	<b>Section &amp; Description of change</b>
0.2	17/03/2019	<ul style="list-style-type: none"> <li>• Grammar and spelling corrections</li> <li>• COSHH Assessment Proforma updated</li> </ul>
0.3	15/05/2019	<ul style="list-style-type: none"> <li>• General amendments</li> </ul>

**List of Stakeholders who have reviewed the document**

<b>Name</b>	<b>Job Title</b>	<b>Date</b>
Clair Crawford	Dietitian	11/03/2019
Philip Collins	H & S Adviser	15/03/2019
Alan Shepherd	Estates Manager	12/03/2019

**List of Stakeholders who have been sent the document to review**

<b>Name</b>	<b>Job Title</b>	<b>Date</b>
	Occupational Health Manager	22/02/2019
	Infection Control Prevention Manager	22/02/2019
	Members of H & S Committee	22/02/2019
	Heads of Departments CPFT	08/03/2019
	Matrons NCUH	08/03/2019
	Safety and Quality Leads CPFT	08/03/2019
	Head of Nursing – Standards	08/03/2019
	Head of Facilities	08/03/2019

**APPENDIX 1**

**COSHH RISK ASSESSMENT PROFORMA**

When completing any COSHH Risk Assessment please ensure that you refer to the associated COSHH Risk Assessment Guidance Document.

<b>Step 1:</b> Enter the name of the substance					Ref No
What is the substance used for?					
What is the substance made up of (see MSDS)					
Is there a Workplace Exposure Limit associated with this substance (see MSDS)					
<b>Step 2: How does this substance affect people?</b>  <b>Eye contact</b>  <b>Inhalation</b>  <b>Skin contact</b>  <b>Ingestion</b>  What risk phrases and safe phrases are associated with this product? (see MSDS)					
What specific requirements are needed for the following:					
<b>Using the Substance</b>	<b>Disposal of the Substance</b>	<b>Storing the Substance</b>	<b>Making up the Substance</b>	<b>Transporting the Substance</b>	

**Labelling in accordance with the classification Labelling and Packaging Regulation (EC) 1272 /2008 - Delete symbol as appropriate**



Serious Health Hazard



Corrosive



Acute Toxicity



Oxidising



Explosives



Flammable



Gas Under Pressure



Hazardous to  
The Environment



Health Hazard  
(Harmful/Irritant)

**Classification according to Regulation (EC)  
No 1272/2008 [CLP]**

**Other Hazards**



<b>Now consider if there is a safer alternative product/ substance that could be used.</b>	<b>Name of alternative product</b>	<b>No alternative product available</b> <input style="width: 20px; height: 15px;" type="checkbox"/>			
<b>Step 3:</b> Who may be harmed and how many people in the following					
<b>Using the Substance</b>	<b>Disposal of the Substance</b>	<b>Storing the Substance</b>	<b>Making up the Substance</b>	<b>Transporting the Substance</b>	
<b>Is health surveillance required?</b>	<b>What staff group(s) have been identified?</b>				
<b>Step 4:</b> Identify exposure levels, <b>Step 5:</b> Identify existing Controls in place <b>and Step 6:</b> Rate the risk					
	<b>Exposure</b>			<b>Existing Control Measures that are in place</b>	<b>Risk Rating</b> L x C = R
	<b>Quantity per shift</b>	<b>Number of times exposure occurs per shift/day</b>	<b>Period of time per task that people are exposed</b>		
<b>Staff (Domestic)</b>					
<b>Staff (Clinical)</b>					
<b>Step 7:</b> Identify whether an emergency spillage or escape procedure is necessary for this substance and either embed it or complete the detail below:					

**Step 8:** Based on the current Risk Rating scores, use the hierarchy of controls (see guidance note) to identify any further control measure that could be put in place to reduce the score? Complete the action plan below for further control measures.

**Who will monitor the action plan?**

Summary of Risk Identified	Current Risk Rating	Further Control Measure required	Action(s) to achieve control measure	Responsible person	Target Completion Date	Residual risk rating	Compl'td

<b>Assessment Completed By:</b>		<b>Designation:</b>		<b>Archived date:</b>	
<b>Date:</b>	<b>Date for review:</b>	<b>Department:</b>		<b>Reason for archive:</b>	

**Instructions for completing COSHH Assessment Template**

Form heading	Instructions
Assessment ref:	Give the assessment a reference number unique to your department
Substance used:	Name of substances / products
What is the substance used for?	Brief description of task that involves the use of the substance
What is the substance made up of (MSDS)	Chemical components of the substance.
Workplace Exposure Limit	Enter the hazardous substance with it's short and long term exposure limit as stated on the MSDS
How does this substance affect people?	Nature of health effect, e.g. skin irritation, respiratory problems through inhalation, eye contact, ingestion.
What risk phrases and safe phrases are associated with this product? (see MSDS)	List the hazard statement which describes the nature of the hazard in the substance
What specific requirements are needed?	Give specific instructions to the use, disposal (small/large spills, hazardous waste), storing and transporting, procedure for creating a substance (instructions and manufacturers guidelines).
Labelling classification	Delete hazard classification labels not relevant to the product. Information from MSDS and product.
Regulation Classification	List the classification according to regulation (EC) (CLP) from the MSDS
Could a less hazardous substance be used instead?	State whether there are any alternative substances that could do the job just as well, and if so, state why this is not used.
Persons involved: Who may be harmed?	Type of person (e.g. staff, visitor, patient) or name of individual (if appropriate) Consider also: <ul style="list-style-type: none"> <li>- staff who are new or expectant mothers, the risk assessment undertaken in line with Trust Policy for Risk Assessment of New and Expectant Mothers should consider any potential exposure to products or substances falling under the COSHH regulations, and control measures to minimise or eliminate exposure should be adopted as per the guidance in this policy.</li> <li>- Young Persons under the age of 18 may also have additional risks to some hazardous substances. The risk assessment undertaken in line with Trust Policy for Risk Assessment of Young Persons should consider any potential exposure to products or substances falling under the COSHH regulations,</li> </ul>

	and control measures to minimise or eliminate exposure should be adopted as per the guidance in this policy.
Is health surveillance required?	Refer to the Material Safety Data Sheet, section on exposure. This will state whether health surveillance is required. If unsure, contact the Trust's Health and Safety Team
What staff group(s) have been identified?	Insert the staff group, clinical, domestic, administration
Identify exposure levels to staff by time and quantity.	Amount of substance exposed to, number of times per shift and for how long?
Existing control measures	State what has been done to inform, train or instruct staff/users in the use of the substance. Complete Instruction Template/ method statements for how to carry out the work safely. State what PPE, if any, has been provided for use with the substance State what, if any, mechanical means of controlling exposure have been implemented, e.g. ventilation systems, extract fans
Risk rating	Enter a figure from the 5x5 matrix on the likelihood and consequence to establish an initial risk rating.
Emergency procedures:	State what procedures should be followed in the event of a spillage, uncontrolled release, fire or failure of Local Exhaust Control (this will be in the Material Safety Data Sheet).
Identify any outstanding/additional training requirements or control measures?	State whether there are any control measures or training required that would reduce the risk further and complete the action plan.
Who is monitoring the action plan and what checks are undertaken on control measures stated above?	State who is responsible for monitoring the action plan and state whether any checks are made on the control measures, e.g. testing, inspection, monitoring (if so, how often and who does it)
Action plan	Complete the action plan with recommendations to reduce the risk further and reduce the risk rating.
Name & signature of assessor:	Name and signature of person carrying out the COSHH risk assessment

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## APPENDIX 2 RESOURCES TO SUPPORT THE IDENTIFICATION OF HAZARDOUS SUBSTANCES

- **Pictograms** are used on packaging and labels to identify substances that are hazardous. European Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures (the CLP Regulation). The CLP Regulation adopts the United Nations' Globally Harmonised System (GHS) on the classification and labelling of chemicals across all European Union countries, including the UK.

Pictograms used can be found In the COSHH Guidance folder on the Trust Intranet (Link) (For information attached as Appendix 3)

- **Safety Data Sheets** provide information about the hazardous nature of the substance. "H" 200 numbers general hazard properties; "H" 300 numbers health hazards; "H" 400 environmental hazards. A full list can be found in the COSHH Guidance Folder on the Trust Intranet (Link) (For information attached as Appendix 4)
- Safety Data Sheets also provide information about workplace exposure limits (WEL) associated with dust, gas, vapour, fumes in large enough concentrations (Ref. EH40/2005 Workplace exposure limits)
- <http://www.hse.gov.uk/pUbns/priced/eh40.pdf>
- Any substance listed in **Table 3.1 of Annex vi** of The Classification, Labelling and Packaging of Chemicals Regulations 2015 <https://echa.europa.eu/information-on-chemicals/annex-vi-to-clp>
- Any substance not included above but which creates a hazard to the health of any person, comparable to the hazards created by the above mentioned substances.
- Processes where more than one hazardous substance are used
- Further information on what constitutes a substance hazardous to health can be found In the COSHH Guidance folder on the Trust Intranet (Link) (For information attached as Appendix 5)
- Harmful Biological Agents are listed in COSHH Regulation Schedule 3. Although they don't come labelled and packaged as chemical products would , biological agents have been listed in the following hazard groups:
  - (a) Group 1 – unlikely to cause human disease;
  - (b) Group 2 – can cause human disease and may be a hazard to employees; it is unlikely to spread to the community and there is usually effective prophylaxis or treatment available;
  - (c) Group 3 – can cause severe human disease and may be a serious hazard to employees; it may spread to the community, but there is usually effective prophylaxis or treatment available;
  - (d) Group 4 – causes severe human disease and is a serious hazard to employees; it is likely to spread to the community and there is usually no effective prophylaxis or treatment available

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## APPENDIX 3 – HAZARD PICTOGRAMS

Hazard pictograms alert us to the presence of a hazardous chemical. The pictograms help us to know that the chemicals we are using might cause harm to people or the environment. The CLP hazard pictograms are very similar to those used in the old labelling system and appear in the shape of a diamond with a distinctive red border and white background. One or more pictograms might appear on the labelling of a single chemical.

As a general rule of thumb, if a substance, particularly a chemical has a warning pictogram, COSHH and this policy applies.

### CLP hazard pictograms



Explosive (Symbol: exploding bomb)



Flammable (Symbol: flame)



Oxidising (Symbol: flame over circle)



Corrosive (Symbol: Corrosion)



Acute toxicity (Symbol: Skull and crossbones)



Hazardous to the environment (Symbol: Dead tree and fish)



You'll see that the old 'harmful/irritant' symbol is missing. This has been replaced by the exclamation mark pictogram below



Health hazard/Hazardous to the ozone layer (Symbol: Exclamation mark)

**A couple of new pictograms have also been introduced:**



Serious health hazard (Symbol: health hazard)



Gas under pressure (Symbol: Gas cylinder)

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**APPENDIX 4 GLOBALLY HARMONISED SYSTEM (GHS) OF HAZARD STATEMENTS**

H200	Unstable explosives.
H201	Explosive; mass explosion hazard.
H202	Explosive, severe projection hazard.
H203	Explosive; fire, blast or projection hazard.
H204	Fire or projection hazard.
H205	May mass explode in fire.
H220	Extremely flammable gas.
H221	Flammable gas.
H222	Extremely flammable aerosol.
H223	Flammable aerosol.
H224	Extremely flammable liquid and vapour.
H225	Highly flammable liquid and vapour.
H226	Flammable liquid and vapour.
H228	Flammable solid.
H229	Pressurised container: May burst if heated.
H230	May react explosively even in the absence of air.
H231	May react explosively even in the absence of air at elevated pressure and/or temperature.
H240	Heating may cause an explosion.
H241	Heating may cause a fire or explosion.
H242	Heating may cause a fire.
H250	Catches fire spontaneously if exposed to air.
H251	Self-heating: may catch fire.
H252	Self-heating in large quantities; may catch fire.
H260	In contact with water releases flammable gases which may ignite spontaneously.
H261	In contact with water releases flammable gases.
H270	May cause or intensify fire; oxidiser.
H271	May cause fire or explosion; strong oxidiser.
H272	May intensify fire; oxidiser.
H280	Contains gas under pressure; may explode if heated.
H281	Contains refrigerated gas; may cause cryogenic burns or injury.
H290	May be corrosive to metals.

**Health Hazards**

H300	Fatal if swallowed.
H301	Toxic if swallowed.
H302	Harmful if swallowed.
H304	May be fatal if swallowed and enters airways.
H310	Fatal in contact with skin.
H311	Toxic in contact with skin.
H312	Harmful in contact with skin.
H314	Causes severe skin burns and eye damage.
H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H319	Causes serious eye irritation.



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H330	Fatal if inhaled.
H331	Toxic if inhaled.
H332	Harmful if inhaled.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H335	May cause respiratory irritation.
H336	May cause drowsiness or dizziness.
H340	May cause genetic defects <state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard >.
H341	Suspected of causing genetic defects <state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard>.
H350	May cause cancer <state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard>.
H350i	May cause cancer by inhalation.
H351	Suspected of causing cancer <state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard>.
H360	May damage fertility or the unborn child <state specific effect if known > <state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard>.
H360F	May damage fertility.
H360D	May damage the unborn child.
H360FD	May damage fertility. May damage the unborn child.
H360Fd	May damage fertility. Suspected of damaging the unborn child.
H360Df	May damage the unborn child. Suspected of damaging fertility.
H361	Suspected of damaging fertility or the unborn child <state specific effect if known> <state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard>.
H361f	Suspected of damaging fertility.
H361d	Suspected of damaging the unborn child.
H361fd	Suspected of damaging fertility. Suspected of damaging the unborn child.
H362	May cause harm to breast-fed children.
H370	Causes damage to organs <or state all organs affected, if known> <state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard>.
H371	May cause damage to organs <or state all organs affected, if known> <state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard>.
H372	Causes damage to organs <or state all organs affected, if known> through prolonged or repeated exposure <state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard>.
H373	May cause damage to organs <or state all organs affected, if known> through prolonged or repeated exposure <state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard>.
H300 + H310	Fatal if swallowed or in contact with skin
H300 + H330	Fatal if swallowed or if inhaled
H310 + H330	Fatal in contact with skin or if inhaled
H300 + H310 + H330	Fatal if swallowed, in contact with skin or if inhaled
H301 + H311	Toxic if swallowed or in contact with skin
H301 + H331	Toxic if swallowed or if inhaled
H311 + H331	Toxic in contact with skin or if inhaled
H301 + H311 + H331	Toxic if swallowed, in contact with skin or if inhaled
H302 + H312	Harmful if swallowed or in contact with skin

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H302 + H332 Harmful if swallowed or if inhaled  
H312 + H332 Harmful in contact with skin or if inhaled  
H302 + H312 + H332 Harmful if swallowed, in contact with skin or if inhaled

### **Environmental Hazards**

H400 Very toxic to aquatic life.  
H410 Very toxic to aquatic life with long lasting effects.  
H411 Toxic to aquatic life with long lasting effects.  
H412 Harmful to aquatic life with long lasting effects.  
H413 May cause long lasting harmful effects to aquatic life.  
H420 Harms public health and the environment by destroying ozone in the upper atmosphere

### **European Union Hazard Satatements**

EUH 001 Explosive when dry.  
EUH 014 Reacts violently with water.  
EUH 018 In use may form flammable/explosive vapour- air mixture.  
EUH 019 May form explosive peroxides.  
EUH 044 Risk of explosion if heated under confinement.  
EUH 029 Contact with water liberates toxic gas.

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**APPENDIX 5. IDENTIFYING SUBSTANCES HAZARDOUS TO HEALTH**

For the purposes of this policy 'hazardous' refers to a substance's potential to cause harm. Hazardous substances can take many forms, including the following:-

Biological agents	For example, bacteria, viruses etc. These will not be covered in the scope of this policy. For further information on this area contact the Infection Prevention Team
Substances used directly for work activities	For example, cleaning solutions, chemicals
Substances generated by work activities	For example welding fumes, dust from sanding or cutting wood/metal
Substances that occur naturally	For example, grain dust

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**APPENDIX 6. EXPOSURE ROUTES**

Exposure to hazardous substances can occur through the following methods:-

Inhalation	Breathing in dust, vapours, fumes, airborne particles etc
Ingestion	Eating or swallowing hazardous substances or via contamination through contact with unwashed hands
Absorption	Absorbed through the skin or mucus membranes of the body (eg nose, eyes)
Injection/inoculation	Through sharps injuries, scratches or via open wounds

The effects of hazardous substances on the human body can also be very wide ranging from minor irritations through to fatal respiratory diseases or cancers (carcinogenic substances). Some substances can also have a detrimental effect on an individual's reproductive organs or increase the possibility of birth defects in offspring (mutagenic substances).

Acute effects from exposure tend to be fairly immediate, whilst chronic effects of exposure may take months or even years to become apparent.