

University Hospitals of North Midlands



NHS Trust

Policy No. HS20

Policy to Control Substances Hazardous to Health (COSHH)

The following personnel have direct roles and responsibilities in the implementation of this policy:

- All individuals employed by the Trust, including contractors, voluntary workers, students, locum and agency staff

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Trust Contact:	Trust Health & Safety Manager
Executive Lead:	Medical Director

Version Control Schedule

Final Version	Issue Date	Comments
1	June 2007	
2	July 2010	
3	July 2012	<p>Updated to include new CPL, REACH and GHS regulations and to reflect changes in training courses and new generic information on the Health & Safety website (5.5, 9.0).</p> <p>Sodexo now included in the responsibilities</p> <p>Reference to MELs removed</p> <p>HSE Website included under 'Further Information'</p> <p>Other changes are to update titles and for ease of reading.</p>
4	February 2013	Incorporating clarification on monitoring – via FOM objectives
5	April 2015	Include new format risk assessment, change logos and incorporate some information from County policy; additional responsibilities under the Managers Responsibilities; Procurement Responsibilities; Staff Side involvement.

Statement on Trust Policies

Staff Side and Trade Unions

The University Hospitals of North Midlands NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way in which we provide services to the public and the way in which we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

Equality and Diversity

The University Hospitals of North Midlands NHS Trust aims to promote equality and diversity and value the benefits this brings. It is our aim to ensure that all staff feel valued and have a fair and equitable quality of working life.

Equality Impact Assessment

The organisation aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment tool is designed to help you consider the needs and assess the impact of your policy.

Information Governance

Any Trust policy which impacts on or involves the use and disclosure of personal information (patient or employee) must make reference to and ensure that the content of the policy is comparable with the relevant statutory or legal requirement and ethical standards

Data Protection Act 1998 and the NHS Confidentiality Code of Practice

The Data Protection Act (DPA) provides a framework which governs the processing of information that identifies living individuals. Processing includes holding, obtaining, recording, using and disclosing of information and the Act applies to all forms of media, including paper and images. It applies to confidential patient information but is far wider in its scope, e.g. it also covers staff personnel records. The DPA provides a legal gateway and timetable for the disclosure of personal information to the data subject (e.g. health record to a patient, staff file to an employee).

Whilst the DPA applies to both patient and employee information, the Confidentiality Code of Practice (COP) applies only to patient information. The COP incorporates the requirements of the DPA and other relevant legislation together with the recommendations of the Caldicott report and medical ethical considerations, in some cases extending statutory requirements and provides detailed specific guidance.

Freedom of Information Act 2000

The Freedom of Information Act 2000 (FOIA) is an Act which makes legal provision and creates a legal gateway and timetable for the disclosure, to the public, of the **majority** of corporate information held (but not necessarily created) by this Trust. The Trust has a legal responsibility to proactively provide a large amount of information to the public and to pro-actively respond to specific requests for information. Information will not be disclosed when the Trust can claim legal exemption. Any non-disclosure must be conveyed in writing; quoting the relevant exemption together with signposting to internal and external methods of complaint. Locally, guidance on the DPA, FOIA and COP can be obtained from the Information Governance Manager or the Caldicott Guardian.

Mental Capacity Act

Any Trust policy which may affect a person who may lack capacity should comply with the requirements of the Mental Capacity Act 2005 (MCA).

The MCA and its associated Code of Practice provides the framework for making decisions on behalf of individuals who lack the mental capacity to do these acts or make these decisions for themselves. Everyone working with and/or caring for adults who lack capacity, whether they are dealing with everyday matters or life-changing events in the lives of people who lack capacity must comply with the Act.

In a day to day context mental capacity includes making decisions or taking actions affecting daily life – when to get up, what to wear, what to eat etc. In a legal context it refers to a person's ability to do something, including making a decision, which may have legal consequences for the person lacking capacity, or for other people.

The Code provides guidance to all those working with and/or caring for adults who lack capacity, including family members, professionals and carers. It describes their responsibilities when acting or making decisions with, or on behalf of, individuals who lack the capacity to do this for themselves. In particular, it focuses on those who will have a duty of care to a person lacking capacity and explains how the legal rules set out in the Act will work in practice.

The Health Act: Code of Practice for the Prevention and Control of Health Care Associated Infections

The purpose of the Code is to help NHS bodies plan and implement how they can prevent and control HCAI. It sets out criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean, safe environment, where the risk of HCAI is kept as low as possible. Failure to observe the Code may either result in an Improvement Notice being issued by the Care Quality Commission, or in the Trust being reported for significant failings and placed on 'Special Measures'.

The Code relates to healthcare provided by all NHS bodies. Each NHS body is expected to have systems in place sufficient to comply with the relevant provisions of the Code, so as to minimise the risk of HCAI to patients, staff and visitors.

The Trust Board must have an agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.

Effective prevention and control of HCAI must be embedded into everyday practice and applied consistently by all staff.

Human Rights

The Trust is committed to the principles contained in the Human Rights Act. We aim to ensure that our employment policies protect the rights and interests of our staff and ensure that they are treated in a fair, dignified and equitable way when employed at the Trust.

Sustainable Development

University Hospitals North Midlands NHS Trust recognises the impact that its operations have on the environment as well as the strong link between sustainability, climate change and health. The trust is committed to continual improvement in minimising the impact of activities on the environment and expects all members of staff to play their part in achieving this goal and in particular to work towards a 10% carbon reduction by 2015. The Green Aware Campaign is designed to support you to do this. All trust policy should embed sustainability and refer to our Sustainable Development Management Plan where relevant. Further information and guidance can be obtained from the Trust Sustainability Manager.

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1. INTRODUCTION AND LEGAL REQUIREMENTS

The Health & Safety at Work Act 1974 ⁽²⁾ places a general duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of its staff. The Control of Substances Hazardous to Health regulations (COSHH) ⁽¹⁾ were introduced in 1988 to deal specifically with the hazards and risks arising from the use of hazardous substances at work.

The COSHH Regulations (2002) as amended require all employers to make an assessment of the risks to health, which arise from exposure to hazardous substances in the work place. As part of this assessment employers must establish what measures are necessary to prevent or adequately control exposure to substances hazardous to health and what further precautions and emergency procedures need to be taken to protect the health of employees.

As from April 2005 the Control of Substances Hazardous to Health Regulations 2002 were significantly updated. They are now focused on good practice to help employers prevent their employees' health being harmed by workplace chemicals, and a change to the way limits are set for exposure to chemicals in the workplace.

This policy should be read in conjunction with the Trust Policy for;

- Personnel Protective Equipment IC04.
- Waste Disposal EF05
- Pathology Standards Operations Policy
- Occupational Health Policy HS17

2. POLICY STATEMENT

This policy sets out the Trust's commitment to controlling the risks associated with hazardous substances in compliance with the Regulations. The Trust recognises that the employer must safeguard not only himself and his employees but also anyone not in his employment who may be affected by his activities. This includes procedural information relating to the following items;

- COSHH Regulations
- What is a substance hazardous to health
- What is not covered under COSHH
- Workplace Exposure Limits
- Adequate Control
- Risk Assessment
- Additional Information (First Aid, Storage, Waste Disposal, Fire, Combustible Products)

- Arrangements to deal with accidents, incidents and emergencies
- Recording and Reviewing the Assessment
- The Use, Maintenance, Examination and Test of Control Measures
- Monitoring Exposure in the Workplace
- Additional Provisions relating to work with Biological Agents

(See appendix 3)

3. SCOPE

This policy applies to all personnel employed by University Hospital of North Midlands NHS Trust. It applies with equal force to permanent, agency, temporary and locum staff, and also must be brought to the attention of contractors and employees of other bodies who work on Trust property.

4. DEFINITIONS

An adverse incident is any occurrence which could result in an injury, distress or near miss to a patient, visitor or member of staff including voluntary workers and contractors (for further information refer to RM07 Management of Untoward Incidents Inc. SUIs).

The Health & Safety Executive (HSE) and local authorities share responsibility for regulating health, safety and welfare for those at work and for those affected by work activity, including the public.

RIDDOR – The Reporting of Injuries, Diseases and Dangerous Occurrence Regulations – is a set of regulations which sit under the statutory umbrella of the Health & Safety at Work Act and supplement the requirements under the Trust's Policy for Reporting of Adverse Incidents, in reporting those outlined in statute to the Health & Safety Executive.

Carcinogen – is a substance which changes DNA structure and causes multiplication of cells, which take over normal cells i.e. cancer.

Mutagens – can cause cancer, miscarriages and unwanted inherited traits. Can cause heritable genetic defects, i.e. passed on to future generations.

Sensitisors – sensitising agents can trigger the immune system to 'remember' the allergen and produce antibodies to defend itself, smaller and smaller amounts can trigger the effect. E.g. latex allergy.

5. RESPONSIBILITIES

5.1 Chief Executive

The Chief Executive is ultimately responsible for safety throughout the Trust and is accountable to the Board. It is his/her duty with ongoing responsibility for delivery through the Medical Director, so far as is reasonably practicable, to ensure the development of and compliance with this policy. The delegated authority for co-ordinating and monitoring implementation of this policy and the associated protocols/procedures will lie with the Quality and Safety Forum though the reporting mechanism from the Trust Health & Safety Committee.

5.2 Executive Directors/Divisional Senior Management Teams/ Head of Central Functions

The Senior Management Teams have responsibility for ensuring that risks associated with COSHH to patients and staff are managed in accordance with this policy and the associated protocols/procedures. Delegated responsibility for implementing this policy rests with all Directors who in turn, will charge each of their managers with making adequate arrangements to ensure, so far as is reasonably practicable, that staff follow safe systems of work.

5.3 Managers and Supervisors

Are responsible for bringing the requirements of this policy to the attention of their staff and for ensuring an appropriate assessment is conducted in order to determine the level of risk to any employee.

Managers shall ensure that;

- they have access to a Generic COSHH group, COSHH Assessor or COSHH information, on a basis of level of risk, for their area of responsibility,
- that no work is carried out that is liable to expose employees to substances hazardous to health unless a suitable and sufficient assessment, in writing, of those risks, has been carried out,
- the assessment is reviewed periodically, in accordance with this policy,
- where a review indicates that changes are required, these changes will be made,
- where control measures, personal protective equipment or other items or facilities are provided, that they are properly used or applied,
- that personal protective equipment provided is suitable for the identified risk, adequately maintained and stored as appropriate
- any substances used in their area which require specialist handling in the event of spillage/release, have the appropriate arrangements in place, i.e. spillage kit personal protective equipment, potentially affected staff are trained in their use,
- staff within their area of responsibility receive training on the hazardous substances that they may come into contact with, such training shall include;
 - the hazardous properties of the substance
 - the health hazards the substances could present
 - information on relevant workplace exposure limits, including the findings of any air monitoring undertaken
 - information from relevant health surveillance (collective results)
 - access to safety data sheets
 - safe storage and transportation
 - safe working practices
 - personal protective equipment requirements
 - first aid measures
 - actions in the event of release/spillage
 - safe and appropriate waste disposal,
- any other person who visits the department, who may be affected by hazardous substances in that area, is given sufficient information to ensure their own safety, for example, maintenance staff, cleaning & environmental staff, other visitors.
- escalate immediately any significant risks to health and safety which have been identified during the COSHH risk assessment process appropriately within their division
- ensure any employee who is likely to be exposed to hazardous substances which require health surveillance as identified in the risk assessment are referred to Occupational Health department in line with policy HS17

5.4 COSHH Assessment Groups/COSHH Assessors

Are responsible for;

- attending COSHH training and annual updates,
- assessing the hazardous substances within their area of responsibility, and ensuring timely and appropriate reviews are undertaken,
- ensuring the results of the assessments are brought to the attention of their line manager,
- working with their line managers to ensure all members of staff received appropriate training as above.

5.4 **Supplies and Procurement Service**

Are responsible for:

- Supporting Heads of Departments to procure non-hazardous or safer hazardous substances where possible
- Help to facilitate the provision of Material Safety Data sheets from third party suppliers as requested.

5.5 **Recognised Staff Representative**

Staff representatives are entitled to, and are actively encouraged to participate in, and support the effective and sustainable implementation of this policy and in particular the risk assessment process.

5.5 **Obligations of all Trust employees**

All staff shall be reminded of their obligations under the Health and Safety at Work Act 1974, as set out in Section 7, as follows:

“To take reasonable care for the health and safety of himself and of other persons who may be affected by his acts or omissions at work.”

To comply with the COSHH regulations employees must;

- co-operate with their employer, by following Trust policy and local procedures, which will include awareness of emergency procedures, and following safe working practices,
- make full and proper use of control measures including personal protective equipment,
- ensure that equipment provided for personal protection/spillage containment is returned after use to any storage place provided and report to their line manager any defects/deficiencies in such equipment,
- attend medical examination where appropriate,
- report any concerns regarding risks from hazardous substances to their line manager or COSHH Assessor/group,
- report any accident or incident which has or may have resulted in the release into the workplace of a biological agent which could cause severe human disease.

5.6 **Co-operation and Communication with Non-Trust Staff Working on Trust Premises**

The Trust has a general responsibility under Section 3 of the Health & Safety at Work Act to ensure that persons not in their employ are not exposed to risks to their safety and health.

Where others occupy Trust premises, for example Keele University staff, Sodexo, both employers should co-operate and collaborate to ensure that all the duties imposed by COSHH are fulfilled.

Risk assessment of hazardous substances which are under the control of non-Trust staff will be the responsibility of non-Trust staff and their employers. Where it is necessary for the safety of visitors to such areas, sufficient information on hazardous substances (risk assessments, safety data sheets, safe working practices) should be made available to visitors to the area, for example Trust LEV Maintenance staff. Similarly hazardous substances which are under the control of Trust staff should be assessed by Trust staff, and, where it is necessary for the safety of non-Trust staff accessing/working in those areas, that information must be made available to those persons.

5.7 **Responsibilities of Specialist Functions**

5.7.1 Health & Safety Department

- To provide advice on all aspects of the COSHH Regulations to the Trust, and ensure that the Trust is updated on any changes to the regulations.
- To provide initial training and annual updates to divisional COSHH groups and/or individual COSHH Assessors, and via COSHH Awareness courses.
- To provide specialist advice on corporate COSHH assessments.
- To provide training and advice to managers/assessors/COSHH groups in developing protocols, procedures and safe systems of work relating to COSHH for patients and staff.
- To be included in the Trust Response Team for attending major spillage.
- To produce an annual report on the effectiveness of systems in place to the Trust's Health & Safety Committee.

5.7.2 Occupational Health Department

- To ensure that an appropriate level of health surveillance is provided for staff exposed to COSHH substances.
- To make the results of health surveillance known to the employee and their manager.
- To provide statistical and/ or other relevant information concerning hazardous substances in relation to staff to the Health and Safety Committee, whilst maintaining individual confidentiality.
- To report to the Health & Safety Executive, under the RIDDOR regulations, any occupational disease contracted by staff as a direct result of working with cultures/persons infected with certain biological agents, as specified in the RIDDOR regulations.

Health Surveillance

Where it is appropriate for the protection of the health of its employees who are, or are liable to be, exposed to a substance hazardous to health, the employer must ensure that such employees are under suitable health surveillance.

The purpose of health surveillance under COSHH (Regulation 11) is to:

- protect the health of individuals,
- assist in the evaluation of exposure,
- evaluate hazards to health,
- assess (for micro-organisms) the immunological status of employees.

Health surveillance will be appropriate where;

- an employee is exposed to one of the substances specified in Schedule 6 of the regulations, (listed below)
 - Vinyl chloride monomer
 - Nitro or amino derivatives of phenols and of benzene or its homologues
 - Potassium or sodium chromate or dichromate

- Ortho-tolidine and its salts. Dianisidine and its salts. Dichlorobenzidine and its salts
- Auramine. Magenta
- Carbon disulphide. Disulphur dichloride. Benzene, including benzol. Carbon tetrachloride. Trichloroethylene.
- Pitch.

or;

- an identifiable disease or adverse health effect may be related to the exposure of a substance,
- there is a reasonable likelihood of the disease or effect may occur under the particular conditions of the work and
- there are valid techniques for detecting indications of the disease or effect.

Therefore, health surveillance should only be carried out where it will provide useful information for the protection of the employee.

5.7.3 Trust/Sodexo Estates Departments

- To facilitate the provision and maintenance of engineering controls, eg local exhaust ventilation, and arrange for such equipment to be tested every 14 months to ensure its efficacy;
- To arrange, in conjunction with the Health & Safety department, air monitoring, where appropriate;
- To be included in the Trust Response Team for attending major spillage.

5.7.4 Response Team

- To attend and facilitate actions following a formalin spillage which cannot be contained locally.
- To attend any major spillage of a hazardous substance which is either unidentified, or cannot be safely contained locally, in order to facilitate further actions required.
- The Response Team Protocol is located on the Health & Safety website of the Intranet.

6. EDUCATION AND TRAINING

Will be delivered in accordance with the Operational Procedure (Appendix 3) and should be recorded within the personal staff record, ideally within ESR.

7. MONITORING AND REVIEW

This policy will be monitored by the following means;

At managerial level by;

- regular assessment of accident and untoward incidents,
- regular assessment of risks / hazards through systematic audit, via Flavour of the Month Objectives and Corporate Inspection Tool.
- reports and referral information from Occupational Health,

At Divisional level by;

- regular assessment of accident trends at Divisional Health & Safety Committee
- consideration of any substances entered onto the divisional risk register

At Trust level by;

- reports on Health & Safety training and staff attendances to the Trust Health & Safety Committee.
- Via the Trust risk register

This policy will be reviewed every 3 years through the Trust Health and Safety Committee, Quality and Safety Forum and TJNCC.

Bibliography:

1. The Control of Substances Hazardous to Health regulations 2002 (COSHH) (as amended).
2. The Health and safety at Work Act 1974.
3. The Management of Health and Safety at Work regulations 1999.
4. Personal Protective Equipment at Work regulations 1992.
5. HSE EH40 publication Occupational Exposure Limits. (NB this is updated by the HSE usually on an annual basis.)

Further advice and information:

COSHH publications

Control of substances hazardous to health. The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and guidance L5 (Fifth edition) HSE Books 2005 ISBN 0 7176 2981 3

COSHH essentials: Easy steps to control chemicals. Control of Substances Hazardous to Health Regulations HSG193 (Second edition) HSE Books 2003 ISBN 0 7176 2737 3 (an electronic version is available at:

www.coshh-essentials.org.uk)

Approved classification and labelling guide. Chemicals (Hazard Information and Packaging for Supply) Regulations 2002. Guidance on Regulations L131 (Fifth edition) HSE Books 2002 ISBN 0 7176 2369 6

EH40/2005 Workplace exposure limits: Containing the list of workplace exposure limits

HSE Website: <http://www.hse.gov.uk/coshh/index.htm>