

## SUBSTANCES HAZARDOUS TO HEALTH POLICY (F-010)

Version Number:	3.3
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Executive Lead (name & job title):	Peter Beckwith – Executive Director of Finance / Senior Information Risk Owner
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*Policies should be accessed via the Trust intranet to ensure the current version is used*

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## 1. INTRODUCTION

The Health & Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulations (COSHH) 2002 (amended) require Humber Teaching NHS Foundation Trust to prevent or control exposure to hazardous substances.

The Control of Substances Hazardous to Health Regulations (COSHH) defines a hazardous substance as:

Chemicals classified as hazardous under the Classification, Labelling and Packaging of Chemicals Regulations 2015 (CLP):

A substance for which a workplace exposure limit is specified in Schedule 1 of the COSHH Regulations, or for which the Health and Safety Commission has approved a “workplace exposure limit value” (i.e. inhalation risk) or “a biological agent”, or “dust of any kind, when present as a substantial concentration in the air” or “a substance not mentioned above, which creates a hazard to the health of any person, comparable to the hazards created by the above-mentioned substances”.

The exceptions are asbestos, lead and radioactive substances, which have their own regulations.

Medicines are also excluded from this policy as the COSHH requirements of these substances are covered under the Medicines Management Policy

This policy supports compliance with the Care Quality Commission Outcome 10, Safety and suitability of premises.

## 2. SCOPE

This policy applies to all work activities undertaken by or for the Trust where there is a hazard posed by exposure to hazardous substances.

Humber Teaching NHS Foundation Trust acknowledges that no substance can be considered to be completely safe. All reasonable steps will be taken to ensure that exposure of staff, contractors, voluntary workers, visitors and members of the public to substances hazardous to health is prevented, or at least controlled to within statutory limits.

Humber Teaching NHS Foundation Trust undertakes to control exposure by engineering means where reasonably practicable. Where exposure cannot be adequately controlled by engineering means, appropriate personal protective equipment will be provided.

All staff will be provided with information and instruction on the nature and likelihood of their exposure to substances hazardous to health. The implementation of this policy requires the total co-operation of all members of management and staff.

## 3. DUTIES AND RESPONSIBILITIES

### Chief Executive

The chief executive is required to ensure the organisation has systems and processes in place to implement this policy.

### Senior Management

Senior managers are responsible to their director for the implementation of this policy and to ensure that the arrangements in this policy are in place and communicated to their teams.

### **Line Managers**

Are required to:

- Bring this policy to the attention of staff.
- Ensure COSHH assessments are implemented or reviewed on an annual basis.
- Ensure identified actions as a result of COSHH assessments are implemented.
- Ensure that staff are appropriately trained in COSHH awareness and those tasked to carry out assessments have received COSHH Assessor training.

### **COSHH Assessors**

Are required to:

- Use the Trust standard COSHH assessment form and, in consultation with safety representatives and staff, assess the risks to health.
- Advise line managers of the results of the risk assessment.
- Recommend where specialist advice should be sought.
- Ensure the assessment document is reviewed at least on an annual basis.

### **Information and Safety Manager**

Is required to:

- Monitor units'/teams' adherence to this policy.
- Monitor accidents/incidents with regard to exposure to hazardous substances.
- Provide advice in the control of exposure to hazardous substances.
- Provide assistance with workplace COSHH assessments as needed.

### **Procurement**

Is required to:

- Procure safety data sheets for substances purchased for use in the Trust.

### **Staff**

Are required to:

- Co-operate fully with this policy and operate safe practices to ensure exposure to hazardous substances is kept to a minimum.
- Comply with control measures identified as part of the COSHH assessment.
- Report to their supervisory line management, any concerns regarding exposure to hazardous substances, incidents or near misses.
- Take care of their own health and safety and not place others at risk by either what they do or fail to do.

## **4. PROCEDURES RELATING TO THE POLICY**

### **Competent Persons**

Units/teams who work with hazardous substances are required to appoint a competent person (assessor). The competent person will be responsible for undertaking COSHH assessments and recording the findings. Inventory of Hazardous Substances

Units/teams are required to maintain an inventory of all hazardous substances used.

### **Assessment of Hazardous Substances**

Units/teams are required to identify all work activities which involve exposure to hazardous substances and to assess the risk of the exposure using the Trust COSHH assessment form (see Appendix 1).

Where elimination or substitution of the hazardous substance is not possible, appropriate control measures must be identified and implemented.

No new substances will be introduced into the workplace without a prior COSHH assessment being carried out.

### **Engineering Controls**

Where engineering controls are used, e.g. local exhaust ventilation, the controls will be properly maintained and monitored to ensure their continued effectiveness. This will be achieved by planned preventative maintenance and annual performance monitoring carried out by the Estates Department or an approved contractor.

### **Personal Protective Equipment (PPE) e.g. gloves, safety spectacles**

PPE will only be used as a last resort control or as a backup measure during testing or modification of other controls.

The COSHH assessment will identify the correct type of PPE to be used for the work activity.

### **Health Surveillance**

Health surveillance when indicated to be necessary by the COSHH assessment will be carried out by the Occupational Health Department.

### **Assessment Awareness**

The findings of the COSHH assessment are to be provided to staff and this is to be recorded.

### **Assessment Review**

Each COSHH assessment will be reviewed annually or following an incident, report of work-related ill-health or a change in the work activities.

### **Record Retention**

All COSHH assessments must be kept for a minimum of five years from their creation date.

## **5. EQUALITY AND DIVERSITY**

The Trust aims to ensure that all of its policies are equitable with regard to age, disability, gender, race, religion and belief or sexual orientation.

An Equality Impact Assessment has been carried out by the author, which confirms that this policy does not impact on any equality group (Appendix 3).

## **6. IMPLEMENTATION AND MONITORING**

This policy will be disseminated by the method described in the Policy for the Development and Management of Procedural Documents.

Monitoring will be achieved by unit/team annual audits undertaken by the Safety Team or a nominated lead. Reviews will include how the Trust assesses risk of hazardous substances exposure of staff and others including identified duties, how the Trust raises awareness about hazardous substances, and the training of staff. Deficiencies identified will require the formation of a unit/team action plan, to be reviewed and monitored by the Safety Team.

## **7. TRAINING AND SUPPORT**

Increasing knowledge and awareness through information and training plays an important part in the Trust's systems for managing hazardous substances safely.

Staff will be provided with COSHH awareness online training as identified through the KSF/PADR process and training will be provided in line with the Trust's Statutory and Mandatory Training Policy and training needs analysis.

Competent persons will be required to attend COSHH Assessor training and refresher training as set out in the Trust's Statutory and Mandatory Training Policy.

## **8. REFERENCE TO ANY SUPPORTING DOCUMENTS**

Health & Safety at Work etc. Act 1974  
Control of Substances Hazardous to Health Regulations (Amended) 2002  
Control of Substances Hazardous to Health Approved Code of Practice L5 Fifth Edition  
Classification, Labelling and Packaging of Chemicals Regulations 2015  
EH40/2005 Workplace exposure limits: Containing the list of workplace exposure limits for use with the Control of Substances Hazardous to Health Regulations 2002 (as amended)

## **9. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES**

Health and Safety Policy  
Risk Management Strategy  
Waste Management Policy

## **10. MONITORING COMPLIANCE**

See Appendix 2.

## Appendix 1: COSHH Assessment Form

This form should only be completed following the COSHH GUIDANCE DOCUMENT HSGN-03

**Table A**

Assessor:	Signature:	Assessment Date:
Substance/preparation name:		
General work activity and location involving substance:		Review Date:

**Table B**

Indication of Danger		Route of Exposure	Chemical State	Flammability	Dusty	Exposure limit (WEL)
Very Toxic	Irritant	Inhalation	Solid	Flammable	Low	
Toxic	Sensitiser	Skin contact	liquid	Highly flammable	Medium	
Corrosive	*Carcinogen	Eyes	Gas/vapour	Extremely flammable	High	
Harmful	Mutagenic	Swallowed		Oxidising	N/A	
*Biological agent	Toxic for reproduction	Injection		Non-flammable		

\*See notes on completion of this form.

**Table C**

Activity/Task (e.g. mixing, filling, spraying, cleaning, storage etc.):		Number of People Affected and Occupation
Quantities Used (tick appropriate box)	Duration of exposure (minutes, hours and how often over shift period):	Location and conditions of use e.g. enclosed space, temperature, (e.g. above room temperature)
Small (grams or millilitres)		
Medium (kilograms or litres)		
Large (tonnes or cubic metres)		

**Table D**

Indication of danger and route of exposure (E.g. toxic by inhalation.)	Existing control measures (general ventilation, local exhaust ventilation (e.g. fume cupboard), enclosure of the process; personal protective equipment.	Risk L,M,HE	Additional control measures required to reduce the risk of exposure (elimination, substitution with a safer substance, engineering control measures (local exhaust ventilation, additional procedures, personal protective equipment	Completion Date	Residual Risk L,M,H E

**Table E**

Monitoring Exposure (results from any monitoring carried out or is it required?)	Health Surveillance (is any health surveillance required or carried out?)



**Table F**

Storage procedures/Spillage procedures	First Aid Procedures:			
	Inhalation	Skin and eye contact	Swallowed	Injection

**COSHH REMEDIAL ACTION SHEET**

Where the COSHH assessment has identified additional control measures or other actions which require implementation, these must be recorded on this document.

**Table G**

Actions required	Carried out by	Target date for completion	Date completed

The following staff have been briefed on the contents of this Unit/Team COSHH Assessment.

DATE	NAME	SIGNATURE

### Risk Grading Tool

Risks are measured according to the following formula:

$$\text{Likelihood} \times \text{Impact} = \text{Risk Level}$$

#### Likelihood

Risks are first judged on the likelihood of the risk being realised. The following categories are available for grading:

Level	Descriptor	Likelihood Definition
5	Almost certain	Expected to occur daily. Will undoubtedly happen/recur, possibly frequently.
4	Likely	Expected to occur at least weekly. Will probably happen/recur.
3	Possible	Expected to occur at least monthly. This type of event has a reasonable chance of occurring.
2	Unlikely	Expected to occur at least annually. Do not expect it to happen but it is possible it may do so
1	Rare/very unlikely	Not expected to occur for years. This will probably never happen/recur.

#### Consequences/Impact

Situations are then judged to evaluate, if the risk were to be realised, what the outcome is most likely to be. The following categories are available for grading:

Level	Descriptor	Consequences/Impact Definition
5	Catastrophic	Incident leading to death, multiple permanent injuries or irreversible health effects

Level	Descriptor	Consequences/Impact Definition
4	Major	Major injury leading to long-term incapacity/disability. Requiring time off work for >14 days
3	Moderate	Moderate injury requiring professional intervention. Requiring time off work for 4-14 days
2	Minor	Minor injury or illness, requiring minor First Aid intervention. Requiring time off work for <3 days
1	Insignificant	Minimal injury requiring no/minimal intervention or treatment. No time off work.

**Risk Rating Table**

			Severity of Impact/ Consequence				
			1	2	3	4	5
			Negligible	Minor	Moderate	Severe	Catastrophic
Likelihood	5	Almost certain	5 Moderate	10 High	15 Extreme	20 Extreme	25 Extreme
	4	Likely	4 Moderate	8 High	12 High	16 Extreme	20 Extreme
	3	Possible	3 Low	6 Moderate	9 High	12 High	15 Extreme
	2	Unlikely	2 Low	4 Moderate	6 Moderate	8 High	10 High
	1	Rare	1 Low	2 Low	3 Low	4 Moderate	5 Moderate

**Risk Ratings Acceptance of Risk Table**

Risk	Acceptance of Risk	By Whom
<b>Low</b> 1 – 3	Acceptable risk: no further action required.	Team leaders Charge nurses
<b>Moderate</b> 4 – 6	Risk to be controlled as far as is reasonably practicable by following safe method of work / implementation of risk assessment control measures.	Team leaders Service manager
<b>High</b> 8 – 12	Significant risk which requires action to remove, transfer or minimise this risk so far as is reasonably practicable.	Service managers Assistant directors
<b>Extreme</b> 15 - 25	<b>Significant risk which requires immediate action to remove, transfer or minimise this risk:</b> <ul style="list-style-type: none"> <li>If possible stop the work activity.</li> <li>Report the issue ASAP to the Trust's health and safety manager, providing details of actions that are being taken to reduce the risk level.</li> </ul>	Director responsible for unit/team  Chief executive

## Appendix 2: Document Control Sheet:

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	<b>Policy – Substance Hazardous to Health Policy</b>		
Document Purpose	This policy ensures that substances hazardous to health activities are managed effectively by the Trust.		
Consultation/ Peer Review:	Date:	Group / Individual	
<i>List in right hand columns consultation groups and date</i>	Oct 2021	Health & Safety Group	
	Oct 2021	Peter Beckwith – Director of Finance	
Approving Committee:	H&S Committee	Date of Approval:	May 2016 (V3)
Ratified at:	Board	Date of Ratification:	May 2016
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	N/A [ <input type="checkbox"/> ] Rationale:
Publication and Dissemination	Intranet [ <input checked="" type="checkbox"/> ]	Internet [ <input type="checkbox"/> ]	Staff Email [ <input checked="" type="checkbox"/> ]
Master version held by:	Author [ <input type="checkbox"/> ]	HealthAssure [ <input checked="" type="checkbox"/> ]	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	<ul style="list-style-type: none"> <li>Placed on the intranet</li> <li>Midweek and Weekly Global email</li> </ul>		
Monitoring and Compliance:	<ul style="list-style-type: none"> <li>Line managers are required to review risk assessments on an annual basis or following any incident or changes to relevant legislation.</li> <li>The Safety Team will audit compliance with this policy as part of the unit/team health and safety management reviews.</li> </ul>		

<b>Document Change History:</b>			
<i>Version Number / Name of procedural document this supersedes</i>	<i>Type of Change i.e. Review / Legislation</i>	<i>Date</i>	<i>Details of Change and approving group or Executive Lead (if done outside of the formal revision process)</i>
1.4	Review	01/02/10	Adopted from HMH when changed to HFT
2.0	Review	08/04/13	Reviewed
3.0	Review	17/05/16	Reviewed with minor changes
3.1	Review	05/12/18	Minor changes
3.2	Review	01/09/21	Reviewed with minor changes Approved Health & Safety Group (Peter Beckwith) October-21
3.3	Review	09/07/24	Reviewed with minor changes to roles and section 4 training. Approved by H&S Group (9th July 2024) and minor amends signed off by Exec Director (Pete Beckwith – 29 August 2024).

## Appendix 3: Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Substances Hazardous to Health Policy (F-010)
2. EIA Reviewer (name, job title, base and contact details): Paul Dent, Information and Safety Manager
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? Policy

### Main Aims of the Document, Process or Service

The Substances Hazardous to Health Policy sets out a framework for the management of the management of substances hazardous to health within Humber Teaching NHS Foundation Trust.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

<p>Equality Target Group</p> <ol style="list-style-type: none"> <li>1. Age</li> <li>2. Disability</li> <li>3. Sex</li> <li>4. Marriage/Civil Partnership</li> <li>5. Pregnancy/Maternity</li> <li>6. Race</li> <li>7. Religion/Belief</li> <li>8. Sexual Orientation</li> <li>9. Gender re-assignment</li> </ol>	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p><b>Equality Impact Score</b></p> <p>Low = Little or No evidence or concern (Green)</p> <p>Medium = some evidence or concern (Amber)</p> <p>High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> <li>a) who have you consulted with</li> <li>b) what have they said</li> <li>c) what information or data have you used</li> <li>d) where are the gaps in your analysis</li> <li>e) how will your document/process or service promote equality and diversity good practice</li> </ol>
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	The policy sets out responsibilities and arrangements to protect the safety of people involved with or affected by using hazardous materials activities regardless of their age.
<b>Disability</b>	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:  Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	Where an individual's sensory, physical, learning or mental health may adversely impact on their ability to undertake activities, a specific risk assessment is required to be carried out by the line manager.  Where the risk assessment identified a requirement to implement a reasonable adjustment due a disability, the Trust would seek to implement the adjustment. Advice and guidance on the carrying out of and implications of the risk assessment would be available from the Safety Team, Occupational Health and Human Resources.
<b>Sex</b>	Men/Male, Women/Female	Low	The requirements of the policy apply equally.
<b>Married/Civil Partnership</b>		Low	The requirements of the policy apply equally.
<b>Pregnancy/ Maternity</b>		Low	Where an individual's pregnancy may adversely impact on their ability to undertake activities, a specific risk assessment is required to be carried out by the line manager.  Where the risk assessment identified a requirement to implement a reasonable adjustment to the individual's work activity, the Trust would seek to implement this adjustment.
<b>Race</b>	Colour, Nationality, Ethnic/national origins	Low	The requirements of the policy apply equally to any race.
<b>Religion or Belief</b>	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	The requirements of the policy apply equally to any religion or belief.

<b>Sexual Orientation</b>	Lesbian, Gay Men, Bisexual	Low	The requirements of the policy apply equally to any sexual orientation.
<b>Gender Re-assignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	The requirements of the policy apply equally, regardless of gender identity or expression.

### Summary

Please describe the main points/actions arising from your assessment that supports your decision above:	
Regular safety management reviews are held where unit/team risk assessments are reviewed. Findings from management reviews are fed back to the Health and Safety Group meetings as required. As part of the reviews any equality issues raised by the assessments will be assessed.	
EIA Reviewer: Paul Dent	
Date completed: July 2024	Signature: P Dent