

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Control of Substances Hazardous to Health Policy

Effective: April 2011

Review Due: April 2013

1. Policy Statement

As an Employer, the Trust is required to control the exposure of staff to hazardous substances in the course of their working activity.

The Trust's overall responsibility is to provide a safe working environment for all of its employees, and ensure they are appropriately and adequately trained.

2. Scope

This policy has been drawn up to give Trust employees support and guidance relating to Control of Substances Hazardous to Health (COSHH) Regulations and will deal with all COSHH Substances utilised within the organisation and other areas outside of the Trust where Trust employees may work.

3. Definitions

The COSHH 2002 Regulations define a hazardous substance as follows:

Hazard; 'in relation to a substance, means the intrinsic property of that substance which has the potential to cause harm to the health of a person, and 'hazardous' is construed accordingly'.

Risk; 'In relation to the exposure of an employee to a substance hazardous to health, means the likelihood that the potential for harm, to the health of a person will be attained under the conditions of use and exposure and also the extent of that harm.

4. COSHH Regulations 1994/2002

4.1 The regulations require the Trust to ensure the following:

- Provide a written assessment regarding risks to health caused by exposure to a hazardous substance.
- All reasonable steps have been taken to minimise employee's exposure of the substance.
- That exposure to COSHH substances is kept below the Maximum Exposure Limit and any specified Occupational Exposure Standard as published in EH40

- All reasonable steps have been taken to eliminate or reduce the risk and find an alternative substance.
 - Health surveillance has been introduced where required.
- 4.2 Although many potential hazardous substances are used on a daily basis that may present a negligible risk, others will require adequate monitoring and surveillance and all must come within the remit of the COSHH regulations.
- 4.3 As well as the Control of Substances Hazardous to Health Regulations, this policy should be read in conjunction with other associated COSHH Regulations, Approved codes of Practice and Control of Biological Agents, Control of Carcinogens, Asbestos Regulations, Personal Protective Equipment Regulations and associated Trust Policies.

5. COSHH Assessment

The primary aim of an assessment is to control any exposure to staff where a hazardous substance may present a risk. This may be by:

- 5.1 Elimination, substitution or enclosure of a substance.
- 5.2 Utilisation of local exhaust ventilation system or reduction in the time a member of staff is exposed to a substance. (Refer to HSE guidance on exposure limits).
- 5.3 Use of Personal Protective Equipment, when other measures do not provide adequate control.

6. Responsibilities by the Directorate / Departmental Managers

- 6.1 Within all Wards and Departments a COSHH Assessor should be appointed. Training will be given to the assessor to enable them to identify COSHH substances, carry out the assessments where necessary, and report the findings to their manager who will take the appropriate action with the assistance from the assessor to reduce any possible risks within their departments.
- 6.2 Departmental Heads must play a fundamental role by providing adequate support and strong communication links with the Assessor to maintain high standards and reduction of risk from COSHH substances where appropriate.
- 6.3 Departmental Heads must ensure that adequate time is set-aside for assessors in order to carry out the assessments. Departmental Heads will be able to identify from their own internal risk assessments staff that require regular Health surveillance and ensure that this is carried out by the Occupational Health Department.

- 6.4 If in doubt, Departmental Heads should contact the Occupational Health Department to discuss health surveillance. In addition managers should ensure that up to date COSHH records are maintained and reviewed by their Departmental COSHH Assessor.

7. Employees

All employees are expected to take reasonable care to ensure the safety of themselves, their colleagues, patients and the public at all times. Therefore all members of staff are expected to comply with Trust Policies and Procedures, which are provided for their protection.

8. COSHH Assessor

- 8.1 Produce a written assessment of any COSH substance.
- 8.2 Review all COSHH Assessments on an annual basis and forward a copy to the Health and Safety Department.
- 8.3 Keep a record of all COSHH assessments and annual reviews; copies of the reviews should be forwarded to the Health and Safety Department. The Health and Safety Department should be advised of any problems arising from the assessment.
- 8.4 Where maintenance is required on equipment on a regular basis e.g. Fume Cabinet-filter changes, assessors should be aware of the date this is due to be carried out and ensure the work has been completed.

9. Health and Safety Advisors

- 9.1 The Health and Safety Department will provide support and guidance to all Directorate Managers, Departmental Heads, COSHH Assessors and employees.
- 9.2 Will provide adequate training and education to all new Assessors, including updates.
- 9.3 Maintain records of annual reviews and a register of COSHH assessors.
- 9.4 Assist Assessors in COSHH assessments when required.
- 9.5 Where additional equipment or systems of work are required, further training and/or education will be given to assist staff in adapting to change and new practices. The Health and Safety Department will play a supporting role in assisting the Assessor to establish good work practice and to assist the Departmental Heads with the purchase of equipment when required.

10. Occupational Health

- 10.1 Where appropriate, the Trust must provide staff with Health surveillance (where a COSHH substance falls within section 5 of the Regulations). This will be carried out on a regular basis by the Occupational Health Department. In the event of Occupational Health identifying an area of concern regarding a member of staff's health, they must notify the Departmental Head and Health and Safety Advisor of their findings.
- 10.2 Where environmental control measures are in place, regular assessment of the controls must be arranged via the Estates Department, or through the Occupational Health Hygienists. The latter must only be arranged with the prior discussion and consent of the Departmental Head and may involve environmental or personnel monitoring e.g. maintenance and efficiency of Fume Cabinets, personal monitoring to assess exposure.

11. Estates Department

- 11.1 Where there is the possibility of a breakdown of equipment, which is part of a COSHH process, which may lead to a health risk, the Estates Department will provide regular maintenance and servicing of such equipment in accordance with the requirements of the COSHH Regulations and manufacturer's instructions.
- 11.2 Records of monitoring and regular servicing will be maintained by the Estates Department with a subsequent copy sent to the Departmental Head.

12. Personal Protective Equipment

- 12.1 Where personal protective equipment is required as part of a COSHH assessment, refer to Personal Protective Equipment Policy for further information.

13. Monitoring and Compliance

- 13.1 Adherence to this policy will be monitored by the Trust Health and Safety Advisors. All changes to the policy will be discussed and endorsed through the Trust Health & Safety Committee.
- 13.2 Quarterly reports will be submitted via the Health and Safety compliance Audit. The Health and Safety Committee will review the reports and monitor action plans as required.

14. Legislation & Guidance

Control of Substances Hazardous to Health Regulations 2002
Control of Carcinogens Substances A.C.O.P

Control of Biological Agents A.C.O.P
Chemicals (Hazard Information and Packaging for Supply) Regulations 2002
Advisory Committee on Dangerous Pathogens, Department of Health
Personal Protective Equipment Regulations 1993
Notification of New Substances Regulation 2002

Author: Health and Safety Advisor

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Control of Substances Hazardous to Health	Policy Author:	Paul Clancy
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d).	Can we reduce the impact by taking different action?	N/A	

Comments:	Action Plan due (or Not Applicable):
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Name and Designation of Person responsible for completion of this form: Paul Clancy Health and Safety Advisor..... Date: 14/4/2011.....

Names & Designations of those involved in the impact assessment screening process:.....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.