Policy:
Control of Substances Hazardous to Health

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Summary of policy
This Policy demonstrates SHSC's structure and the arrangements by which it assesses any health or safety risks associated with exposure to potentially hazardous substances, prevents or reduces this exposure and so prevents or reduces consequent injury or injury to ill-health to relevant people, as far as is reasonably practicable.

Target audience	All staff

Keywords	COSHH, Control of Substances Hazardous to Health

Storage and Version Control
Version 5.1 of this Policy is stored and available through the SHSC's intranet. Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	Policy written		
2.0	Policy revised		Policy re-written
3.0	Policy revised	2018	Policy re-written
4.0	Policy revised	August 2021	Policy re-written. Amendments to order of the text required by change to the Trust's Policy format. Minor amendments to text.
5.0	Policy Revised	April 2022	Full review completed as per schedule
5.1	Policy Review	May 2025	Review completed minor changes in terms of job role updates.

Contents

COSHH Process Flowchart

Health and safety team to prepare COSHH policy, supporting arrangements and ratification of policy.

Ensure all staff are made aware of the approved COSHH policy and supporting arrangements.

All Managers to ensure all staff comply with their specific responsibilities in the COSHH policy, by area inspections and audits.

As appropriate develop and implementation of local safe working procedures.

Monitor day to day compliance with COSHH policy and ensure safe local environment, report any non-compliance.

All staff to take reasonable care for their health and safety and of others who may be affected by their acts or omissions relating to the safe use, handling storage and transportation of COSHH substances.

Report any situations which could lead to a breach of COSHH policy via incident reporting system and/or health and safety team.

Managers and health and safety team to monitor operational compliance with COSHH policy and local safety policy and procedures, through inspection reports and audits.

1. Introduction

1.1 Sheffield Health and Social Care NHS Foundation Trust (SHSC) recognises its responsibilities under Health and Safety legislation to ensure, so far as is reasonably practicable, the health, safety and welfare of its employees, service users and members of the public.

1.2 Where reasonably practicable exposure to substances should be prevented, where this is not possible, the exposure will be controlled to prevent injury or ill health at work.

1.3 Control of Substances Hazardous to Health (COSHH) is often associated with just chemicals however it also applies to all exposures to Biological Agents. This includes all blood and bodily fluids and all exposure routes including sharps injuries, splashing and inhalation. COSHH further applies to other non-chemical hazards including flour dust, woodworking dust or welding fume.

2. Scope

2.1 This is a Trust-wide policy and is relevant to all staff, service users, contractors and/or members of the public.

2.2 Hazardous substances that COSHH does not apply too:

- Asbestos and lead, which have their own regulations
- Substances which are hazardous to health only because they:
  a. are radioactive
  b. are at high pressure
  c. are at extreme temperature
  d. have explosive or flammable properties
- Biological agents that are outside SHSC control (e.g., catching an infection from a work colleague).

3. Purpose

The purpose of this Policy is to comply with the requirements of the Control of Substances Hazardous to Health Regulations 2002.

4. Definitions

4.1 **Biological agent** - means a micro-organism, cell culture, or human endoparasite, whether genetically modified, which may cause infection, allergy, toxicity or otherwise create a hazard to human health.

4.2 **Carcinogenic** A substance which if it is inhaled or ingested or penetrates the skin may induce cancer or increase its incidence.

4.3 **Classification, Labelling and Packaging of Substances (CLP) –** ensures that the hazards presented by chemicals are clearly communicated to workers and consumers through classification and labelling of chemicals.

4.4 **Contractor -** Anyone brought in to work at or on the premises who is not an

employee of SHSC. It includes any individuals or company who come onto site to fulfil a contractual obligation between the site and a third party.

4.5   **Control measure** - a measure taken to reduce exposure to a substance hazardous to health.

4.6   **Harmful** – a substance which if it is inhaled or ingested or penetrates the skin may involve limited health risks.

4.7   **Hazardous Substance** - any solid, liquid, dust, fume, vapour, gas or micro-organism that could be harmful to health.

4.8   **Health surveillance** - assessment of the state of health of an employee, as related to exposure to substances hazardous to health, and includes biological monitoring.

4.9   **Local Exhaust Ventilation** (LEV) – an extraction system to remove airborne contaminants (dust, fumes, vapours) before they can be inhaled.

4.10   **Personal Protective Equipment** (PPE) - refers to all equipment and clothing that is intended to be worn, or held, by a person at work which gives a measure of protection.

4.11   **Safe system of work** - a formal procedure which defines the method of working which eliminates hazards or minimises the risks associated with them.

4.12   **Safety data sheet (SDS)** – a document that must be provided by the manufacturers or supplier of the substance. It should be the first point of reference prior to handling hazardous substances as it gives information on handling, storage, and emergency measures in case of accident.

4.13   **Workplace exposure limit (WEL)** - occupational exposure limits and are set in order to protect the health of workers. WELs are concentrations of hazardous substances in the air, averaged over a specified period, referred to as time weighted average (TWA). Two time periods are used:

- Long term (8 hours)
- Short term (15 minutes)

5.   Details

This policy demonstrates the arrangements by which SHSC will assess any health risks associated with exposure to potentially hazardous substances, prevent or reduce exposure to them, and so prevent consequent injury or ill health to staff, service users or others, as far as is reasonably practicable.

6.   Duties

6.1   Chief Executive

The chief executive has overall responsibility for health, safety and welfare at SHSC and is responsible for ensuring that there is an effective Control of Substances Hazardous to Health policy that is reviewed appropriately.

6.2   Nominated Director for Health and Safety

Responsible for ensuring overall operational delivery of the policy and monitoring the overall performance of the policy. Reporting to the Chief Executive and relevant committees any immediate and significant risks associated with COSHH.

6.3   Directors

Will ensure that COSHH related processes are in place to reduce and control health and safety risks and will ensure that other relevant managers are aware of the policy and that the relevant processes are monitored for continued effectiveness.

6.4   Health and Safety Team

Will manage the centralised COSHH system for hazardous substances used across SHSC including:

- General register of approved substances
- Safety Data Sheets
- Completion of generic substance COSHH assessments
- General manufacturer's instructions for hazardous substances used across SHSC
- Monitor implementation of the COSHH Policy through the health and safety audit programme
- Inform risk department of any significant exposure to a substance to the Health and Safety Executive (HSE), as required under the Reporting of Incidents, Disease and Dangerous Occurrences Regulations (RIDDOR) 2013.

6.5   Infection Prevention and Control Team

Will provide expert advice on the risk from microbiological agents including policies and procedures to ensure safe practices are in place to limit the risk and spread of micro-organisms and education and training of staff.

6.6   Estates and Facilities Department

- Provide expert advice on LEV
- Provide maintenance of equipment
- Provide SHSC with records of testing and any monitoring undertaken
- Ensure any deterioration is reported without delay for appropriate action to be taken
- To adhere to SHSC policies and procedures relating to COSHH
- When undertaking work will be expected to undertake COSHH assessments prior to using products on site that fall within the Regulations
- Sharing relevant documentation and records as required to ensure staff and service user safety
- Specific risk assessments for Legionella are carried out by estates and facilities department.

6.7   Managers / Supervisors

Managers and supervisors have delegated responsibility for implementing the policy within their departments. This includes but is not limited to:

- Bringing this policy to the attention of all staff within their area of responsibility
- Ensuring the general register of approved substances is available to all staff
- Ensuring that generic COSHH assessments are adhered to in their area of responsibility and are accessible to all staff using the substances to which they relate
- Ensuring that staff have appropriate information before using substances and are familiar with how to use any control measures identified
- Selecting the correct type and specification of PPE where the assessment indicates that it is needed. The correct type and specification should be made using manufacturers guidance.
- Carrying out or arranging appropriate exposure monitoring and / or health surveillance where required
- Complete toolbox talks using the assessment information
- Ensure COSHH is managed in accordance with the process in this policy including maintenance and inspection of any engineering controls provided and provision of PPE
- Develop and implement safe working practices based on COSHH assessment findings
- Encourage incident reporting, monitor incidents, conduct investigations, and implement findings
- Will contact health and safety team regarding potential new products
- Monitor their local working environment and take immediate corrective action during routine department walk rounds.

6.8 All Staff

All staff are responsible for ensuring that they take reasonable care of the health and safety of themselves and any other persons who may be affected by their acts or omissions at work. This includes raising any issues of concern relating to the safe use of hazardous substances, control measures and PPE.

Must be familiar with health and safety policies and procedures in relation to substances in use at work including:

- The risks
- The controls, including making full and proper use of all engineering controls or safe systems of work. PPE should be used where indicated.
- What to do in an emergency
- The results of any monitoring
- Where the COSHH assessment documents are kept
- Report all near misses, accidents, work related illness or injuries
- Attend health surveillance checks with Occupational Health where it has been identified as necessary for the protection of their health
- Inform their direct line manager of any changes to their health including any early symptoms that could have a possible association with the working environment
- Maintain the working environment in a clean and safe condition at all times and ensure correct use of equipment and facilities
- Will adhere to this COSHH Policy and the control measures identified in individual COSHH assessments
- Will not use any product that is not listed within the general register of approved substances

- Will contact health and safety team regarding potential new products
- Will not bring products into work or buy via petty cash.

6.9 Occupational Health Service

Ensures the continued good health of staff by identifying at an early stage any illness caused by exposure to substances hazardous to health, so that steps can be taken to treat the condition and to advise them and their manager about the future. It thus provides a warning of lapses in control and indicates the need for a reassessment of the risk.

This process of health surveillance is arranged via an external contractor and will be appropriate to the identified risk. The Occupational Health Service will maintain appropriate COSHH Health Surveillance records as required by legislation.

Under the service level arrangement, the service must ensure the following are provided:

- Any staff at interview who declare a health problem may be seen prior to employment if the preferred candidate
- Advise managers and employees of any necessary adjustment of restriction to their work activities
- The Occupational Health Service will advise on routine surveillance of individual health to be undertaken following consideration of the degree of exposure and the nature of the effects, i.e., exposure to latex etc. This must be recorded on the relevant COSHH assessment
- Inform the Health and Safety Executive (HSE) of any identified RIDDOR reportable diseases, dangerous occurrences or ill- health
- Managers or individual staff members can be referred or self-refer to the occupational health service.

6.10 Pharmacy

- Ensure competent advice and support, in relation to health hazards arising from pharmaceutical substances, are provided to relevant staff
- Ensure managers are made aware of any relevant advice required to enable continued safe working practice.
- On request, assist in investigating incidents relating to pharmaceutical substances.

6.10 Contractors

Contractors are responsible for submitting COSHH assessments to the estates and facilities department, which details how the health of staff, service users and members of the public will be protected from substances generated during the course of the contractor's work.

The estates and facilities department are responsible for reviewing these assessments to ensure their suitability.

6.11 Procurement/Purchasing Procedures

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

7 Principles of Good Control Practice

7.1 There are generic principles of good practice that all staff should adhere too:

- **Minimise emission, release and spread** - Design and operate processes and activities to minimise emission, release and spread of substances hazardous to health

- **Consider routes of exposure** - Consider all relevant routes of exposure – inhalation, skin and ingestion – when developing control measures

- **Choose control measures proportionate to the risk** - Control exposure by measures that are proportionate to the health risk

- **Choose effective control measures** - Choose the most effective and reliable control options that minimise the escape and spread of substances hazardous to health

- **Personal protective equipment – the final control option** - Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment

- **Review the effectiveness of controls** - Check and review regularly all elements of control measures for their continuing effectiveness

- **Provide information and training** - 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

- **New measure, new risks** - Ensure that the introduction of measures to control exposure does not increase the overall risk to health and safety.

7.2 The risk of ill-health to regular users of potentially harmful substances, such as housekeeping staff is controlled by standardization of cleaning products and cleaning procedures.

8 COSHH Assessment Process

This section applies to chemicals and other hazardous substances but not Biological Agents

8.1 <u>New Substances</u>

As part of SHSC purchasing policy of any new substance to be used on site by employees, a pre-approval should be gained for materials. An email request should be sent to the health and safety team @ <u>HealthandSafety@shsc.nhs.uk</u> with the appropriate safety data sheet and details of where and why the product is required.

Consideration will need to be given to if an alternative environmentally friendly product could be used.

8.2 Group Identification

8.2.1 All new (and currently used) substances within the workplace will be subject to a hazard assessment and ultimately assigned to one of four control groups.

To do this a copy of the most recent SDS from the supplier. All previous SDS must be stored in an SDS file or database for future reference.

8.2.2 The group identification will focus on the hazardous components within the substance, and the main routes of entry into the body i.e., Inhalation, Ingestion and Absorption, as well as any flammability, corrosive, etc. properties.

8.2.3 The outcome of this assessment will place the substance into one of the following classified groups:

Group		Description under Global Harmonised Standard CLP
Group 1		Not harmful, not irritating and/or with a low level of toxicity.
Group 2		H302, H312, H332 Acute Toxicity Category 4 for oral, dermal or inhalation. H315 Skin corrosion / Irritation, category 2 H319 Eye damage category 2 H335 Respiratory Tract Irritation Flammable.
Group 3		H301, H311, H331, Acute Toxicity Category 3 for oral, dermal or inhalation H314 Skin corrosion / Irritation category 1 H318 Eye damage Category 1 H317 Sensitisation, Skin Category 1 Highly Flammable, Extremely Flammable
Group 4		H300, H310, H330 Acute Toxicity Category 1, 2 for oral, dermal or inhalation H350, H351 Carcinogenic (May or Suspected of Causing Cancer) Category 1 or 2 H360, H361, Mutagenic (May or Suspected of Causing Genetic Defects) Category 1 or 2

		H340, H341 Reproductive (May or Suspected of Causing Birth Defects or Damaging Fertility) Category 1 or 2
		H362 Harm to Breast Fed Children
		H334 Sensitisation, Respiratory Category 1

8.2.4 SHSC primary objective should be to eliminate or substitute any group 4 substance from within their workplace as soon as is reasonably practicable for a substance that presents a lower level of risk.

8.3 The group will ascertain what the next stages are:

Group 1

Trivial or simple risk issue. The process is simple and performed in line with the SDS. Minimal controls are required. SDS alone is sufficient.

Group 2

Not considered to be a significant risk issue and one where the SDS and COSHH assessment is sufficient.

Group 3

A significant risk issue i.e., substances denoting a skin sensitisation potential in the hazard/precautionary statements section of the SDS (H317), SDS and COSHH assessment required and a "toolbox talk" to staff using the product.

Group 4

A significant risk issue that requires quantitative assessment and potential 'air monitoring', 'local exhaust ventilation testing' and 'health surveillance' programmes. SDS and assessment required and a "toolbox talk" to staff using the product (see section 20).

9 General register of approved substances

9.1 Each ward/unit/team base should ensure they have access to the general register of approved substances which is stored on the shared drive.

9.2 The health and safety team will maintain the general register of approved substances including updating whenever there is a change and in any case within one year.

9.3 Any additions/deletions to the substance inventory should be reported to the health and safety team.

10 COSHH Assessments

10.1 The purpose of the risk assessment is to enable employers to make valid decisions about the measures needed to prevent, or adequately control, the exposure of people to substances hazardous to health, (including biological agents) arising from workplace activities.

10.2 If the hazardous substance cannot be eliminated then it must be reduced by other means such as substituting for a less hazardous substance or preventing contact with the substance.

10.3   The assessment will identify who might be harmed and how and will conclude whether exposures to potential hazardous substances are adequately controlled.

10.4   If the potential hazardous substances are not adequately controlled then additional measures must be introduced until the risk is reduced to as low as reasonably practicable.

10.5   Assessments should be undertaken by the health and safety team using SHSC template. The assessment must cover the following elements:

- Identification of all hazardous materials within the area.
- Identifying the level of risk these materials pose

10.6   To arrive at this conclusion it will be necessary to consider:

- What the routes of exposure are
- Who is likely to be exposed
- What the substances potential hazards are
- Existing controls, safe systems of work and storage arrangements
- Emergency situations and non-routine tasks (i.e., spillages or maintenance).

10.7   The assessment should also address risks in the following areas (where applicable)

- Any special storage requirements
- Labelling
- Transport requirements
- Use / safe systems of work
- Need for any local exhaust ventilation
- Need for any general ventilation
- Waste disposal
- Provision of Personal Protective Equipment (PPE)
- Training in safe use
- Health surveillance
- Whether exposure monitoring is required
- Emergency procedures
- Infection control issues

10.8   Any information relating to COSHH Assessments (e.g., safety data sheets) will be stored on the shared drive, where services can access the relevant assessments to their service. It is also advisable to have a paper copy stored in the area where all COSHH items are stored i.e., housekeeping store.

10.9   In some cases of exposure, where it is difficult to assess or is of a critical nature, the use of occupational exposure monitoring may be required. Monitoring may be by physically measuring the quantity of material present, i.e., by measuring vapour or dust concentrations in air or by measuring metabolites in the body, i.e., blood and urine samples. These measurements can usually be compared to known occupational health standards such as those stated in EH40 or in approved codes of practice (ACoP) such as the Lead at Work Regulations. In all cases these tests must be undertaken by accredited laboratories.

10.10   <u>Drugs and Medicines</u>

Although drugs and medicines used in medical treatment are not covered under the COSHH regulations insofar as they relate to the treatment of a patient the effects on employees from exposure are covered under the regulations. Areas where this may be an issue are the use of cytotoxic drugs, exposure to anaesthetic gases, exposure to dusts in pharmacies, accidental inoculation during rapid tranquillisation etc. Risk assessments should explore where exposure is a possibility and assess the risk to health from these exposures.

10.11 Biological hazards

Biological agents such as HIV, Hepatitis and Legionella are all covered by the COSHH regulations as they are agents for which exposure under some circumstances are under the control of SHSC. Where work or activities is likely to put anyone at risk of exposure to these agents a risk assessment is required. Specific assessments for Legionella are carried out by estates and facilities department.

Exposure to agents such as Hepatitis and HIV are persistent risks working with blood and body fluids. These are considered under universal precautions within the infection control policies. Infected waste is required to be disposed of in compliance with SHSC's Waste Management Policy and associated procedures.

11 Control Measures

11.1 Storage

11.1.1 Cleaning chemicals must be safely and securely stored considering vulnerable service user groups who may access such products. The requirement is for COSHH items to be secured behind locked fire door and with a lockable cabinet (preferably metal cabinet if flammables stored) and signage in place.

11.1.2 Cleaning chemicals must not be left unattended or in unlocked/unsecured areas/trolleys/cupboards where they may be accessed by vulnerable service users.

11.1.3 Guidance on decanting and dilution of cleaning chemicals must be followed, for example only using a labelled secondary container expressly used for that purpose and not using drinking or other vessels intended for service user or staff use.

11.1.4 Measures to limit/prevent the exposure of service users and staff to ingestion of cleaning products, etc. must be in good working order; for example, locks on cleaning trolleys must always work and be fit for purpose with keys removed when not in use.

11.1.5 Work techniques must be followed that avoid or minimise contact with harmful cleaning chemicals and minimise leaks and spills for staff and service users.

11.1.6 Provide information, training and instruction for employees must be provided appropriate to their job role and in a suitable style of delivery and language.

11.2 Local Exhaust Ventilation

11.2.1 Any Local Exhaust Ventilation (LEV) system e.g., fume cupboard or containment booth should be routinely tested every 12 months.

11.2.2 Specific systems requiring more frequent statutory inspections should be organised for those frequencies.

11.2.3 LEV Inspections should follow a simple 3-stage process:

1.   Setting performance standards for the application

2.   Checking physical condition of the system

3.   Checking performance of the system against the pre-set performance standards

4.   Any non-compliance or non-conformance or recommendation is to be made to SHSC Head of Estates and recorded. The relevant manager is to be informed of the increased risk issue to allow alternative controls to be introduced.

11.3   Air Monitoring

Where a substance is present that either has a Workplace Exposure Limit (WEL) or otherwise poses a potential significant risk through inhalation, consideration and where appropriate introduce and carry out air monitoring at appropriate intervals.

Any air monitoring programme undertaken will be used as part of the overall assessment for that given substance and the following questions must be satisfied to provide meaningful results:

- What substances give cause for concern?

- What are the anticipated routes of entry into the body?

- What reasons are there to suspect that unacceptable exposures may be occurring?

- Who is exposed?

- When does the exposure occur?

- Where does the exposure occur?

- For how long does the exposure occur?

- Do we have an applicable standard for comparison with?

11.4   Health Surveillance – Chemicals and Substances

Health surveillance shall be treated as being appropriate where the exposure of the employee to a substance hazardous to health is such that:

- An identifiable disease or adverse health effect may be related to the exposure

- There is a reasonable likelihood that 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.

Examples where health surveillance is also considered appropriate under the above criteria include:

- Where there have been previous cases of work-related ill health in the workforce/place

- Where there is reliance on PPE, e.g., gloves or respirators, as an exposure control measure. Even with the closest supervision there is no guarantee that PPE will be always effective.

11.5 Health Surveillance – Biological Agents

All staff receive a pre-employment occupational health assessment which includes an assessment of likely exposure. Relevant immunisations are checked and given as required. The blood and bodily fluid exposure procedure should be followed in the event of an exposure to biological agent incident; this includes an immediate consultation with Occupational Health for assessment and possible prophylaxis.

12 Personal Protective Equipment (PPE)

12.1 Personnel protective clothing or PPE is the last resort in controlling exposure to hazardous substance and as such before it is accepted as the control measure to be employed all other reasonable and practicable steps to avoid or reduce exposure should have been considered.

12.2 Where personnel protective clothing is required then it should be subject to a risk assessment to ensure that it is suitable for the substance it is being exposed to, appropriate to the task and individual who will be wearing it.

12.3 Re-useable personnel protective clothing must be allocated clean and safe storage space with personnel marking for hygiene reasons. Disposable or single use personnel protective clothing should not be reused.

12.4 Re-useable personnel protective clothing should be kept clean and be inspected as required according to manufacturer's guidelines and records kept of checks and maintenance.

12.5 All personnel protective clothing will be provided free of charge.

13 Respiratory Protective Equipment

13.1 Respiratory Protective Equipment (RPE) should only be used as a control measure as a last resort should alternative control measures not be appropriate.

13.2 As part of the management system SHSC should introduce an appropriate storage and maintenance procedure which must be adhered to in the workplace.

13.3 Any tight-fitting face pieces (all full, half and filtered/disposable) should be correctly fit tested prior to introduction and a record should be kept containing the relevant information, for example the name of person fit tested, the make, model, material and size of the face piece etc.

13.4 However, any mask used that is 'Loose' fitting or is being worn for 'Comfort' purposes will not be subject to a fit test. Air fed hoods e.g., for use in welding operations, are not subject to 'face fit testing' as they are not close fitting.

14 Remedial Action Plans

The line manager and/or appropriate departmental manager is responsible for ensuring that any remedial actions are carried out. The assessor shall recommend what action should be carried to correct any deficiencies in equipment, controls or training. Target dates for action points should be discussed between the assessor and manager and set down in the action plan.

15   Review of Action Plans

The line manager and/or appropriate departmental manager is responsible for ensuring that any remedial actions are carried out in accordance with the action plan and within the time scale set out.

16   Development, Consultation and Approval

The policy is based on relevant HSE guidelines.

This policy was consulted on:

Health and Safety team
Catering and Housekeeping Managers
Joint Consultative Forum
Consultation pages on SHSC intranet (Jarvis).
Approved by the Health and Safety Committee

17   Audit, Monitoring and Review

17.1   Monitoring will be achieved through active measures, e.g., inspections, audits, training compliance, assessments and reactive measures, reviews of incident statistics, accident investigation reports and ill-health checks, as stated within individual sections of responsibilities.

17.2   This policy will be reviewed within three years of ratification, or earlier if needed due to concerns identified through monitoring the policy, changes in national guidance, legislation, significant concerns raised via enforcement action or significant incidents.

18   Implementation Plan

Action/Task	Responsible Person	Deadline	Progress Update
Consultation with Facilities Services, Staff side and placed on the intranet for all to comment	Head of Facilities and Health & Safety	June – July 2025	Complete
Advise the Health and Safety Committee that the policy has been ratified	Head of Facilities and Health & Safety	August 2025	
Replace revised policy onto intranet and remove and archive outdated version	Policy Governance and Communications	September 2025	

Inform all staff of the revised policy via Jarvis	Communications	TBA	

19 Dissemination, Storage and Archiving (Control)

19.1 An electronic copy of the policy shall be accessible via SHSC intranet.

19.2 An archive copy of the previous policy and the new updated policy shall be stored by SHSC for reference.

20 Training and Other Resource Implications

20.1 The line manager and/or department manager should ensure toolbox talks are provided for any person working with or exposed to any of the substances. This should be organised by the Manager and a formal record kept of the toolbox talk.

20.2 Every employee should be provided with the necessary information (toolbox talk) of the substance prior to usage, this should include:

- The substances which may cause risks when used in the workplace
- The findings of assessments
- Precautions to be taken to protect themselves and others, including personal protective equipment, (PPE and RPE)
- How to use the products safely and deal with incidents, spillages and emergencies, including spill kits and first-aid kits
- The signs of ill-health conditions because of using substances, e.g., dermatitis, and what actions to take.

20.3 The toolbox talk can be undertaken by any manager or relevant delegated individual unless the COSHH assessment has identified a specific training need of that specific product.

21 Links to other Policies, Standards, References, Legislation and National Guidance

- The Health and Safety at Work etc Act 1974
- The Control of Substances Hazardous to Health Regulations 2002 (as amended) – Approved Code of Practice and Guidance (HSE L5)
- National Standards of healthcare cleanliness 2025: health and safety February l 2025
- Working with Substances hazardous to health: A brief Guide to COSHH (HSE INDG136)
- Controlling airborne contaminants at work: A guide to local exhaust ventilation (LEV) (HSE HSG258)
- Respiratory Protective Equipment at work: A practical guide (HSE HSG53)
- Monitoring strategies for toxic substances (HSE HSG173)
- 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)
- A step-by-step guide to COSHH assessment (HSE HSG97)

- The Classification, Labelling and Packaging of Chemicals (amendments to secondary legislation) Regulations 2015

22   Contact Details

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Appendix 1 - Equality Impact Assessment Process and Record for Written Policies

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 - Complete draft policy

Stage 2 - **Relevance** - Is the policy potentially relevant to equality i.e., will this policy potentially impact on staff, patients or the public? If **NO** – No further action required - please sign and date the following statement. If **YES -** proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date). | Samantha Crosby, 8th May 2025

Stage 3 - **Policy Screening** - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice.

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	There is no evidence to suggest that there is an impact on age regarding this policy. However, data collected from incident reporting, ad hoc inspections and complaints will ensure this is monitored.		
DISABILITY	There is no evidence to suggest that there is an impact on disability regarding this policy. However, data collected from incident reporting, ad hoc inspections and complaints will ensure this is monitored. Consideration must be given to staff who require reasonable adjustments for training purposes		

GENDER REASSIGNMENT	There is no evidence to suggest that there is an impact on disability regarding this policy. However, data collected from incident reporting, ad hoc inspections and complaints will ensure this is monitored. Consideration must be given to staff who require reasonable adjustments for training purposes		
PREGNANCY AND MATERNITY	There is no evidence to suggest that there is an impact on age regarding this policy. However, data collected from incident reporting, ad hoc inspections and complaints will ensure this is monitored.		
RACE	There is no evidence to suggest that there is an impact on race regarding this policy. However, data collected from incident reporting, ad hoc inspections and complaints will ensure this is monitored. Consideration will be made if information provided is required in a different language		

RELIGION OR BELIEF	There is no evidence to suggest that there is an impact on religion or belief and non-belief regarding this policy. However, data collected from incident reporting, ad hoc inspections and complaints will ensure this is monitored		
SEX	There is no evidence to suggest that there is an impact on disability regarding this policy. However, data collected from incident reporting, ad hoc inspections and complaints will ensure this is monitored. Consideration must be given to staff who require reasonable adjustments for training purposes		
SEXUAL ORIENTATION	There is no evidence to suggest that there is an impact on sexual orientation regarding this policy. However, data collected from incident reporting, ad hoc inspections and complaints will ensure this is monitored.		

Stage 4 - **Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate:
No changes made
Impact Assessment Completed by (insert name and date)

Samantha Crosby, 8th May 2025.

Appendix 2

Review Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

			Tick to confirm
		Engagement	
1.		Is the Executive Lead sighted on the development/review of the policy?	Y
2.		Is the local Policy Champion member sighted on the development/ review of the policy?	Y
		Development and Consultation	
3.		If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N
4.		Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Y
5.		Has the policy been discussed and agreed by the local governance groups?	Y
6.		Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	Y
		Template Compliance	
7.		Has the version control/storage section been updated?	Y
8.		Is the policy title clear and unambiguous?	Y
9.		Is the policy in Arial font 12?	Y
10.		Have page numbers been inserted?	Y
11.		Has the policy been quality checked for spelling errors, links, accuracy?	Y
		Policy Content	
12.		Is the purpose of the policy clear?	Y
13.		Does the policy comply with requirements of the CQC or other relevant bodies, (where appropriate)?	Y
14.		Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	N
15.		Where appropriate, does the policy contain a list of definitions of terms used?	Y
16.		Does the policy include any references to other associated policies and key documents?	Y
17.		Has the EIA Form been completed (Appendix 1)?	Y
		Dissemination, Implementation, Review and Audit Compliance	
18.		Does the dissemination plan identify how the policy will be implemented?	Y
19.		Does the dissemination plan include the necessary training/support to ensure compliance?	Y
20.		Is there a plan to i. review ii. audit compliance with the document?	Y
21.		Is the review date identified, and is it appropriate and justifiable?	Y