Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 January 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	703 – Control of Substances Hazardous to Health (COSHH) Policy and Procedure, 3 Yearly Review and Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Adam Springthorpe, Health & Safety Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Health and Safety Committee (HSC) is requested to approve the reviewed and updated 703 – Control of Substances Hazardous to Health (COSHH) Policy and Procedure. This report provides the required assurance that this Written Control Document has been developed in line with all relevant legislation / regulations and available evidence and can therefore be implemented within Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

703 – Control of Substances Hazardous to Health (COSHH) Policy and Procedure
This policy and procedure contains information and guidance on the control and management of substances hazardous to health within HDdUHB. The aim of this policy and procedure is to ensure that the risk of injury or ill health to all HDdUHB staff that may come into contact with hazardous substances is reduced as far as is reasonably practicable and that any residual risks are adequately controlled.

Asesiad / Assessment

There have been no changes to the relevant legislation since the previous version of this Policy and Procedure. The main changes are as follows:

- The Policy and Procedure has been converted into the latest format.
- The corporate lead has been updated to the Executive Director of Allied Health Professions and Health Science rather than the Director of Nursing, Quality and Patient Experience.
- Paragraph added to outline the process for when a substance is not hazardous, but still has a Safety Data Sheet.
- Minor tweaks to the COSHH assessment templates in the appendices for clarity.

The reviewed and updated document was circulated to the full membership of the Health and Safety Advisory Group (HSAG) for comment for a period two weeks. The Group comprises of

representation from Health and Safety, Legal Services, Occupational Health, Infection Prevention, Operational Compliance, Fire and Manual Handling. No comments were received.

The Policy and Procedure was also subject to a two-week global consultation to all staff, to which no comments were received.

The updated 703 – Control of Substances Hazardous to Health (COSHH) Policy and Procedure was locally approved by the HSAG on 11 December 2024.

For this Policy and Procedure to be successful, all managers will need to ensure that all staff within their areas of responsibility understand and comply with the requirements of the Policy and Procedure.

This Policy and Procedure will be available in all areas via the HDdUHB Policy Intranet site. The Health, Safety and Security Department will monitor and review this document on a three-yearly basis (or sooner in light of changes in legislation or practice). This will provide a measurement of performance and ensure adequate processes and structures are in place, as well as continuing compliance with statutory responsibilities.

Argymhelliad / Recommendation

FOR DECISION
For the Health and Safety Committee to **approve**:

- 703 – Control of Substances Hazardous to Health (COSHH) Policy and Procedure.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 Approve organisational Health and Safety Policies, Procedures, Guidelines and Codes of Practice (policies within the scope of the Committee).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care

Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	• The Health and Safety at Work etc. Act 1974; • All subordinate health and safety legislation (see relevant law below for examples of law relevant to this policy); • HSE Approved Codes of Practice (ACOPs); • HSE Guidance; • EU Directives.
Rhestr Termau: Glossary of Terms:	As contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Key Stakeholder Consultation Health & Safety Advisory Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are no direct costs associated with the policies/procedures. Indirect costs may be incurred, such as external training requirements or specialist waste collection.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff safety, health and wellbeing through compliance with this Policy.
Gweithlu: Workforce:	There will be no adverse impact upon staff.
Risg: Risk:	N/A
Cyfreithiol: Legal:	A breach of health and safety regulations can result in the issue of prohibition or improvement notices or criminal proceedings.
Enw Da: Reputational:	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity.

Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	The EqIA has been reviewed and updated. There was no evidence to indicate that the policy would have an adverse effect on any group or individual with any one or multiple protected characteristics that could not be mitigated.

Control of Substances Hazardous to Health (COSHH) Policy & Procedure

Policy information

Policy number: 703
Classification: Corporate
Supersedes: V2
Version number: V3
Date of Equality Impact Assessment: Detail date of EqIA

Approval information

Approved by: Health and Safety Committee
Date of approval: 14/01/2025
Date made active:
Review date:

Summary of document:
This policy and procedure contains information and guidance on the control and management of substances hazardous to health within Hywel Dda University Health Board (HDdUHB).

Scope:
The scope of this policy includes all paid employees of HDdUHB and all individuals who are not direct employees, but who undertake duties on any premises owned, leased, or managed by HDdUHB, including bank or agency staff, volunteers, contractors, or suppliers working on HDdUHB premises.

To be read in conjunction with:
010 Health and Safety Policy – opens in a new tab
144 Operational Maintenance Policy – opens in a new tab
151 Personal Protective Equipment (PPE) Policy – opens in a new tab
156 Risk Management Strategy – opens in a new tab
258 Waste Management Policy – opens in a new tab
382 Estates Ventilation Policy – opens in a new tab
403 Water Safety Policy – opens in a new tab
674 Risk Assessment Procedure – opens in a new tab
696 First Aid at Work Procedure – opens in a new tab
814 Fit-Testing for Respiratory Protective Equipment (RPE) Procedure – opens in a new tab

Patient information: Not applicable

Owning group:
Health and Safety Advisory Group 11/12/2024

Executive Director job title:
Executive Director of Allied Health Professions and Health Science

Reviews and updates:
V3 – 14/01/2025 Full Review
V2 – 10/01/2022 Full Review
V1 – 17/03/2021 Extended
V1 – 15/11/2018 New Procedure

Keywords:
Control of Substances Hazardous to Health, COSHH, Exposure, Agents, Respiratory

Glossary of terms:

Term	Definition
CLP	Classification, Labelling and Packaging of Substances and Mixtures Regulation (EC) 1272/2008
COSHH	Control of Substances Hazardous to Health Regulations 2002
DSEAR	Dangerous Substances and Explosive Atmospheres Regulations 2002
GHS	Globally Harmonised System of Classification and Labelling of Chemicals
HASAWA	Health and Safety at Work etc. Act 1974
RPE	Respiratory Protective Equipment
WEL	Workplace Exposure Limit
EC	European Regulation
REACH	Registration, evaluation, Authorisation and restriction of chemicals
ECA	European Chemicals Agency
CHIP	Chemicals (Hazard Information and Packaging for Supply) Regulations
CLP	Classification, Labelling and Packaging of Substances
PPE	Personal Protective Equipment
RPE	Respiratory Protective Equipment

Key points:
This procedure outlines the steps required to control the risks presented by substances hazardous to health in the workplace.

Contents

Introduction

The Hywel Dda University Health Board (HDdUHB) has statutory obligations under the Health and Safety at Work etc. Act 1974 (HASAWA) to ensure the health, safety and welfare of all employees and anyone affected by their work, so far as is reasonably practicable. This includes taking steps to control the risks presented by substances hazardous to health in the workplace.

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) require HDdUHB to protect employees and others who may be exposed by applying eight basic steps of good management. These steps are set out in this policy and procedure document and will ensure that the organisation has a robust management system for assessing risks and implementing control measures.

Policy Statement

Many potentially hazardous substances are used in the organisation, each with their own benefit; however the use of these substances can also put people's health at risk, so the law requires employers to control exposure to prevent ill health.

HDdUHB will ensure, so far as is reasonably practicable, that those within the scope of this policy who are required to work with substances hazardous to health are protected from risks to their health and safety. If a person is required to work with substances hazardous to health in their workplace then they must be able to do so safely.

Scope

The contents and requirements of this policy are applicable to the following groups;

- All paid employees of Hywel Dda University Health Board,
- Individuals who are not direct employees but who undertake duties on any premises owned, leased, or managed by HDdUHB. These may include:
    - Bank or agency staff;
    - Students;
    - Volunteers;
    - Contractors and suppliers working on HDdUHB premises.

Aim

To reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. In doing so, this will support the HDdUHB and its employees in meeting the requirements and responsibilities outlined within the COSHH Regulations and the associated Approved Code of Practice and Guidance.

Objectives

To ensure that any exposure to hazardous substances is adequately controlled to prevent injury or ill health by applying the eight steps set out in the COSHH Approved Code of Practice and Guidance which are:

- Assess the risks;
- Decide what precautions are needed;
- Prevent or adequately control exposure;
- Ensure that control measures are used and maintained;
- Monitor exposure;
- Carry out appropriate health surveillance;
- Prepare plans and procedures to deal with accidents, incidents, and emergencies;
- Ensure that employees are properly informed, trained, and supervised.

Definitions

Hazardous Substance: Any substance which has by its intrinsic properties the potential to cause harm to the health of a person. These can include substances used directly in work activities (e.g. cleaning agents), substances generated during work activities (e.g. fumes from welding) and biological agents such as bacteria and other micro-organisms.

- Under COSHH there are a range of substances regarded as hazardous to health:
- Substances or mixtures classified as dangerous to health under The European Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures – the CLP Regulation. These can be identified by their warning labels. Under the European wide REACH (Registration, Evaluation, Authorisation and restriction of Chemicals) which became law in the UK in June 2007 chemical suppliers must also provide a safety data sheet which includes important information on the chemical or substance.
- Substances with workplace exposure limits are listed in the HSE publication EH40: Please see http://www.hse.gov.uk/coshh/table1.pdf. Workplace Exposure Limits are also found in Section 8 of Safety Data Sheets.
- Biological agents (bacteria, viruses, and other micro-organisms) of Hazard Group 3 or 4, if they are directly connected with the work e.g. exposure to bodily fluids/clinical waste, or incidental to the work (e.g. exposure to bacteria from an air conditioning system that is not properly maintained).
- Any kind of dust if its average concentration in the air exceeds the levels specified in COSHH (inhalable and respirable dust limits).
- Cytotoxic medication (e.g. chemotherapy agents)
- Any other substance which creates a risk to health, but which for technical reasons may not be specifically covered by CLP Regulations including asphyxiants, pesticides, medicines, cosmetics, or substances produced in chemical processes or reactions.
- Hazardous substances that COSHH does not apply to include:
    - Asbestos and lead, which have their own regulations
    - Substances which are hazardous to health only because they:
    - (i) Are radioactive
    - (ii) Are at high pressure
    - (iii) Are at extreme temperatures

- (iv) Have explosive or flammable properties (other regulations apply to apply to these risks, such as DSEAR)
- Biological agents that are outside the employer's control (e.g. catching an infection from a work colleague).

Routes of Exposure: The methods by which substances could enter the body or cause harm are:

- Inhalation
- Ingestion
- Contact/Absorption via skin and eyes
- Injection (needle puncture or liquids under pressure)

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

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

WELs are found in the Material Safety Data Sheet (Section 8), or in the HSE document EH40. Other countries/territories may issue their own WELs, so if in doubt consult EH40 (taking care to check the documents for synonyms of the substance in question).

CHIP: CHIP is the abbreviated name for the Chemicals (Hazard Information and Packaging for Supply) Regulations. CHIP was replaced by the European CLP Regulation on 1st June 2015.

CLP: Classification, Labelling and Packaging of Substances. The European Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures – the CLP Regulation – came into force in all EU member states, including the UK, on 20th January 2010. The CLP Regulation:

- Adopts in the EU the Globally Harmonised System (GHS) on the classification and labelling of chemicals;
- Was phased in through a transitional period which ended on 1st June 2015. The CLP Regulation applied to substances from 1st December 2010, and to mixtures (preparations) from 1st June 2015;
- Applies directly in all EU member states. This means that no national legislation is needed;
- Is overseen by the European Chemicals Agency (ECHA);
- Replaced CHIP from 1st June 2015.

Hazard Symbols and Pictograms:

Old CHIP Symbols:

These symbols helped us to know that the chemicals we were using might be explosive, oxidising, highly or extremely flammable, (very) toxic, harmful, irritant, corrosive, or dangerous for the environment. One or more might have appeared on a single chemical. These symbols have been replaced by others because the law on chemical classification and labelling has recently changed (from CHIP to CLP). The new symbols, called pictograms, show similar images, but with a different shape and colour.

Any substances in the workplace that are marked with the CHIP pictograms above are obsolete products that predate 2015. These products should be removed from use and replaced with new products. The hierarchy of risk should be applied to see if this product is still required (can it be eliminated?). If this is not practicable, can it be substituted for a safer product/form?

Any Material Safety Data Sheets marked with these pictograms are outdated and an updated version is required.

New CLP Pictograms:

You will see that the harmful symbol is now missing. This is because it has been replaced by the new exclamation mark pictogram:

This pictogram will refer to less serious health hazards such as skin irritancy / sensitisation.

Some new pictograms have also been introduced:

This pictogram reflects serious longer term health hazards such as carcinogenicity and respiratory sensitisation.

This pictogram means “Contains gas under pressure”.

Hazard Statements: New hazard statements under CLP have replaced the CHIP risk phrases and are separated into H200s for Physical Hazards**,** H300s for Health Hazards and H400s for Environmental Hazards. Hazard statements provide information about the nature and the degree of the hazard and each hazard statement has a corresponding identification code.

Precautionary Statements: New precautionary statements under CLP replaced the CHIP safety phrases and are separated into P100s for General**,** P200s for Prevention**,** P300s for Response**,** P400s for storage and P500s for Disposal. Precautionary statements provide information on the measures to take to minimize or prevent effects from physical, health or environmental Hazards. These include first aid and emergency measures (response). For example:

- P103 – Read label before use
- P271 – Use only outdoors or in a well-ventilated area
- P304 – If inhaled…….
- P405 – Store Locked up
- P501 – Dispose of contents to…….

Signal word: The CLP introduced a new requirement for labelling – a signal word, either “Warning” or “Danger” depending on the severity of the hazard.

Roles and Responsibilities

The Chief Executive has overall responsibility for this policy, to ensure a safe working environment where reasonably practicable control measures can be applied to minimise the risks from substances hazardous to health.

The Director of Allied Health Professions and Health Science has delegated Executive Board responsibility for the management of health and safety and the championing of health and safety issues at Board Level. The Director of Allied Health Professions and Health Science is therefore responsible for the operational implementation of this and other health and safety policies.

Departmental and Premises Managers are directly responsible and accountable to the Director of Allied Health Professions and Health Science for ensuring that all health & safety risks are adequately controlled within their area of responsibility. This includes specific duties under COSHH:

- To ensure their staff are aware of the COSHH assessment policy and procedure;
- To ensure training is made available to staff within their area of responsibility;
- To ensure all appropriate action is taken to minimise COSHH risks within their area of responsibility;
- To ensure COSHH risks are included in the Datix risk register and are managed as per the HDdUHB risk assessment procedure;
- To monitor the process of assessing COSHH risks within their area of responsibility;
- To report to the Health and Safety Committee the status of compliance with this policy & procedure;
- To ensure any shortcomings identified in the COSHH risk assessments in relation to control measures are assessed and managed as per the Risk Assessment Guidance;
- To ensure, where appropriate, hazardous substances are replaced with a safer alternative;
- To ensure the principles of good practice are applied;
- To ensure control measures are used and maintained;
- To liaise with the Health, Safety and Security Department to determine if exposure monitoring is required;
- To liaise with the Occupational Health Department to determine if health surveillance is required;
- To prepare plans and procedures to deal with accidents, incidents and emergencies;
- To ensure local information, training and supervision in relation to COSHH;
- To periodically audit their department/premises to ensure continued COSHH compliance.

Line Managers, Ward Managers, Team Leaders and Supervisors etc with day-to-day responsibility for staff are directly accountable and responsible to their immediate line manager for the health & safety of all staff patients, clients, visitors, contractors and members of the public within their area of responsibility. This also includes specific duties under COSHH:

- To identify the substances present in their assigned area;
- To obtain a manufacturer's safety data sheet for chemicals used in their areas;
- To complete and update a COSHH Risk Assessment Form for each identified substance and ensure that any further required action is completed (example for in Appendix 1);

- To ensure, when the need has been identified for employees to wear respiratory protective equipment, that it be tested to ensure that it is fit for use;
- To review COSHH assessments if there are any changes or at least every three years;

The Health, Safety and Security Department is responsible for:

- Providing advice on the COSHH Policy and Procedure, including risk assessment;
- Carrying out or arranging appropriate exposure monitoring where required;
- Liaising and consulting with the Occupational Health Department where required;
- Providing information on request regarding the substitution of hazardous substances with safer alternatives;
- Updating and reviewing the COSHH Policy and Procedure every three years or earlier should audit results or changes to legislation, guidance, policy and organisation structures within HDdUHB indicate otherwise.

The Estates Department is responsible for the following under COSHH:

- Ensuring that any engineering controls, such as local exhaust ventilation, are thoroughly examined and tested at least once every 14 months or sooner if required by the COSHH Regulations;
- Keeping a record of examinations and tests and a record of repairs carried out as a result of examinations and tests and ensuring that these are kept for a minimum of 5 years from the date of the examination, test or repair.
- Ensuring that all contractors engaged by the Estates Department to carry out work have the necessary information on any hazardous substances that they may encounter and have undertaken the necessary COSHH assessments for any substances that they may bring to and/or use on any HDdUHB premises.

The Environment Team is responsible for the following under COSHH:

- Through the operation of an ISO 14001 Environment Management System, the team will periodically spot check departmental arrangements for COSHH.
- In line with the Waste Management Policy, the team will provide advice regarding and assist with the disposal of substances subject to COSHH.

The Occupational Health Department is responsible for the following under COSHH:

- Providing advice to managers, when requested, on the availability and appropriateness of health surveillance;
- Undertaking appropriate health surveillance and keeping suitable records for at least 40 years;
- Informing employees of results of health surveillance and any actions required;
- Liaising with General Practitioners if necessary;
- Providing quarterly and annual data (group results without giving individual names) on health surveillance when requested to appropriate groups such as the bi-monthly Health and Safety Committee;
- Liaising and consulting with the Risk/Health and Safety Managers as appropriate.

Employees have the following responsibilities under COSHH:

- All employees have a duty to take reasonable care for themselves and others as required by the Health and Safety at Work etc Act 1974; this duty extends to the safe use of substances hazardous to health;
- To make full and proper use of all control measures, including engineering controls or safe systems of work provided by or developed by the employer;
- Use Personal Protective Equipment (PPE) or Respiratory Protective Equipment (RPE) as indicated or dictated by the risk assessment;
- To report any defects and bring to the attention of managers any problems relating to the safe use of chemicals, including control measures or PPE;
- Attend for health surveillance, where required by the Occupational Health Department.

COSHH Procedure

Compliance
In order to comply with the COSHH Regulations the following eight steps are required:

- Assess the risks;
- Decide what precautions are needed;
- Prevent or adequately control exposure;
- Ensure that control measures are used and maintained;
- Monitor exposure;
- Carry out appropriate health surveillance;
- Prepare plans and procedures to deal with accidents, incidents, and emergencies;
- Ensure that employees are properly informed, trained, and supervised.

The Health and Safety Committee shall implement and audit this procedure.

For a substance that is not hazardous, a COSHH assessment may not be required. However, the evidence to support this decision is an appropriate Safety Data Sheet. This data sheet must clearly state that the substance is not classified as hazardous, “physical hazards: not classified” or “The product is not classified as hazardous according to Regulation (EC) 1272/2008 as amended” (data sheet must the exact text or its equivalent). If the substance is assessed as possessing no hazards to health, then a COSHH assessment will not be required but the Safety Data Sheet must be available.

Step 1: Assess the risks
Departmental or Premises Managers should ensure that Line Managers have:

- Identified the substances present in their assigned area(s);
- Obtained a manufacturer’s safety data sheet (SDS) for chemicals purchased by the organisation;
- Completed and updated the COSHH Risk Assessment Form (see Appendix 1 and Appendix 2) for each identified substance and ensured that any further required action is completed. (Where

departments can evidence robust existing compliance with COSHH, alternative COSHH Risk Assessment Forms will be permitted for continued use, such as in Pathology).

Step 2: Decide what precautions are needed
The resulting COSHH Risk Assessment should be reviewed by the responsible Line Manager and the existing control measures should be compared against the recommended control measures.

Depending on the level of risk, any shortcomings should be notified to the Departmental or Premises Manager who is responsible for devising an action plan to ensure that all appropriate control measures are in place (See COSHH Risk Assessment Form for further details). It is also the Departmental or Premises Manager's responsibility to check that the existing control measures work and are effective.

The COSHH Risk Assessments should be filed in the departmental COSHH assessment file and should be reviewed by all who work in the department and a signature gained to verify this. It should be a living document and the responsible Line Manager should revisit if circumstances change. It should be reviewed every three years or when:

- There is reason to suspect the assessment is no longer valid (e.g. if the substance used changes in composition or another substances is introduced to do the same task);
- There has been a significant change in the work process / activity;
- The results of monitoring employees' exposure show it to be necessary.

A new process or substance should be reviewed once it has been established in the workplace, so that control measures, precautions, and training can be evaluated for ongoing suitability.

Step 3: Prevent or adequately control exposure
Exposure to hazardous substances should be prevented if it is reasonably practicable to do so. This could be achieved by:

- Changing the process or activity so that the hazardous substance is not needed or generated;
- Replacing it with a safer alternative;
- Use it in a safer form, e.g. pellets instead of powder.

The HSE COSHH basics guidance on substance substitution (available on their website) advises how to replace hazardous substances with safer alternatives. This is the responsibility of Departmental or Premises Managers. Assistance with this can be obtained from the Health, Safety and Security Department. If prevention of exposure is not reasonably practicable, then it must be adequately controlled. The Departmental or Premises Manager should consider and put in place measures appropriate to the activity and consistent with the COSHH risk assessment, including, in order of priority, one or more of the following:

- Use appropriate work processes, systems, and engineering controls, and provide suitable work equipment and materials e.g. use processes which minimise the amount of material used or produced, or equipment which totally encloses the process;
- Control exposure at source (e.g. local exhaust ventilation), and reduce the number of employees exposed to a minimum, the level and duration of their exposure, and the quantity of hazardous substances used or produced in the workplace;
- Provide personal protective equipment e.g. face masks, respirators, protective clothing), but only as a last resort and never as a replacement for other control measures which are required.

Under the COSHH Regulations, exposure to a substance hazardous to health will be considered to be adequately controlled if:

- The eight principles of good practice set out in Schedule 2A to COSHH are applied;
- The workplace exposure limit for the substance (if there is one) is not exceeded;
- If the substance is known to cause cancer, heritable genetic damage or asthma, exposure is reduced to as low a level as is reasonably practicable.

The Health, Safety and Security Department will inform the Departmental or Premises Manager if workplace monitoring shows that exposure levels have been exceeded and will provide recommendations.

For carcinogens (substances that cause cancer) or mutagens (substances that may cause heritable genetic damage) special requirements apply. These are summarised in Schedule 1 of the Control of Substances Hazardous to Health Regulations Approved Code of Practice and Guidance L5 (sixth edition) 2013.

Step 4: Ensure control measures are used and maintained
COSHH requires employees to make proper use of control measures and to report defects. It is the Departmental or Premises Manager's responsibility to take all reasonable steps to ensure that they do so. Employees should be made familiar with COSHH assessments for their area, the control measures they should use and their responsibility to report any defects.

Items of equipment such as local exhaust ventilation and systems of work have to be regularly checked to make sure they are still effective. COSHH sets specific intervals between examinations for local exhaust ventilation equipment, and it is the Departmental or Premises Manager's responsibility to ensure that arrangements for these inspections are in place and to liaise with the Estates Department if necessary. Records of examinations and tests carried out (or a summary of them) should be kept for at least five years.

RPE should be examined and, where appropriate, tested at suitable intervals. Face-fit testing should be undertaken where necessary. For further information, please see the Fit Testing for Respiratory Protective Equipment (RPE) Procedure (currently in development). For RPE to be suitable it must be matched to the job, the environment, the anticipated airborne contaminant exposure level, and the wearer. As people come in all sorts of shapes and sizes it is unlikely that one particular type, or size of

RPE facepiece, will fit everyone. Fit testing will help ensure that the equipment selected is suitable for the wearer.

Step 5: Monitor exposure
Under certain circumstances the concentration of hazardous substances in the air breathed in by staff will need to be measured. The COSHH Risk Assessment will indicate if monitoring or exposure may be required. Departmental or Premises Managers should liaise with the Health, Safety and Security Department / Estates Department to determine if any monitoring is needed.

Any records of exposure monitoring will be forwarded to the responsible Departmental or Premises Manager and copies kept for at least five years by the Estates Department.

Where an employee has a health record, any monitoring results relevant to them as an individual must be kept with their health record. They should be allowed access to their personal monitoring record.

Step 6: Carry out appropriate health surveillance
The COSHH Regulations require health surveillance to be carried out under certain circumstances. The Occupational Health Department will provide advice to managers, when requested, on the availability and appropriateness of health surveillance. The COSHH Risk Assessments can be used as an aid to identify areas where health surveillance may be required.

Health surveillance might involve examination by a doctor or trained nurse, or simple skin checks or a questionnaire by a trained supervisor. Under certain circumstances biological monitoring may be appropriate. It is the Departmental or Premises Manager's responsibility to ensure that any employees requiring health surveillance are referred to the Occupational Health Department. A health record of any health surveillance carried out must be kept for at least 40 years by the Occupational Health Department.

Step 7: Prepare plans and procedures to deal with accidents, incidents and emergencies
Plans and procedures are required where the work activity gives rise to a risk of an accident, incident or emergency involving exposure to a hazardous substance, which goes well beyond the risks associated with day-to-day work. In such circumstances the Departmental or Premises Manager, with the support of the Health, Safety and Security Department if required, must plan a response to an emergency involving a hazardous substance before it happens. The plan must include the identification and mitigation of COSHH risks associated with the potential accident, incident or emergency.

If carcinogens, mutagens, or biological agents are used, appropriate emergency plans and procedures should be in place.

However, the organisation does not have to introduce these emergency procedures if:

- The quantities of substances hazardous to health in the workplace are such that they present only a slight risk to employees' health and;
- The control measures put in place are sufficient to control the risk.

Step 8: Ensure that employees are properly informed, trained and supervised

There is a legal requirement under COSHH for the HDdUHB to provide suitable and sufficient information, instruction, and training. COSHH awareness forms part of the Health, Safety and Welfare course on the mandatory training programme.

Staff should also undergo local training which is specific to their role and must be focused on the substances which members of staff actually come into contact with as part of their work.

Local information, instruction and training should include:

- The names of the substances they work with or could be exposed to and the risks created by such exposure, and access to any safety data sheets (SDSs) that apply to those substances;
- The main findings of the risk assessment;
- The precautions they should take to protect themselves and other employees;
- How to use personal protective equipment and clothing provided;
- Results of any exposure monitoring and health surveillance (without giving individual employee's names);
- Emergency procedures which need to be followed.

It is the Departmental or Premises Manager's responsibility to ensure that local information, instruction, and training is undertaken. The basis of the local training would be bringing to the staff's attention the local COSHH assessments and signing to say they have reviewed them.

The information, instruction and training should be updated and adapted to take into account significant changes in the type of work carried out or work methods used.

Monitoring Compliance, Audit & Review

The Health and Safety Committee will ensure that the policy & procedures are implemented and monitored. This will be re-enforced within localities by local risk management and health and safety arrangements.

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within HDdUHB indicate otherwise.

Acknowledgements & Reference Material

The following reference sources have been used in the compilation of this Control of Substances Hazardous to Health (COSHH) Policy & Procedure:

- Powys Teaching Health Board (2017), Control of Substances Hazardous to Health (COSHH) Policy & Procedure
- Portsmouth Hospitals NHS Trust (2015), Control of Substances Hazardous to Health (COSHH) Policy
- Aneurin Bevan University Health Board (2014), Policy for the Control of Substances Hazardous to Health (COSHH)
- Cardiff and Vale University Health Board (2015), Control of Substances Hazardous to Health Procedure
- H.M. Government: Statutory Instrument (2002), Control of Substances Hazardous to Health. The Control of Substances Hazardous to Health Regulations 2002 as amended, H.M. Stationary Office, London.
- H.M. Government Statutory Instrument (2009), Chemical (Hazardous Information and Packaging for Supply) Regulations 2009, H.M. Stationary Office, London.
- HSE (2007), Registration, Evaluation, Authorisation and Restriction of Chemicals Regulations, HSE Books, Norwich, England.
- HSE (2013), The Control of Substances Hazardous to Health Regulations 2002 as amended, Approved Code of Practice and Guidance L5 (sixth edition), HSE Books, Norwich, England
- HSE (2017), COSHH Essentials: Control Exposure to Chemicals – A Simple Control Banding Approach, HSE Books, Norwich, England
- HSE (2012) Working with Substances Hazardous to Health, A brief guide to COSHH INDG136(rev5), HSE Books Sudbury, England.
- HSE (2007) EH40/2005- Occupational Exposure Limits, Table 1: List of approved workplace exposure limits (as consolidated with amendments October 2007), HSE, England
- The general style is based on a public domain COSHH form that was significantly modified to include text from the CLP Regulations, GHS pictograms, some elements of HDUHB Policy 703 V1, elements of a standard format MSDS, and other aspects required to demonstrate compliance.

Relevant law:

- Health and Safety at Work etc Act 1974
- Control of Substances Hazardous to Health Regulations 2002 (as amended)
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Workplace (Health, Safety and Welfare) Regulations 1992
- Provision and Use of Work Equipment Regulations 1998
- Personal Protective Equipment at Work Regulations 2002
- CLP Regulation (https://echa.europa.eu/regulations/clp/legislation)

Further information is available on the HSE website: http://www.hse.gov.uk/coshh/index.htm

The HSE COSHH essentials e-tool can be found at: http://www.hse.gov.uk/coshh/essentials/coshh-tool.htm

Appendix 1: COSHH Risk Assessment Form (Substance Based)

GIG CYMRU NHS WALES – Bwrdd Iechyd Prifysgol Hywel Dda University Health Board	**COSHH ASSESSMENT Substance-Based**		
Name of substance or product			
Manufacturer/Supplier *Address, e-mail, emergency contact phone number*			
Description of substance *Physical form, pack size, container*			
Details of environmental exposure *(where relevant)*			
Describe the work process and relevant equipment			
Location/s of work process			
Information sources *Material Safety Data Sheet*			
Persons at risk of exposure	Employees / Contractors ☐	Patients / Service users ☐	Visitors / Public ☐

Hazardous chemical substances – *MSDS Section 3.1 & 3.2; proprietary products may only give a concentration range; see below to sections regarding medication and micro-organisms/biological agents.*

Hazardous substances and concentration	

Classification of chemical hazards (GHS hazard pictograms, CLP Regulation) – *MSDS Section 2.2; set the relevant hazards below (shown in the Safety Data sheet) to **bold** type and put an X in the relevant box.*

 ☐ Acute toxicity (Cat 1 - 3) Fatal if swallowed; Fatal in contact with skin Fatal if inhaled; Toxic if swallowed; Toxic in contact with skin; Toxic if inhaled;	 ☐ Corrosive May be corrosive to metals; Causes severe skin burns and eye damage;	 ☐ Hazardous to the environment Very toxic to aquatic life with long lasting effects; Toxic to aquatic life with long lasting effects;
 ☐ Health Hazard (Cat 4) May cause respiratory irritation; May cause drowsiness or dizziness May cause an allergic skin reaction; Causes serious eye irritation; Causes skin irritation; Harmful if swallowed; Harmful in contact with skin; Harmful if inhaled; Harms public health and environment by destroying ozone in the upper atmosphere;	 ☐ Flammable Extremely flammable gas; Flammable gas; Extremely flammable aerosol; Flammable aerosol; Highly flammable liquid and vapour; Flammable liquid and vapour; Flammable solid; May also include the following substances: *pyrophoric; self-heating; self-igniting; those which produce flammable gas on contact with water;*	 ☐ Explosive Unstable explosive; Explosive; mass explosion hazard; Explosive; severe projection hazard; Explosive; fire, blast, or projection hazard; May mass explode in fire;
 ☐ Serious Health Hazard May be fatal if swallowed and enters airways; Causes damage to organs; May cause damage to organs; May damage fertility or the unborn child; Suspected of damaging fertility or unborn child; May cause cancer; Suspected of causing cancer; May cause genetic defects; Suspected of causing genetic defects; May cause allergy or asthma symptoms or breathing difficulties if inhaled;	 ☐ Oxidising May cause or intensify fire (oxidiser); May cause fire or explosion (strong oxidiser);	 ☐ Gas under pressure Contains gas under pressure - may explode if heated; Contains refrigerated gas - may cause cryogenic burns or injury;

Hazardous medication – cytotoxic and cytostatic medication only; in "Details" include trade name and drug name; administration route, dose i.e. concentration in IV bag/injection and volume, likely concentration in urine or other body fluids (if risk of exposure), make/model of devices used (IV closed systems, sharps);					
Medication name		**Cytotoxic** (Yes/No)		**Cytostatic** (Yes/No)	
Details					

Hazardous micro-organisms/biological agents – organism must be a Hazard Group 3 or 4 organism to be considered hazardous; if not known, provide names of expected organsim/agents/types of agent			
Name of organism		Hazard Group	
Biological material			

Hazards not covered by other criteria - *MSDS Section 9, plus physical properties*

Asthmagen	Mutagen	Asphyxiant	By-product (curing/drying, decomposition, reaction)	Other hazard - specify (e.g. skin absorption)

Physical form of substance – *some substances may be present in more than one form at the same time e.g. solvents, fuel. Other – can be gel, suspension.*

Solid	**Liquid**	**Gas**	**Vapour**	**Aerosol/Mist**	**Fume**	**Dust**	**Other** (specify)

Other relevant details – *include appearance, relevant physical or chemical properties e.g. flash point, VOC content*

Route of Exposure - *MSDS Section 4; also based on process, substance form, and equipment*

Inhalation	**Contact/absorption):** skin, eyes	**Ingestion**	**Injection**

Level of exposure/contact - *approximates or weekly/monthly average use is acceptable if usage is variable.*

How many people handle the substance?	
Duration of exposure per shift/day/week/month	
Quantity prepared at a time	
Quantity used per shift/day/week/month	
Storage location and quantity; type of storage unit	

Does the substance pose additional risk to vulnerable staff/others in the workplace – *additional control measures; health considerations; information accessibility; risks to others in workplace e.g. vapour drawn into ventilation systems.*

Workplace Exposure Limits (WELs) - *MSDS Section 8; HSE EH40; please indicate* ***n/a*** *where not applicable. Control measures must reduce exposure to below WEL. If there is no WEL, exposure must be ALARP – As Low As Reasonably Practicable.*

Substance name	**STEL (15 min)**		**TWA (8-hour)**	
	ppm	mg/m^3	ppm	mg/m^3

Risks to Health from Identified Hazards – *MSDS Section 2.2; Hazard (H) statements - H200-H290 list physical hazards; H300-H373 list Health Hazards; H400-433 list Environmental Hazards*

Can the substance be *eliminated or* substituted for a safer product/form/concentration/quantity? *Complete COSHH assessment for current substance if still in use; substitute; then re-assess/assess new substance*
Current Control Measures - *MSDS Section 8.2 ; engineering controls ; include detail on actions upon failure of control measures, servicing and maintenance of engineering controls;*
Safe Systems of Work – *Documented procedures (attach/reference) ; Information Training Instruction Supervision ; restrictions on Confined/Restricted Spaces and Lone Working ;*

Health Surveillance and Exposure Monitoring – *if Yes, state type ; Health Surveillance is needed where a disease is linked to the substance, it is possible to detect this disease/adverse change, and it is likely the disease will occur.*		
Is *Health Surveillance* by Occupational Health required?	(Yes/No)	
Is *Exposure Monitoring* required?	(Yes/No)	

Details of previous exposure monitoring - *e.g. dust and vapour measurements.* Include: *date/s, contractor/s, aspects monitored, results/outcome, frequency, remedial actions. Reference the report and attach.*
Personal Protective Equipment - *MSDS Section 8.2; state type & standard; make & model if supplied; PPE is not a control measure; PPE must be worn if there is residual risk (after control measures), or risk of exposure if control measures fail.*

	**Mask**		e.g. FFP3, FRSM Type IIR		**Eye protection**		e.g. safety glasses with side protection; goggles;
	**Respirator**		e.g. full face mask, half mask; Make/model; include vapour/ particle filter P3, A1, etc.		**Visor**		Specify material for chemical compatibility; must have good side protection
	**Gloves**		e.g. butyl, nitrile; long cuffs		**Protective clothing**		e.g. overalls
	**Footwear**		e.g fluid resistant		**Other (state type)**		e.g. powered air respirator (loose fitting); supplied air system;

First Aid Measures - *MSDS Section 4; acceptable to copy directly from MSDS; add relevant information from other sources; First Responder Advice may be needed for certain substances/situations to avoid additional casualties.*	
If inhaled	
In case of skin contact	

In case of eye contact	
If ingested	
If injected	
First Responder Advice	

Fire action – *MSDS Section 5; acceptable to copy directly from MSDS; add relevant information from other sources*

Extinguishing media (Suitable extinguishing media, Unsuitable extinguishing media)
Special hazards arising from the substance or mixture (Hazards from the substance or mixture, Hazardous combustion Products)
Advice for firefighters (Special protective actions for fire-fighters, Special protective equipment for fire-fighters)

Actions in the event of a Spill or Accidental Release - *MSDS Section 6; spill training, required spill kit contents, rehearsals, who to contact in the event of an accidental release*

Required storage conditions - *MSDS Section 7; add relevant information from other sources.*

Location	e.g. Chemical cabinet, flammable cabinet, locked cupboard, store room, compound
Temperature	e.g. general (cool, not in direct sunlight) or specific (e.g. below 25°C), below the flash point.
Container	e.g. approved metal fuel container for storage, bunding
Incompatible substances	e.g. strong acids, oxidisers
Conditions to avoid	e.g. High temperatures, shock (dropping/hitting),
Security	e.g. must kept locked away

Disposal of Substances & Contaminated Containers - *MSDS Section 13; Environmental or Health and Safety Team can advise on disposal. Please also consult HDUHB Waste Management Policy 258.*

Waste type	**Licenced contractor**	**HDUHB waste stream** (e.g. black bag, tiger stripe, etc.)	**Other (state)**
Substance in original container (full/part-used/residue)			
Empty container			
Contaminated waste (e.g. cloths, used spill kit)			

Assessment of the risk – *this must be based on current control measures*

Are all the control measures *described above* **currently in place**?	Yes/No	
Is exposure adequately controlled with all **current** control measures?	Yes/No	

If: *required control measures are not in place, additional controls are needed to adequately control the risk, reasonable additional controls can further reduce the risk,* specify these and completion dates below.

Remedial/Additional Control Measures & Safe Systems of Work (add more lines if needed)	**Target date**	**Date completed**

If the exposure is **not** adequately controlled with all current control measures, work must cease until suitable and sufficient controls are in place.

Risk scoring

Multiply the Likelihood by the Consequence to obtain the Risk Score.
To reduce Likelihood: Control measures, Safe Syetems of Work; To reduce Consequence: Elimination, Substitution;
If applying remedial/additional control measures, reassess the Risk Score below once all measures are in place.

Current Risk: Risk scoring of existing control measures

Likelihood rating		x	Consequence rating		=	RISK LEVEL	

Residual Risk: Risk scoring after remedial/additional control measures are in place

Likelihood rating		x	Consequence rating		=	RISK LEVEL	

Likelihood rating

Consequence rating		**1** Rare	**2** Unlikely	**3** Possible	**4** Likely	**5** Almost certain
	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

Risk level	**Risk score**	**Response**
Low risk	**1** to **3**	Action only if low cost remedy, easy to implement. Re-accesss if process/ procedure, guidance or legislation changes, keep under review.
Moderate risk	**4** to **6**	Action that is cost effective in reducing the risk, planned and implmented with a reasonable timeframe.
High risk	**8** to **12**	Urgent action to remove or reduce the risk. To be escalated to senior management.
Extreme risk	**15 - 25**	Immediate action to remove or reduce risk. Consideration to be given to stopping process. Inform the Departmental or Premises Manager and the Health, Safety & Security Department.

Details of COSHH Assessment and reviews

Assessor details – *the person who conducted the initial COSHH assessment*

Name	
Job Title/Role	
Dept. / Ward	
Locality / Directorate	
Hospital / Site	
Date	
Review period	

COSHH assessment reviews – *carry out perdiocially or when any significant aspect changes (e.g. substance, process, personnel, equipment, location). If a new process, review after 3 or 6 months or when process is established; set review period based on level of residual risk. Reviews should not be carried out by the person who was the most recent assessor/reviewer.*

Review date	**Reviewer name & role**	**Check for updated MSDS;** record relevant changes	**Findings, actions, and date of completion**

Communication – *how and where is this information shared and used e.g. IT IS (Information, Training, Instruction, Supervision)*

Appendix 2: COSHH Risk Assessment Form (Task Based)

GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Hywel Dda University Health Board	**COSHH ASSESSMENT** **Task-based**		
Describe the task (work process) and relevant equipment			
Location/s of task			
Sources of information *Material Safety Data Sheet, other sources*			
Persons at risk of exposure	Employees / Contractors ☐	Patients / Service users ☐	Visitors / Public ☐

Assessment of the task

Actions on Accidental Release/Spillage - *MSDS Section 6; spill training, required spill kit contents, rehearsals, who to contact in the event of an accidental release.* **General First Aid procedures** - *MSDS Section 4; copy from MSDS & relevant information from other sources.* **General Fire actions** - *MSDS Section 5, copy from MSDS, & relevant information from other sources.*

Can any substances eliminated/ substituted?	
Control measures currently in place *Including engineering controls, ventilation, local exhaust ventilation.*	
Safe systems of work *Documented procedures (attach/reference), substance access control, IT IS (Information Training, Instruction, Supervision); restrictions on Confined Spaces/Lone Working.*	
Exposure to task *How many staff are trained to perform the task, how often is task performed; common/general aspects of handling.*	

Are there any substances that pose additional risk to vulnerable staff or others in the workplace? *Specify additional control measures; health considerations; information accessibility needs; Risks to others e.g. vapour drawn into ventilation systems, others in area.*		
Is Health Surveillance required for any substance? *If "Yes", specify details of substance and surveillance.*		
Is Environmental Monitoring required? *If "Yes", specify details of what, how, by whom; include any previous monitoring/assessment (attach/reference reports).*		
Emergency procedures *Include failure of control measures.*		
Actions on Accidental Release/Spillage *MSDS Section 6; spill training, required spill kit contents, rehearsals, who to contact in the event of an accidental release.*		
General First Aid procedures *Certain substances/situations may require additional advice to be given to First Responders.*	If inhaled	
	In case of skin contact	
	In case of eye contact	
	If ingested	
	If injected	
	First Responder Advice	
General Fire actions		

CLASSIFICATION OF HAZARDS for chemical substances including hazardous medication (see separate boxes for micro-organisms/biological agents);

Composition – *MSDS Section 3.1 & 3.2; Products may only give a concentration range; If a biological agent: when known, specify species or type e.g. bacterium, fungus, virus, BBV; Hazard Group (HG1, HG2, HG3, HG4).* **Physical form** – *substances may be present in more than one form, e.g. liquid & vapour.* **GHS Hazard pictograms** – *MSDS Section 2.2.* **Hazards not covered by other criteria** - *MSDS Section 9.*

Name of hazardous chemical substance, including cytotoxic medication or **Product/Preparation** and pack size, container type (e.g. jerry can, bottle, aerosol, IV bag)	**If a Product** or **Preparation:** list hazardous ingredients and concentration	**Physical form:** Solid, liquid, gas, vapour, aerosol / mist, fume, dust, *other (gel, paste, suspension, etc.)*	**GHS hazard pictograms (CLP Regulation)** Insert an X to select each warning symobol that is applicable; Insert Signal Word (Warning or Danger) below the X for Acuty Toxicity or Health Hazard									**Hazards not covered by other criteria** e.g. asthmagen, mutagen, asphyxiant, by-product (curing, drying, reaction), *other hazard (specify)* **Include Cytotoxic or Cytostatic**
			 Acute toxicity (Cat 1-3)	 Health Hazard (Cat 4)	 Serious Health Hazard	 Corrosive	 Flammable	 Oxidising	 Hazardous to the environment	 Explosive	 Gas under pressure	

Hazardous micro-organism or biological agent – Hazard Group 3 or 4 organism to be considered hazardous; if not known, or if there is a risk of exposure, provide names of expected organsims/agents/types of agent; provide details of biological material if handling specimens, waste, etc.

Name of organism/s	

Biological material	

EXPOSURE INFORMATION

Name of substance, ingredients – *copied from above.* **Hazard Codes** – *copy from MSDS Section 2.2.* **Workplace Exposure Limit** – *MSDS Section 8; HSE EH40; indicate n/a where not applicable. Control measures must reduce exposure to below WEL. If there is no WEL, exposure must be ALARP – As Low As Reasonably Practicable.* Split the row across the 5 columns if more than one WEL per product. **Routes of exposure** – *based on process and substance form.* **Level of exposure** – *approximates or weekly/monthly average use is acceptable if usage is variable. Refer to "Hazardous micro-organism or biological agents"; capture routes of entry here;.*

Name of hazardous substance or **Product/Preparation**	**Hazard codes for substance or Product/Preparation** e.g. H300, H400	**Workplace Exposure Limit (WEL)**					**Routes of exposure**				**Level of exposure**		
		Components with a Workplace Exposure Limit	15-min (STEL)		8-hour (TWA)		**Inhalation**	**Contact** Skin, Eyes	**Ingestion**	**Injection**	Duration	Frequency	Quantity
			ppm	mg/m³	ppm	mg/m³							

STORAGE AND DISPOSAL

Name of substance, ingredients – *copied from above.* **Type and location of storage** – *detail storage of substance stocks as well as storage of substances while in use.* **Temperature** – *flammable items to be stored below flash point;* **Disposal** – *Disposal options are: Licensed contractor, HDUHB waste stream, or other (e.g. return to supplier). Contact H&S/Environmental for support. Please also consult HDUHB Waste Management Policy 258. Refer to "Hazardous micro-organism or biological agents"; capture disposal methods here.*

Name of hazardous substance or **Product/Preparation**	**Storage in the workplace**						**Disposal method**		
	Type and location of storage e.g. cupboard, COSHH cabinet, fire-rated cabinet	Temperature e.g. specific temperature; general description (cool)	Containment e.g. container, secondary containment, bunding	Incompatible substances e.g. strong acids, oxidisers	Conditions to avoid e.g. high temperature, shock, direct sunlight, poorly ventilated spaces	Security e.g. locked storage	Substance in original container Full/part used	Empty container	Contaminated waste (cloths, spill kit)

PPE and EMERGENCY PROCEDURES

Personal Protective Equipment - *MSDS Section 8.2; state type & standard; make & model if supplied; PPE is not a control measure; PPE must be worn if there is residual risk (after control measures), or risk of exposure if control measures fail.* **Additional Emergency Procedures** – if *additional/different measures required (General measures listed at the beginning of the form). Refer to "Hazardous micro-organism or biological agents"; capture emergency procedures here.*										
Name of hazardous substance or **Product/ Preparation**	**Personal Protective Equipment**							**Additional Emergency Procedures**		
								First aid	Fire	Other
	Mask	Respirator	Gloves	Eye protection	Visor	Protective clothing	Other Footwear, PAPR, etc			

Assessment of the risk – *based on current control measures*		
Are all the control measures *described above* **currently in place**?	Yes/No	

If: control measures are not in place, additional controls are needed to adequately control the risk, or reasonable additional controls can further reduce the risk, specify these and completion dates below.

Remedial/Additional Control Measures & Safe Systems of Work (add more lines if needed)	**Target date**	**Date completed**
Is exposure adequ		
If the exposure is n		ls are in place.

Risk scoring – *score the current control measures in "Current Risk" section. If applying remedial/additional control measures, reassess the Risk Scoring in the "Residual Risk" section once all measures are in place.*

Current Risk: Risk scoring of existing control measures

Likelihood rating		x	Consequence rating		=	RISK SCORE	

Residual Risk: Risk scoring after remedial/additional control measures are in place

Likelihood rating		x	Consequence rating		=	RISK SCORE	

Likelihood rating

Consequence rating	**1** Rare	**2** Unlikely	**3** Possible	**4** Likely	**5** Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Risk level	**Risk score**	**Response**
Low risk	**1** to **3**	Action only if low cost remedy, easy to implement. Re-accesss if process/ procedure, guidance or legislation changes, keep under review.
Moderate risk	**4** to **6**	Action that is cost effective in reducing the risk, planned and implmented with a reasonable timeframe.
High risk	**8** to **12**	Urgent action to remove or reduce the risk. To be escalated to senior management.
Extreme risk	**15 - 25**	Immediate action to remove or reduce risk. Consideration given to stopping process. Inform the Departmental or Premises Manager and the Health, Safety & Security Department.

Details of COSHH Assessment and reviews	
Assessor details	
Name	
Job Title/Role	
Locality/ Directorate	
Hospital /Site	
Date	
Review period	

COSHH assessment reviews – *carry out perdiocially or when any significant aspect changes (e.g. substance, process, personnel, equipment, location). If a new process, review after 3 or 6 months or when process is established; set review period based on level of residual risk. Reviews should not be carried out by the person who was the most recent assessor/reviewer.*

Review date	Reviewer name, role	Check for updated MSDS Record relevant changes	Findings, actions, and date of completion

Communication – *how and where is this information shared and used e.g. IT IS (Information, Training, Instruction, Supervision)*

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Executive Director of Allied Health Professions and Health Science
Service Area	Health and Safety

Title of Procedure, Project, Proposal, Policy being screened:	703 – Control of Substances Hazardous to Health (COSHH) Policy and Procedure (Version 3)

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

This policy and procedure contains information and guidance on the control and management of substances hazardous to health within Hywel Dda University Health Board (HDdUHB).

The aim is to ensure that the risk of injury or ill health to all HDdUHB staff that may come into contact with hazardous substances is reduced as far as is reasonably practicable and that any residual risks are adequately controlled. In doing so it will be ensured that HDdUHB and its employees meet the requirements and responsibilities outlined within the COSHH Regulations and the associated Approved Code of Practice and Guidance.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Own research
Expert knowledge
Advice from Diversity staff on previous versions of EqIA for this Procedure.

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is					

assessed and managed appropriately. The procedure does not impact any particular protected group.

Pregnancy and Maternity
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.

Positive Impact		Negative Impact		No Impact	x

Justification of impact identified:
This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.

Race / Ethnicity
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?

Positive Impact		Negative Impact		No Impact	x

Justification of impact identified:
This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.

Religion or Belief
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact		Negative Impact		No Impact	x

Justification of impact identified:
This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.

Sex
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	x

Justification of impact identified:
This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	x

Justification of impact identified: This procedure has been created to reduce the risk of injury or ill-health, as far as is reasonably practicable, to all those HDdUHB staff who may come into contact with a hazardous substance and to ensure that any residual risks are appropriately controlled. People who are exposed to hazardous substances are assessed based on their individual needs. The procedure ensures that everyone is assessed and managed appropriately. The procedure does not impact any particular protected group.

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: Equality Impact Assessments (EqIAs) (sharepoint.com)

Screening Completed by:	Name	Adam Springthorpe
	Title	Health & Safety Manager
	Contact details	adam.springthorpe@wales.nhs.uk
	Date	20/11/2024
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Adam Springthorpe
	Title	Health & Safety Manager
	Contact details	adam.springthorpe@wales.nhs.uk
	Date	20/11/2024
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	03/12/2024
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.