POLICY FOR THE CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH)

OCTOBER 2009
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1.0 **Policy Statement**

The Control of Substances Hazardous to Health Regulations (NI) 2003 amended 2005, require all employers to make an assessment of the risks to health which arise from the exposure to hazardous substances in the workplace. As part of this assessment employers must establish what measures are necessary to prevent or adequately control exposure to substances hazardous to health and what further precautions and emergency procedures need to be taken to protect the health of employees. Western Health and Social Care Trust recognises that as an employer, it must safeguard all employees, as well as anyone not in its employment who maybe affected by its activities.

2.0 **Introduction and Legal Requirements**

2.1 The definition of Substances Hazardous to Health is provided within the COSHH (Amendment) Regulations (2004) and covers virtually all substances capable of causing adverse health effects or disease arising from work activities. There are five identified categories, which are, summarised below: –

- Chemicals classified under the chemicals (Hazard, Information and Packaging for supply regulations 2002) as very toxic, toxic, harmful, corrosive, irritant, sensitising, carcinogenic, mutagenic or toxic to reproduction.

- Substances for which Health and Safety Commission/Executive has assigned a Workplace Exposure Level (WEL).

- Biological agents (bacteria and other micro-organisms), if they are directly connected with the work, such as with farming, sewage treatment, or healthcare, or if the exposure is incidental to the work (e.g. exposure to bacteria from an air-conditioning system that is not properly maintained).

- Any dust at a substantial concentration in air.

- Any substance not included in the above, but because of its chemical or toxicological properties and the way in which it is used or is present in the workplace, creates a risk to health.

2.2 Specifically excepted from COSHH are,

- Exposures to lead and asbestos which are covered by the Control of Lead at Work Regulations 1980 and the Control of Asbestos at Work Regulations 2004, respectively.
- Substances that are hazardous solely by virtue of radioactive, explosive or flammable properties or solely because they are high or low in temperature or at high pressure.

- Where the substance is a risk to the health of a person to whom the substance is administered in the course of medical treatment by a registered medical practitioner, registered dentist or appropriate practitioner under Section 58 of the Medicines Act 1968.

2.3 Biological agents are substances for the purpose of COSHH if:

- There is a deliberate intention to work with the agent e.g. in laboratories or

- Exposure arises out of the work activity e.g. an employee being infected by a patient.

2.4 For carcinogens (substances which may cause cancer) or mutagens (substances which may cause heritable genetic damage) special requirements apply. These are in regulation 7(5) of COSHH(NI).

3.0 Roles and Responsibilities

3.1 The ultimate responsibility for ensuring compliance with the Control of Substances Hazardous to Health Regulations (Northern Ireland), 2003 rests with the Chief Executive.

4.0 Delegated Responsibility

4.1 The Medical Director is the nominated officer on Trust Board with responsibility for ensuring compliance with the policy. However, as with all Health and Safety issues, this responsibility cascades down through the line management structure to Department/Directorate managers.

4.2 The Head of Clinical Quality and Safety, supported by the Corporate Risk Manager, will be responsible for ensuring implementation of the policy.

4.3 The Corporate Risk Manager and staff within the Risk Management Department, will provide advice and guidance to Departmental COSHH assessors.

4.4 The Departmental Managers on behalf of the Trust shall be charged with the following responsibilities: -
To undertake a COSHH Risk Assessment in conjunction with the departmental COSHH Risk Assessor(s).

Report incidents of COSHH in accordance with the Trust’s Incident Reporting Policy.

Follow a pro-active approach to recognising COSHH allergy issues with staff members and directly refer them to the Occupational Health Department.

In accordance with HSE guidance refer appropriate staff to Occupational Health Department for health check, if a health problem is suspected in relation to substances hazardous to health. See point 9 Health Surveillance.

4.5 **The Departmental COSHH assessors** will be responsible for conducting and updating COSHH assessments of substances hazardous to health within their areas, and of informing the Head of Department and the Risk Management Department of the results of these assessments. Departmental COSHH Assessor(s) should be nominated by the Head of Department.

4.6 **All employees** have an individual responsibility to comply with and make proper use of any control measures implemented and report any defects in them to the Head of Department.

4.7 **Estates Services Department** will be required to liaise with all managers to ensure that they are aware of the location of all local exhaust ventilation systems in the Trust.

4.8 **Heads of Departments** are accountable for their own equipment i.e. Act as Departmental Equipment Controllers as in (The Management of Medical Devices Policy) and therefore should liaise with Estates Services regarding their operational local exhaust ventilation systems to arrange for the maintenance and testing of such. They should then retain the maintenance records.

5.0 **COSHH Risk Assessments**

5.1 The assessment should be a “living” document which should be revisited if circumstances change.

It should definitely be reviewed when:

- There is reason to suspect the assessment is no longer valid;
- There has been a significant change in the work;
- The results of monitoring employees’ exposure shows it to be necessary.

Records of COSHH risk assessments must be maintained within each Department/Facility in the COSHH file.
The assessment should be completed on the COSHH risk assessment form (Appendix 3) using the Trust guidance notes for completion of a COSHH Risk Assessment.

Pharmacy has issued to all Wards/Departments COSHH Guidance Document Control Sheets (Green Folders) for pharmaceuticals. This contains general guidance on safe working practices and contains details of all pharmaceutical substances and the required control measures.

The assessment should state when the next review is planned.

6.0 Prevention or Control of Exposure to Substances Hazardous to Health

6.1 Each COSHH assessment should identify the hazardous substances and work practices in the Department/Facility in which exposure to hazardous substances may occur.

6.2 Describe the precautions needed to make the work safe, including the use of any personal protective equipment and clothing provided.

6.3 If improvements in control measures are necessary, state what follow-up action has been taken and when the improvements should be implemented (in some cases interim measures may be needed).

6.4 If problems cannot be overcome locally refer matters formally to senior management e.g Service Managers or Assistant Directors and attach such correspondence to the risk assessment.

6.5 If it is reasonably practicable, exposure must be prevented by changing the process or activity so that the hazardous substance is not required or generated, by replacing it with a safer alternative or using it in a safer form.

6.6 If prevention is not reasonably practicable, one or more of the following measures, known as the hierarchy of control should adequately control exposure:

1. Total enclosure of the process.
2. Partial enclosure of the process.
3. General ventilation.
4. Safe system of work.
5. Reducing the number of employers exposed or duration of their exposure.
6. Providing personal protective equipment (as a last resort).
7.0 The Use, Maintenance, Examination and Test of Control Measures

7.1 When personal protective equipment is provided, it must be suitable for the purpose, approved by the Health and Safety Executive (HSE) standard and a record of issue should be kept.

7.2 Employees should make regular thorough examinations of the protective equipment provided to them. (Gloves are discussed in more detail in the Trusts Latex Policy). This should also be recorded on the risk assessment.

7.3 Where control measures such as local exhaust ventilation are introduced they must be maintained in efficient working order and tested once every 14 months. Records of all such maintenance, examination and testing should be kept for 10 years and 8 months under the Consumer Protection Act 1987.

7.4 All maintenance and testings should be carried out by a competent person.

8.0 Monitoring Exposure at the Workplace

8.1 Routine monitoring of exposure is required only where it is necessary for maintaining adequate controls. Records of monitoring must be kept for at least 40 years.

9.0 Health Surveillance

9.1 Routine surveillance of individuals’ health must be undertaken when it is warranted by the degree of exposure and the nature of the effects. On request by managers, the Occupational Health Department will arrange to undertake the surveillance and will advise managers of the outcome of such health assessments.

9.2 Occupational exposure monitoring should also be conducted where measures have failed and members of staff have been exposed to a hazardous substance.

9.3 In the event of unexpected exposure occurring, the Trusts Incident Reporting Form must be completed in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR 1995). See also the Adverse Incident Checklist (Appendix 1) to be used following an incident in which a person(s) health has been damaged or put at risk of damage, due to exposure of substances hazardous to health.

10.0 Information, Instructions and Training for Employees

10.1 Information and training should be provided to all staff who are in contact with hazardous substances to ensure they have a full
understanding of the nature of the substances they work with, and the risks created by the exposure to these substances, and the precautions they should take in accordance with the control measures contained within the COSHH assessment.

10.2 Departmental COSHH assessors are responsible for ensuring that information, instruction and training is provided when a new substance is being used or there has been a change in work practice. (See Appendix 4 for Trust’s Request Form for New Chemical.)

10.3 COSHH training and advice will be provided by the Risk Management Department. Advice may also be sought from the Pharmacy Department on Pharmaceutical products.

11.0 Arrangements for Dealing with Incidents and Emergencies (Spillage Procedures)

11.1 Procedures must be put in place to deal with any incidents.

11.2 All managers are responsible for ensuring all incidents and near misses are reported in accordance with the Incident Reporting Policy. Arrangements for dealing with incidents are detailed in Section 9.0 and within The Adverse Incident Checklist (Appendix 1).

11.3 In the event of a spill or leak please refer to the Trust Steps of Spill Control Procedure (Appendix 2).

12.0 Managers’ Responsibilities

12.1 Managers are responsible for identifying the risks associated with each post as part of the recruitment process. Such information must be provided to Occupational Health before pre-employment health screening is carried out.

12.2 Managers are responsible for identifying those existing employees whose work activities can give rise to adverse health effects, and for advising Occupational Health of those individuals.

12.3 Managers are responsible for ensuring that staff can attend Occupational Health for health surveillance during their normal work schedule.

12.4 Managers are responsible for acting upon the advice of Occupational Health to reduce the risks to staff health.

12.5 Managers are responsible for ensuring that no new substances hazardous to health enter Trust premises before a COSHH assessment has been carried out.
12.6 Managers will ensure that no piece of equipment designed to reduce employee exposure will be used unless it meets the requirements of the British Standards Institute or equivalent and until staff have received training and instruction in its use.

12.7 Managers will ensure that documentation and service records of all equipment designed are completed and maintained and are available for inspection. Managers and staff should have access to HSE Guidance on Local Exhaust Ventilation HSG 258.

12.8 Managers are responsible for ensuring that all employees receive appropriate health screening and surveillance, and current information, instruction, training and supervision on the health effects of equipment, chemicals and biological agents within the workplace.

12.9 Managers are responsible for ensuring that COSHH assessments are explained to new staff as part of induction training.

12.10 Managers are responsible for identifying those employees who are to be trained as Departmental COSHH assessors, and for ensuring that they have sufficient time to carry out the assessments.

12.11 Managers will initiate an investigation following an incident which is reportable under The Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR) 1995.

13.0 Review

13.1 The assessment should be a “living document”, which must be reviewed to ensure that it is kept up to date. A COSHH assessment should be undertaken at not less than five yearly intervals.

13.2 The assessment should be reviewed immediately:

- When there is evidence to think that it may no longer be valid.
- When there is to be or has been a significant change in the circumstances of work; especially one, which may have affected employee’s exposure to a substance hazardous to health.
14.0 **References**

- COSHH (NI) A brief guide to the regulations. What you need to know about the Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003 (COSHH (NI) HSENI)
- Health and Safety at Work Order (NI) 1978.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR 1995)
- WHSCT Latex policy 2009
- HSE Guidance on Local Exhaust Ventilation HSG 258

15.0 **Appendices**

Appendix 1 Adverse Incident Checklist
Appendix 2 Steps of Spill Control
Appendix 3 Blank COSHH assessment form and Guidance
Appendix 4 Request Form for New Chemical
Appendix 1

Adverse Incident Checklist

There must be pre-planning and procedures put in place, including availability of PPE for dealing with an incident of this type. A simple checklist is attached at Appendix 2, which should be displayed in a prominent position where substances hazardous to health are in use.

This checklist may be used following an incident in which a person’s or persons’ health has been damaged, or put at risk of damage, due to exposure to substances hazardous to health. The following steps should be taken.

1. Remove the affected persons from contact with the hazardous substance and ensure that they are examined and treated.
2. If other persons have had similar exposures to the injured persons (but without symptoms), then remove them from the area until adequate control measures can be provided.
3. If an activity or process has caused the incident, then it should be shut down until corrective measures have been implemented.
4. If an unintended spill or escape of hazardous substances is involved, then the area affected must be evacuated. Ensure that the nature of the substance is known before taken further action. No personnel should enter that area except as part of a properly planned (and risk assessed) clean up exercise, with adequate protection provided to the personnel involved, and with appropriate briefing or training having also been provided to them. There must be pre-planning and procedures put in place, including availability of PPE for dealing with an incident of this type including arrangements for calling Emergency Services.
5. If a clean up operation is involved, then ensure that substances recovered are not disposed of in an inappropriate fashion that could give rise to harm to others (or to the environment).
6. Carry out an investigation into the circumstances giving rise to the incident. Ensure that an incident form has been completed and forwarded to the Head of Department and the Risk Management Department.
7. If any of the following circumstances have occurred, then they must be reported to the HSE:
   a. acute illness or loss of consciousness due to exposure to chemicals or pathogens
   b. any injury causing death or admittance to hospital for treatment for more than 24 hours
   c. the escape of a biological agent likely to cause severe human illness
   d. a number of specified conditions and infections arising from work or work exposure, eg. occupational asthma, hepatitis and legionnaires’ disease

(The Risk Management Department will act as reporting officer for this purpose).
8. Assess the degree and type of damage to health that individuals may have suffered. If damage is permanent or long lasting, eg. sensitisation, then it may restrict the type of work they can do in the future. Ensure that infected individuals are not placed in circumstances that would exacerbate their condition.

9. Minimise the risk of any future incidents. Ensure that appropriate risk assessments are carried out or that existing assessments are revised and updated. Take appropriate action in the light of the risk assessments.

10. If the incident was due to human error, then issues such as retraining or reassignment should be considered.

11. There may also be circumstances where disciplinary action may need to be considered.
Appendix 2

PLEASE DISPLAY IN PROMINENT POSITION

STEPS OF SPILL CONTROL PROCEDURE

1. **IN THE EVENT OF A SPILL or LEAK** assess the content of the spill – *inform staff and evacuate the area.*

2. Check that there are no casualties.

3. **Identify the spilled substance**

4. Restrict access by putting a **NO ENTRY SIGN** on the door.

5. **Ensure the correct personal protective equipment is worn** (gloves, eye protection, apron etc).

6. Deploy spill kit to the spillage and contain the spill in accordance with the COSHH assessment (*refer to the Trust’s spill kit locations*).

7. Dispose of contents **according to COSHH assessment** ensuring they are double bagged, tagged and labelled and ensure weight and content are recorded and placed in a yellow burn bin with a black lid that is sealed closed.

8. If the spill occurs out of hours then ensure safe storage overnight. (*This must be communicated to staff in the morning so that arrangements can be made by ward staff to have the spillage contents removed to the appropriate area*).

9. Inform Directorate Manager and complete Adverse Incident Report.

10. The Ward/Department should then arrange for collection. (*Collection may not take place immediately so it is important to ensure safe storage*)

11. Arrange for environmental monitoring of atmospheric levels by contacting Estates Services (if necessary) by contacting Estate Services or Engineer on-call via Switchboard (out of normal working hours). Further information may be obtained by contacting the Risk Management Department Altnagelvin Site on Ext. 4650/4281 or Tyrone and Fermanagh Site Ext 5267.

Reviewed  August 2009
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Guidance Notes for Completion of A COSHH Risk Assessment

**LEGISLATION:**

The Control of Substances Hazardous to Health Regulations (NI) 2003 amended 2005, are a detailed set of regulations designed to reduce and control the risk of exposure to hazardous substances. To comply with these regulations the Western Health and Social Care Trust must identify the hazards and risk within wards/departments and control these risks so far as is reasonably practicable. This guidance covers the requirement outlined in the COSHH regulations to carry out a risk assessment.

**Definitions:**

It is important that assessors understand the difference between the terms “hazard” and “risk” and the phrase “control measure”. While there are many definitions, for the purposes of this guidance the following will apply:

A **Hazard** is anything with the potential to cause harm or loss.
A **Risk** is the probability of that harm or loss occurring.
A **Control Measure** is an applied measure that reduces the level of risk.

Some control measures have proved to be more effective than others. Control measures that are not dependent upon an individual’s reaction are usually preferable to those that do, since there is reduced scope for failure. Where considering control measures the following hierarchy should be applied:

1. **Elimination**: Where practicable the risk should be avoided altogether by eliminating the risk, i.e. Use of alternatives, process change, design improvements, etc.
2. **Substitution**: The replacement of a hazardous item with a less hazardous alternative, eg the replacement of a toxic chemical with a less hazardous alternative.
3. **Use of Barriers**: This can comprise:
   a) Isolation – removing the hazard from the worker, e.g. fume cupboard.
   b) Segregation – removing the worker from the hazard e.g. negative pressure rooms.
4. **Use of Procedures**: This can comprise:
   a) Limiting exposure time and/or diluting exposure time or
   b) Safe systems of work e.g. permits to work.
5. **Use of warning systems**: Signs, instructions, labels etc.
6. **Use of personal protective equipment (PPE)**: Cannot be used solely as a control measure it must be used in conjunction with other measures. PPE should be the last resort.

As an Appointed COSHH Assessor for your department you will be required to carry out assessments and to make recommendations for action and adequate controls of hazardous substances. It is, however, the responsibility
of the Department Manager to ensure that the assessment has been completed, is suitable and sufficient, and that identified controls are implemented.

A COSHH assessment should be completed for each Hazardous Substance, and another separate assessment is necessary if, the hazardous substance is used in conjunction with other hazardous substances during an activity. eg Dental or Laboratory activity.

All COSHH Assessments should now be documented on the Trust COSHH Risk Assessment Form. These guidance notes will hopefully assist you in the completion of an adequate assessment. Further advice, if required, on the assessment procedure is available from the Trust Health and Safety Advisor.

Material Safety Data Sheets – are invariably required to carry out an assessment and should be supplied under CHIP Regulations with all products. If a copy is required please contact the following:-

- Stock Items – contact Regional Supplies Services, Campsie Industrial Estate, Eglinton.
- Intranet
- Non stock items – Contact Supplier directly, though it should be provided with item on receipt
- Pharmaceutical items – relevant Pharmacy Depts

Guidance Note EH40/year is published annually setting out Workplace Exposure Limits (WEL). It is available from the Health and Safety Advisor.

The following section provides explanation of the Western Trust COSHH Risk Assessment Form.

**Question 1: SUBSTANCE DETAILS**

This information is listed on Material Safety Data Sheet, if not this information is available from the H.S.E guidance EH40/year published annually, a copy is available from the Trust Health and Safety Advisor.

a. List the substance used in the activity and ensure that the relevant Material Safety Data Sheet is applicable, is available or obtained.

(***REMEMBER:*** - Another separate COSHH assessment should be completed if, the hazardous substance is used in conjunction with other hazardous substances during an activity.

b. Indicate the Hazard Classification if applicable (very toxic, toxic, harmful, corrosive, irritant.) Also indicate if substance is a Sensitiser, Carcinogen or “Biological Agent”.

c. Indicate the physical form that the substance may be in. (Solid, Liquid, gas, vapour, powder, dust, micro-organisms.)
d. Indicate any risk phrases that are associated with the substance. Eg. 22 – harmful if swallowed. 36/38 – Irritating to eyes and skin. List any Workplace Exposure Limits (WEL).

**Question 2: POTENTIAL HEALTH EFFECTS**

Outline the health effects associated with use of the named substance(s). This information should be contained in the relevant material safety data sheet or in published advice from Health and Safety Executive.

**Question 3: LOCATION**

Please provide details on the area within the ward/department where the activity is being carried out e.g. sluice room.

**Question 4: BRIEF DESCRIPTION OF ACTIVITY**

Give brief details on the type of activity being carried out in the area. If the activity is complex, consider breaking the activity up into constituent parts and completing more than one form. If a standard operating procedure (SOP) or emergency plan has been devised for the particular activity, a copy of this may be attached to the completed COSHH Risk Assessment Form.

**Question 5: THE WORK ACTIVITY.**

a) Activity – Identify the activity that the substance is being used for.
b) Quantity – Quantity used during each activity.
c) Duration – Estimate the time that the operators are subject to possible exposure.
d) Exposure Frequency – List how often the exposure occurs to particular persons during the day.
e) Identify the number exposed – Please include persons directly carrying out the activity or in very close proximity to the area.
f) List the routes of possible exposure. This may be through inhalation, ingestion, absorption through the skin, injection or through the eyes.

**NOTE:** Where biological agents are intentionally employed during the work activity, advice should be sought in the first instance from Infection Control Team.

**Question 6: EXISTING CONTROL MEASURES**

Please identify existing control measures and consider their adequacy, e.g. local exhaust ventilation, personal protective equipment, safe systems of work, supervision, contingency plans, fire fighting measures, first aid arrangements, emergency procedures eg spillage kits.
**Question 7: DETAIL OF OCCUPATIONAL EXPOSURE MONITORING UNDERTAKEN.**

Please indicate if monitoring of exposure to hazardous substances is required, it should be indicated on the Material Safety Data Sheet. If so, has it been carried out, when, by whom and the result(s). Further details should be attached to the COSHH risk assessment form.

Monitoring of atmospheric concentrations of hazardous substances should be conducted to ensure that Workplace Exposure Limits are not exceeded and that control systems already in place are adequate. Workplace exposure monitoring can be used to measure the airborne concentrations of dusts, gases, vapours, fumes etc. It is a useful tool in an initial risk assessment where it can help to make a judgement on the level of risk.

Where records of personal exposure to hazardous substances have been made, the Occupational Health Department should keep these records for at least forty years. The ward/department Manager should keep record for any other measurements e.g. Local Exhaust Ventilation Checks, for at least five years.

If you have reasons to suspect the levels may be exceeded or require confirmation that control measures are adequate, please contact the Trust Health and Safety Advisor in the first instance who can advise as to whether monitoring by an Occupational Hygienist would be advisable.

**Question 8: HEALTH SURVEILLANCE UNDERTAKEN (if applicable)**

Give details of the type of health surveillance, if necessary, that is presently being provided for staff, e.g. respiratory function tests, skin checks, biological monitoring.

The Ward/Department Manager must ensure that all staff who are at risk of being exposed to hazardous substances are under suitable health surveillance where it is appropriate for the protection of their health. It is considered appropriate to provide health surveillance where staff are exposed to a substance hazardous to health in such a manner that there is reasonable likelihood of a disease or adverse health effect. The purpose of health surveillance is to detect at as early a stage as possible any such adverse effects that may be attributed to exposure. Health surveillance can also be used to assist in the evaluation of control measures.

Further advice may be obtained from the Occupational Health Department, Western Trust.

**Question 9: HANDLING, STORAGE AND TRANSPORTATION**

Please indicate the arrangements in place.
Question 10: CURRENT DISPOSAL ARRANGEMENTS

Please indicate current disposal arrangements for substances identified as being hazardous to health. Disposal information can be found in the Material Safety Data Sheets. If the substance requires disposal by a specialist waste contractor please consult the Trust Waste Management Policy.

Question 11: INFORMATION, INSTRUCTION AND TRAINING PROVIDED.

Please provide details on the information, instruction and/or training received by staff including the date of training and the relevant training provider. This should include reference to relevant Trust policies which should be implemented and which embody good practice when handling substances hazardous to health, e.g. those relating to sharps, infection control and waste management.

Staff at risk of being exposed to substances hazardous to health, should be provided with information, instruction and training so that they:

- Are aware of the nature of the substances they work with and the risk created by exposure to those substances.
- Know the precautions they should take, control measures, their purpose and how to use them:
- Know how to use personal protective equipment and clothing provided; it is particularly important that they are competent in the use of Respiratory Protective Equipment:
- Are advised of results of any exposure monitoring and collective health surveillance undertaken (without giving people’s names)
- Know and understand emergency procedures e.g. use of spillage kits.

Training needs should be under continual review to ensure that all staff who may be exposed to hazardous substances receive adequate information and instruction.

Question 12: ESTIMATED RISK TO HEALTH

Please indicate if you consider the present use of the substance(s) with the existing control measures in place, to pose a risk to health of the staff and others that may be exposed. Grade the risk by using the Trust Risk Matrix below:

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**Question 13: DATE OF COSHH ASSESSMENT**

Please indicate the date that the COSHH Assessment was undertaken.

**Question 14: RECOMMENDATIONS**

Please identify risks that are not adequately controlled and given recommendations which you consider are necessary for improvement. E.g. maintenance and testing of engineering controls, occupational exposure monitoring, health surveillance, provision of information/guidance/training to staff, production of a written safe system of work, introduction of local exhaust ventilation, relocation of the work activity, enclosing the process, reducing the number of staff exposed, reduction of period of exposure, provision of personal protective equipment, etc. Please indicate an approximate timescale in which your recommendations should be actioned and the name of the person who is co-ordinating implementation of remedial action.

The completed assessment should be given to the manager responsible for the department or process. It is their responsibility to decide if your recommendations are adequate and should be implemented.

Please also detail the date on which the recommended remedial action was implemented or completed.

Signatures, names, dates as required should be entered in relevant boxes.

**REVIEW OF THE ASSESSMENT**

To monitor the progress and implementation of your identified recommended remedial action, the assessment should also be reviewed. COSHH assessments should be reviewed annually as indicated on your assessment form. However, assessment should be reviewed more frequently if there is a change in procedures, processes, engineering plant, including control systems, substances used or the amount of substances involved.

When reviewing your assessment if there are significant changes identified, a new assessment is necessary.

ALL COSHH ASSESSMENTS SHOULD BE FILED IN A SAFE PLACE ALONG WITH YOUR OTHER GENERIC WORKPLACE ASSESSMENT FORMS.
Appendix 4

Western Health & Social Care Trust
Pharmacy Department
Request Form for New Chemical

Section 1 - to be completed by Ward/Department Manager

<table>
<thead>
<tr>
<th>Name of product</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strength &amp; Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pack Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost per pack</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>(include contact person and phone no.)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quantity - anticipated usage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Storage - Quantity in Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quantity in ward/dept</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Purpose/use of chemical

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Supporting references/information for the use of product

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Health & Safety Controls proposed for using this chemical (protective equipment etc.)

______________________________________________________________
______________________________________________________________
______________________________________________________________

What other departments/hospitals are using product

______________________________________________________________

When is product required – date: ____________________________

Confirm that COSHH and risk assessments for ward/dept have been completed (must be completed before purchase) Yes/No

Confirm that Standard Operating Procedures for the use of the product have been prepared (must be completed before purchase) Yes/No

Confirm that staff training in the safe and appropriate use of the product has been completed (must be completed before purchase) Yes/No

Any other information to support the purchase of this product

______________________________________________________________
______________________________________________________________

Name of person requesting new chemical: (print) __________________
Signature: __________________

Designation

Ward/Department

Date of request

Please forward Request Form immediately to Medicines Information, Pharmacy
*Please note the processing of your request will require a minimum of 5 working days*
Section 2 - to be completed by Medicines Information

Product Information

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplier</td>
<td></td>
</tr>
</tbody>
</table>

Obtain Summary of Product Characteristics (SPC), Instructions for use of product and Material Safety Data Sheet (MSDS) from manufacturer and attach

Confirm the correct SPC/Instructions have been received  Yes/No

Confirm the correct MSDS has been received  Yes/No

Signature:  __________________       Print name:  __________________
Designation:  ________________

Please forward Request Form and attachments immediately to Quality Assurance Department, Pharmacy, Altnagelvin.
Section 3 - to be completed by Quality Assurance, Pharmacy, Altnagelvin.

Hazards/Warnings

______________________________________________________________
______________________________________________________________

PL/CE number

______________________________________________________________
______________________________________________________________

Is the chemical of Pharmaceutical grade BP/EP/USP?

If yes, state grade

______________________________________________________________

If not is the chemical suitable for purpose, eg. suitable for human use?

______________________________________________________________

Give details of the type of container and ease of opening

______________________________________________________________
______________________________________________________________

Is the closure effective and is it tamper evident/child resistant?

______________________________________________________________
______________________________________________________________

Give storage requirements – any special precautions (temperature, light, moisture)

______________________________________________________________
______________________________________________________________

Storage location in Pharmacy Dept, sufficient space available/segregation from other products

______________________________________________________________

What is shelf life/expiry:

Is batch number and expiry stated on pack

Yes/No
Use of product

Instructions available? Yes/No
Are instructions clear and unambiguous? Yes/No
Is personal protective equipment required to handle product? Yes/No
Is special ventilation required? Yes/No
Is reconstitution/dilution/activation required? Yes/No
Is diluent/activator supplied? Yes/No
Are calculations required? Yes/No
Is an additional device required for administration? Yes/No
Are ‘in use’ expiry and storage conditions following reconstitution/dilution/activation clearly stated? Yes/No

COSHH information

COSHH handling and disposal precautions:-

Assign COSHH category

Complete COSHH assessment for Pharmacy Department and inform pharmacy staff

Is spill kit and procedure available? Yes/No
Is staff training required? Yes/No
Who will provide training? On what date?

____________________________________________________________
Signature: __________________ Print name: __________________
Designation: ________________

Please forward Request Form and copy of MSDS immediately to Occupational Health
Section 4 – to be completed by Occupational Health

Review COSHH Assessments/attached MSDS

(a) Ward/Dept requesting assessments

(b) Pharmacy

Consider any other occupational health concerns

____________________________________________________________

____________________________________________________________

Occupational Health supports the purchase of this product

Signature: __________________       Print name: __________________
Designation: ________________

Please forward immediately to Risk Management Department

Section 5 – to be completed by Risk Management

Evaluation To Purchase

• There is sufficient clinical evidence to support purchase
• The product is of suitable quality
• COSHH assessments have been completed by:

Ward/Department requesting the product        Yes/No
Pharmacy                                      Yes/No

Risk Management supports the purchase of this product

Signature: __________________       Print name: __________________
Designation: ________________

Please forward immediately to Principal Pharmacist, Patient Services

COSHH Policy – October 2009
Page 27 of 29
Section 6 – to be completed by Principal Pharmacist

Procurement

- There is sufficient clinical evidence to support purchase
- The product is of suitable quality
- COSHH assessments have been completed by:

Training completed: Yes/No
Storage area identified: Yes/No

Signature: ___________________  Print name: ___________________
Designation: ________________
16.0 **Equality & Human Rights Statement**

EQUALITY AND HUMAN RIGHTS STATEMENT: The Western Health and Social Care Trust’s equality and human rights statutory obligations have been considered during the development of this policy.

Signed: _____________________________(Chairman)

Date: _______________________________