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| **Compressed Public Health Wales logo** | | **Reference Number:** PHW10 TP08  **Version Number:** V1  **Date of Next review:**  January 2022 |
| **Control Of Substances hazardous to health procedure** | | |
| **Introduction and Aim**  The Control of Substances Hazardous to Health Procedure has been prepared in accordance with the Control of Substances Hazardous to Health Regulations 2002 (as amended in 2003 and 2004), to ensure the continued Health and Safety of employees and others who may enter the workplace.  This procedure supports the Health and Safety Policy. | | |
| **Supporting Procedures and Written Control Documents**  Control of Substances Hazardous to Health Guidance, Fire Safety Policy, Personal Protective Equipment Procedure, Asbestos Management Procedure, Water Management Plan, Control of Contractors Procedure, Transport of Specimens Procedure, Health and Safety Policy. | | |
| **Scope**  All persons employed or engaged by Public Health Wales, including part time workers, temporary and agency workers, those holding honorary contracts and those engaged by the NHS Wales Health Collaborative, who experience or supervise lone working as part of their role. | | |
| **Equality, Health Impact Assessment** | An EHIA has been completed. | |
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| **Accountable Executive Director/Director** | Huw George, Deputy Chief Executive/Executive Director for Finance and Operations. | |
| **Author** | Mark Parsons Head of Estates and Health and Safety / Nicola White , Health and Safety Professional Manager | |

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# Introduction

The purpose of this Procedure is to enable Public Health Wales, as an organisation, to comply with the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended).

Under the COSHH Regulations, the organisation is required to make an assessment of health risks created by work involving hazardous substances. Where risks are identified, all managers must carry out a risk assessment, take action to prevent or control exposure to those substances, monitor exposure and provide information, instruction and training for those who may be exposed. The Regulations apply to a wide range of substances and preparations with the potential to cause harm if they are inhaled, ingested, injected or absorbed through the skin.

# Scope

All persons employed or engaged by Public Health Wales, including part time workers, temporary and agency workers, those holding honorary contracts and those engaged by the NHS Wales Health Collaborative.

# Roles and Responsibilities

All employees of Public Health Wales have a legal duty to comply with both the Welsh and UK Governments legislation set out in this procedural document.

# Definitions

A hazardous substance is one which can cause ill health. Substances are classified according to the severity and type of hazard which may be presented to individuals who may come into contact with the substance. There are many classifications including:

* **very toxic** – substances and preparations which, in very low quantities, can cause death, acute or chronic damage to health when inhaled, swallowed or absorbed through the skin
* **toxic** – substances and preparations which, in low quantities, can cause death, acute or chronic damage to health when inhaled, swallowed or absorbed through the skin
* **harmful** – substances and preparations which may cause death, acute or chronic damage to health when inhaled, swallowed or absorbed through the skin
* **corrosive** – substances and preparations which may destroy living tissue upon contact
* **irritant** – non-corrosive substances and preparations which through immediate, prolonged or repeated contact with the skin or mucous membrane may cause inflammation
* **carcinogenic** – substances and preparations which if they are inhaled, ingested or penetrate the skin may cause cancer
* **teratogenic** – substances and preparations which if they are inhaled, ingested or penetrate the skin, may affect the developing child in the womb
* **mutagenic** – substances and preparations which if inhaled, ingested or penetrate the skin may affect future children;
* **a biological agent** – including viruses, bacteria, fungus, moulds and zoonosis

A substance may enter the body through:

* **inhalation** – substances may directly attack the lungs and could enter the blood stream
* **absorption** – through the skin
* **ingestion** – through the mouth
* **injection or penetrations** – of the skin with a sharp object or wound which allows the substance to enter the blood supply

The effects of a substance can be:

* **acute** – immediate usually short term effect from contact with a hazard to health
* **chronic** – effect built up from exposure over a period of time
* **local** – effect is at point of contact
* **systemic** – effect at some other part of the body other than point of contact
* **sensitisation** – particular organs become sensitised to a substance. A reaction to a very small concentration of the substance will then occur

1. **Risk Assessment**

The COSHH assessment must be undertaken by a competent person who is familiar with the systems of work within the area being assessed. It may be necessary to undertake more than one assessment for each area e.g. an assessment for nursing activities and another for housekeeping activities.

It is the responsibility of managers to ensure that a COSHH assessment is undertaken for their respective areas of responsibility and that all their assessment documentation is kept up-to-date and is available for inspection during health and safety audits. Where there are no substances hazardous to health within this area this must be clearly noted.

The Safety Data Sheets play a vital role when completing COSHH risk assessments as it provides key information on the hazardous substance, which is used to help identify control measures required. It is important to understand that they are not a replacement for the risk assessment procedure.

# Safe Systems of Work

Safe systems of work shall be documented and implemented for all work activities and shall include good hygiene practice, safe handling and disposal procedures. Employees must be trained and supervised in the appropriate systems to maintain safety for themselves and others who may be affected by the work being undertaken. It is essential that all control measures must be followed as intended and any and all defects reported promptly to managers.

1. **Principles of Good Control Practice**

* design and operate processes to minimise emission, release and spread of all substances identified in COSHH regulations;
* take into account all relevant routes of exposure - inhalation, skin absorption, injection and ingestion - when developing control measures;
* control exposure by measures proportionate to the health risk;
* choose the most effective and reliable control options which minimise escape and spread of contaminant from sources;
* where adequate control is not reasonably practicable by other means, provide suitable Personal Protective Equipment (PPE) in combination with other measures as necessary;
* check and review regularly, all elements of control measures for continuing effectiveness;
* inform & train all employees on hazards and risks from substances and use of control measures;
* ensure introduction of control measures does not increase overall risk.

For the vast majority of commercial chemicals, the presence (or not) of a warning label will indicate whether COSHH is relevant. For example, household washing up liquid doesn’t have a warning label but bleach does, so COSHH applies to bleach but not washing up liquid when used at work.

# Training, Information, Instruction and Communication

There is a legal requirement under COSHH Regulations for the organisation to provide suitable and sufficient training, information and instruction:

* to all employees who use potentially hazardous substances
* on any significant risks to health and the precautions which should be taken; on monitoring of exposure
* on collective results of health surveillance
* on procedures for dealing with incidents and emergencies.

Following the completion of a COSHH risk assessment the need for information, instruction and training must be considered and appropriate arrangements made by the manager.

# Monitoring and Auditing

Routine surveillance of an individual’s health must be undertaken when and where it is warranted by the degree of exposure and the nature of the potential effects. Health surveillance for those regularly using substances that pose a risk to health should be undertaken by the Occupational Health service provider. Any health surveillance will be determined by the Risk Assessment and the responsible manager or supervisor should contact the Occupational Health Service provider.

Where there is substantial exposure to skin irritants, the regular checking of hands and forearms should be considered so as to inform the early detection of dermatitis. Where health surveillance is provided, records shall be kept in an appropriate format for at least 40 years, by the Occupational Health Service provider.

Where employees are exposed to materials with possible long-term effects (such as sensitisers or carcinogens), employees should be informed and a note of the fact should be attached to their personnel records.

Where health surveillance is needed a health record must be established for each individual containing particulars approved by the Health and Safety Executive (HSE) and held for at least 40 years. Advice on all health surveillance matters should be sought from the appropriate Occupational Health Services provider.