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**Control of Substances Hazardous to Health (COSHH)**

**Standard Operating Procedure**

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| **Version:** | V1.1 |
| **Policy Number:** | CO027/08/2022 |
| **Approved By:** | Governance Sub-Committee |
| **Date Approved:** | 27 August 2019 |
| **Name of originator / author:** | Health and Safety Manager (South Yorkshire & Bassetlaw Shared Services) |
| **Name of responsible committee/ individual:** | Governance Sub-Committee |
| **Name of executive lead:** | Director of Finance |
| **Date issued:** | September 2019 |
| **Review Date:** | August 2022 |
| **Target Audience:** | All staff working within or on behalf of NHS Sheffield CCG |

**To ensure you have the most current version of this procedure please access via the NHS Sheffield CCG Intranet Site by following the link below:**

[**http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm**](http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm)



**Procedure Audit Tool**

**Please give status of Procedure: Revised**

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| **1.** | **Details of Procedure** |  |
| 1.1 | Procedure number: | CO027/08/2022 |
| 1.2 | Title of procedure: | Control of Substances Hazardous to Health Standard Operating Procedure |
| 1.3 | Sponsor  | Director of Finance |
| 1.4 | Author: | Health and Safety Manager |
| 1.5 | Lead committee | Governance Sub-committee |
| 1.5 | Reason for procedure: | Legislative Compliance |
| 1.6 | Who does the procedure affect? | All staff |
| 1.7 | Are the national guidelines/codes of practices etc. issued? | Yes |
| 1.8 | Has an Equality Impact Assessment been carried out? | Yes |
| **2.** | **Information Collation** |  |
| 2.1 | Where was procedural information obtained from? | Control of Substances Hazardous to Health Approved Code of Practice (L5) |
| **3.** | **Procedure Management** |  |
| 3.1 | Is there a requirement for a new or revised management structure for the implementation of the procedure? | No |
| 3.2 | If YES attach a copy to this form. |  |
| 3.3 | If NO explain why. | Can be operated under existing structures |
| **4.** | Consultation Process |  |
| 4.1 | Was there external/internal consultation? | Yes Health and Safety Group |
| 4.2 | List groups/persons involved | Health and Safety Group |
| 4.3 | Have external/internal comments been included? | Yes |
| 4.4 | If external/internal comments have not been included, state why. | N/A |
| **5.** | Implementation |  |
| 5.1 | How and to whom will the procedure be distributed? | Staff will be made aware of all new procedures via the Weekly Bulletin. procedures will be available on the intranet. |
| 5.2 | If there are implementation requirements such as training please detail. | No  |
| 5.3 | What is the cost of implementation and how will this be funded | N/A |
| **6.** | Monitoring |  |
| 6.2 | How will this be monitored | Governance Sub-committee |
| 6.3 | Frequency of Monitoring | Quarterly |

Document Control

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| **Version No** | **Type of Change** | **Date**  | **Description of change** |
| V1 | Approved | May 2017 | New CCG document |
| V1.1 | Procedure amendment | May 2019 | Change to the content of the procedure in line with the Policy for the Development and Management of Policies and Procedural DocumentsRemoval of appendices 1 & 2  |

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# Introduction and Purpose

1.1 NHS Sheffield Clinical Commissioning Group (CCG) acknowledges its responsibilities under the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and the importance of providing a working environment which is safe and healthy for all employees, contractors, visitors and members of the public. The CCG will ensure that the exposure to hazardous substances is prevented or, if this is not reasonably practicable, adequately controlled by assessing the risks, implementing appropriate control measures and ensuring that appropriate advice and training is given to users the risks of exposure to hazardous substances can be reduced. It is recognised that failure to comply with COSHH Regulations and the approved codes of practice (L5) constitutes an offence and is subject to penalties under the Health and Safety at Work Act 1974.

# Scope

2.1 This procedure applies to all staff and other persons working on CCG premises who come into contact with hazardous substances used by the CCG. The CCG is responsible for ensuring contractors have carried out relevant COSHH assessments by including this as a requirement in the service specification. The regulations require the employer to:

* identify substances which have the potential to cause harm
* not carry out any work which is liable to expose any employees to harmful substances unless they have made a “suitable and sufficient” assessment of the risks created by that work
* ensure that where there is any work which exposes employees to harmful substances, the employee shall receive such information, instruction and training as is suitable for him/her to know the risks created by such exposure, and what precautions that should be taken
* ensure that exposure to harmful substances is prevented or, where this is not reasonably practicable, adequately controlled
* ensure that control measures (e.g. engineering controls) personal protective equipment or other facilities are provided and that reasonable steps are taken to make sure they are properly used and staff are adequately trained in its purpose and its use
* ensure that such control measures are maintained in an efficient state, in efficient working order and in good repair and in the case of PPE in clean condition
* ensure that assessments of risk involving harmful substances are reviewed regularly and forthwith if:
1. there is a reason to suspect that the assessment is no longer valid, or
2. There has been significant change in the work to which the assessment relates.

2.2 If changes have been identified then it is the responsibility of the manager to ensure the appropriate changes to the work practices.

# Definitions

# Control of Substances Hazardous to Health Regulations 2002 – COSHH

**The Control of Substances Hazardous to Health Regulations 2002 Approved Code of Practice and guidance** – L5

**Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013** - RIDDOR

**NHS Sheffield Clinical Commissioning Group** – CCG

**South Yorkshire and Bassetlaw Clinical Commissioning Groups** - SY&BCCG

**Hazardous Substance -** Any substance (or preparation) that is:

* very toxic, toxic, corrosive, harmful or irritant
* a substance for which the health and safety executive has approved an occupational exposure limit
* a micro-organism or biological agent
* any substance (or preparation) which is a carcinogen or possible carcinogen, mutagen or teratogen
* dust at substantial airborne concentration
* a substance which creates a hazard to the health of any person, which is comparable with the hazards, created by those substances mentioned above

**Routes of Entry-** The method by which, substances could enter the body:

* inhalation
* ingestion
* absorption (through skin contact)
* injection (needle puncture)

**WEL**- Workplace Exposure Limits (WEL's). The health and safety commission has established workplace exposure limits for a number of substances hazardous to health which are intended to prevent excessive exposure to specific hazardous substances. A WEL is the maximum concentration of an airborne substance, to which an employee may be exposed by inhalation, averaged over a reference period of time, referred to as a time weighted average (TWA), Two time periods are used:

* long term (8) hours
* short Term (15 Minutes)

# Roles and Responsibilities

4.1 **Accountable Officer**

The Accountable Officer has overall responsibility for the strategic and operational management of the CCG, including ensuring that the organisation’s documents comply with all legal, statutory and good practice requirements.

The Accountable Officer is responsible for ensuring the implementation of the COSHH Regulations throughout the CCG with the day to day management responsibility devolved to Directors and Senior Manager

4.2 **Directors**

Have responsibility for health and safety / risk management within their areas of the CCG, and are responsible for managing the implementation of the COSHH regulations and for the maintenance of arrangements for implementing the SOP, application of any codes of practice or other appropriate guidance and subsequent revision of the SOP.

4.3 **Senior Managers**

Are responsible for ensuring compliance with the COSHH Regulations with the support of the Competent Person, this includes informing the Competent Person of any new substances introduced to their work area.

The Senior Managers shall:

* ensure that COSHH assessments are carried out by competent persons
* support the assessment process and its outcome by ensuring that any necessary control measures and / or resource requirement are met
* determining best method(s) of information collation and effectively communicating assessment findings
* ensure employees have appropriate information, instruction and training and are released for appropriate training programs
* monitor employee compliance with assessments and identified control measures
* ensure that any untoward incidents involving hazardous substances are reported, investigated and managed in accordance with the CCG’s Incident Reporting Policy and the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR) 2013
* liaise with the Health and Safety Team for advice where required
* liaise with the Occupational Health Department where health surveillance may be required

4.4 **The Competent Person shall:**

* ensure the CCG is aware of its duties under the COSHH Regulations 2002
* complete risk assessments for all substances that fall under the COSHH regulations
* provide information on the potential health hazards associated with chemical use in the workplace
* support management with Occupational Health Department where required
* ensure all members of staff with COSHH responsibilities are able to access advice in order to carry out their duties
* ensure advice and guidance on hazardous substances is provided to identify potential risks to health and ensure safe working practices
* ensure there is an investigation of all reported adverse events involving substances hazardous to health
* ensure that COSHH related dangerous occurrence incidents are reported to the Health and Safety Executive (HSE) in accordance with RIDDOR 2013

4.5 **Employees shall:**

* follow the safe system of work identified in the assessments
* make full and proper use of control measures including personal protective equipment (PPE)
* report any compliance failures, digressions, defects or concerns to their line manager
* report accidents and incidents
* attend training as required
* inform their line manager of any health concerns which could reasonably be attributed to exposure to hazardous substances
* attend for health surveillance as required
1. **Interaction with Other Policies / Documents**

This procedure should be read in conjunction with the following policy:

* + - * Health and Safety Policy

Further support in the understanding and use of this procedure can be gained from the Health and Safety manager.

1. **Material Safety Data Sheet**

6.1 Material Safety data sheets (MSDS) provide information on chemical products that help users of those chemicals to make a risk assessment. They describe the hazards the chemical presents, and give information on handling, storage and emergency measures in case of accident.

 A MSDS is not a COSHH assessment. The assessor should use the information it contains to carry out a COSHH assessment.

# Control Measures

7.1 Using chemicals or other hazardous substances at work puts people’s health at risk. The law requires employers to control exposure to hazardous substances to prevent ill health. They must protect both employees and others who may be exposed by complying with the COSHH Regulations.

 Control measures must be determined by the level of risk to health and must take into account:

* the elimination and/or use of alternative, less hazardous substances and materials where possible
* the modification of the use or process to eliminate, isolate or reduce exposure
* the elimination and/or reduction of numbers of people exposed to the hazardous substance
* the provision, maintenance and use of any control equipment required
* prepare plans and procedures to deal with accident, incidents and emergencies
* to ensure employees are properly informed, trained and supervised
* the use of personal protective equipment (PPE) to reduce or control exposure to hazardous substances/materials. PPE should be regarded as a ‘last resort’ in providing protection from exposure to substances hazardous to health

Failure to comply with the identified control measures may result in disciplinary action.

**7.3 COSHH Assessments**

COSHH risk assessments are managed by the South Yorkshire & Bassetlaw CCG shared service health and safety team; they will assess all substances which fall under the COSHH regulations.

**7.4 COSHH Register**

A copy of the COSHH register can be found on the NHS Sheffield CCG intranet pages. <https://www.intranet.sheffieldccg.nhs.uk/coshh-risk-assessments.htm>

# Training Requirements

8.1 The CCG will ensure that employees receive the necessary level of training for them to fulfil their individual responsibilities identified in this procedure. Employees must be informed of:

* the substances they work with
* the findings of COSHH assessments
* precautions to be taken to protect themselves and others
* how to use PPE
* results of any health surveillance
* emergency procedures to be followed
1. **References**

9.1 The legal requirements for this Standard Operating Procedure are:

* The Control Of Substances Hazardous to Health Regulations 2002
* Health and Safety at Work etc. Act 1974
* The Management of Health & Safety at Work Regulations 1999

**10 Monitoring and Review**

10.1 Monitoring of compliance to this procedure will be the responsibility of the Health and Safety Manager in his/her role of ensuring continuity through the document management processes. Implementation and use of this procedure will be monitored by the Governance Sub-committee.

10.2 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis or when a change in legislation dictates.

**11 Equality & Diversity Statement**

NHS Sheffield CCG aims to design and implement services, procedures and measures that meet the diverse needs of our service population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this procedure if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this procedure, the use of an interpreter will be considered.

NHS Sheffield CCG embraces the six staff pledges in the NHS Constitution. This procedure is consistent with these pledges.

Appendix 3

**Equality Impact Assessment**

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| **Title of procedure or service**  |  Control of Substances Hazardous to Health Standard Operating Procedure |
| **Name and role of officers completing the assessment** | Ian Plummer Health and Safety Manager (SY&BCCG) |
| **Date assessment started/completed** | 02/04/2019 | 02/04/2019 |
| **Type of EIA completed** | Initial EIA ‘ screening **X**‘Full’ EIA process  |  |

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| **1. Outline** |
| **Give a brief summary of your procedure or service*** Aims
* Objectives
* Links to other policies, including partners, national or regional
 | The aim of the COSHH SOP is to provide adequate control of health and safety risks arising from work activities. Which will ensure the safety of staff, visitors and others who may come into contact with substances while visiting the CCG |

**Identifying impact:**

* **Positive Impact:** will actively promote or improve equality of opportunity;
* **Neutral Impact:** where there are no notable consequences for any group;
* **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is justified, eliminated, minimised or counter balanced by other measures. This may result in a ‘full’ EIA process.

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| **2. Gathering of Information** This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.  |
|  | **What key impact have you identified?** | **For impact identified (either positive** **or negative) give details below:**  |
| **Positive****Impact**  | **Neutral****impact** | **Negative****impact** | **How does this impact and what action, if any, do you need to take to address these issues?**  | **What difference will this make?** |
| **Human rights** |  | X |  |  |  |
| **Age** |  | X |  |  |  |
| **Carers** |  | X |  |  |  |
| **Disability** |  | X |  |  |  |
| **Sex** |  | X |  |  |  |
| **Race** |  | X |  |  |  |
| **Religion or belief** |  | X |  |  |  |
| **Sexual orientation** |  | X |  |  |  |
| **Gender reassignment** |  | X |  |  |  |
| **Pregnancy and maternity** |  | X |  |  |  |
| **Marriage and civil partnership** (only eliminating discrimination) |  | X |  |  |  |
| **Other relevant group** |  |  |  |  |  |

***IMPORTANT NOTE:*** *If any of the above results in ‘****negative’*** *impact, a ‘full’ EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.*

Having detailed the actions you need to take please transfer them to onto the action plan below.

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| **3. Action plan** |
| **Issues/impact identified**  | **Actions required** | **How will you measure impact/progress** | **Timescale** | **Officer responsible** |
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| **4. Monitoring, Review and Publication** |
| **When will the proposal be reviewed and by whom?** | **Lead / Reviewing Officer:**  |  | **Date of next Review:**  |  |