Control of Substances Hazardous to Health Policy

Version:	Owner:	Created:
2.2	Traci Clutterbuck (Quality Manager)	1st March 2015
Published:	**Approving Director:**	**Next Review**
22nd November 2023	Nigel Gazzard (Managing Director)	1st September 2025

Contents

General Policy

BrisDoc is committed to providing a working environment that promotes the health, safety and welfare of patients, staff and the general public. This policy is contained within BrisDoc's Health and Safety Manual.

BrisDoc recognises that effective health and safety management is an integral part of management practice and accepts its responsibility:

- for providing a safe and healthy workplace, and working environment,
- to provide the systems and culture to support the identification and control of risks at work, and
- engage co-owners and self-employed staff in the promotion of safe working practices

A key commitment to this is compliance with the Control of Substances Hazardous to Health (COSHH) regulations including the provision of professional competence and adequate resources.

Whilst there are very few substances that may be used by BrisDoc services that are hazardous to health it is the policy of BrisDoc to, wherever possible, eliminate the use of any hazardous substances. Where this is not possible, to minimise exposure by taking all reasonable and practicable steps to use the least hazardous substance consistent with achieving the desired end results.

BrisDoc will implement in full all its duties and obligations under the Control of Substances Hazardous to Health Regulations (2002) and any other relevant legislation, by safe and proper means to ensure the health and safety on BrisDoc premises of all staff, patients, relatives, visitors and others undertaking duties on behalf of BrisDoc. This will support BrisDoc achieve its corporate objectives for providing high quality patient and workforce care in accordance with its 4way business model.

Introduction

The use of chemicals or other hazardous substances at work can put people's health at risk. This policy is intended to enable BrisDoc to meet its obligations under the Control of Substances Hazardous to Health Regulations 2002 and COSHH (Amendment) Regulations 2004 and forms part of BrisDoc's Health and Safety Manual.

http://www.hse.gov.uk/coshh/

Modern working methods involve the use of substances, principally chemicals, which may pose a risk to the health of people using them. No chemical is completely safe, they can be present in airborne dust for example, which in significant quantities can damage health.

The law requires employers to control exposure to hazardous substances to prevent ill health. The COSHH regulations are designed to protect employees and other people from risks associated with all hazardous substances produced, used, handled, processed, transported or disposed of at work e.g. drugs.

COSHH sets eight basic measures that should be followed and control of exposure will only be regarded as adequate if these principles are followed. *(See appendix 1)*

There can be positive benefits to BrisDoc in complying with COSHH through:

- Improved productivity through more effective stock controls

- Better co-owner understanding and compliance with health and safety requirements to prevent illness.

Effects from hazardous substances range from mild eye irritation to chronic lung disease or, on occasions, death. Such failures may lead to enforcement action, including prosecution under the COSHH Regulations and /or civil claims.

Scope of this Policy

This Policy describes the procedures, which should be followed by all BrisDoc co-owners. Self-employed staff, volunteers, work experience personnel and those on student placements will also be expected to comply with this policy.

Any other people likely to be affected should be informed of the risks of potentially hazardous substances and protected from harmful effects.

It also applies to any contractor, using any such substance in the execution of their contract with BrisDoc, who must, **prior** to using the substance, provide, as a minimum, the information required by this policy.

Definition

“A hazardous substance is any substance used at work or arising from a work process which is or has the potential to cause harm to people’s health”.

…It may be in form of solid, liquid, powder, dust, aerosol, vapour, gas or micro-organism.

There are a range of substances regarded as hazardous to health under COSHH, these include:-

Substances or mixtures of substances classified as dangerous to health under the CLP Regulations (Classification, labelling and packaging of substances and mixtures) as set out in European Regulation (EC) No 1272/2008) effective from 1.6.2015.

These can be identified by their warning label as very toxic, toxic, harmful, sensitising, corrosive, irritant or toxic to reproduction *(see appendix 2)* and the supplier must provide a `safety data sheet, for them. Many commonly used dangerous substances are listed in the HSE publication *Approved Supply List.*

Suppliers must also decide if preparations and substances that are not in the A*pproved Supply List* are dangerous, and, if so, label them accordingly.

Examples of hazardous substances associated with office work include:
Photocopier toner and developer fluids
Domestic cleaning materials:

- Bleach
- Toilet cleaner
- Window cleaner
- Furniture polishes
- Floor cleaners
- Ozone generation from photocopiers
- Flysprays, mouse poisons and other pest control substances.

Substances with Workplace Exposure Limits

These are listed in the HSE publication EH40/2005 Workplace Exposure limits.

Biological agents (bacteria and other micro-organisms) capable of causing any infection, allergy, toxicity or other human health hazard.

If they are directly connected with the work, such as with healthcare, sewage, or if the exposure is incidental to the work, e.g. exposure to bacteria from an air-conditioning system that is not properly maintained.

Dust of any kind when present in concentrations determined by reference to EH40.

If the average concentration in the air exceeds the levels specified in COSHH (e.g. 10mg/m3 for dust that can be inhaled).

Any substance not in the above but which creates a comparable health hazard

Which for technical reasons may not be specifically covered by CHIP including:

- Asphyxiates (i.e. gases such as liquid nitrogen, argon and helium, which, while not dangerous in themselves, can endanger life by reducing the amount of oxygen available to breathe)
- Pesticides
- Medicines
- Cosmetics
- Substances produced in chemical processes

Reasonable Practicably

Reasonable practicability is a matter of balancing the degree of risk against the time, trouble, cost and physical difficulty of the measures necessary to avoid it. Clearly the greater the risk the more reasonable it is to do something about it; and vice versa. Judgement is driven by the risk and **not** the size or financial position of the employer concerned. Finding the balance is a matter of judgement informed by assessment, Where decisions for compliance with COSHH are subject to reasonable practicability, then the assessment should indicate why a particular decision has been made.

Substances excluded under COSHH and covered by independent regulations

COSHH applies to virtually **all** substances hazardous to health, except the following, which are dealt with by separate legislation.

- Asbestos and lead, which have their own regulations
- Substances which are hazardous only because they are: radioactive; at high pressure; at extreme temperatures; or have explosive or flammable properties (covered by other regulations)
- Biological agents that are outside the employer's control, e.g. catching an infection from a workmate. (If in doubt, contact Occupational Health Services for advice.)

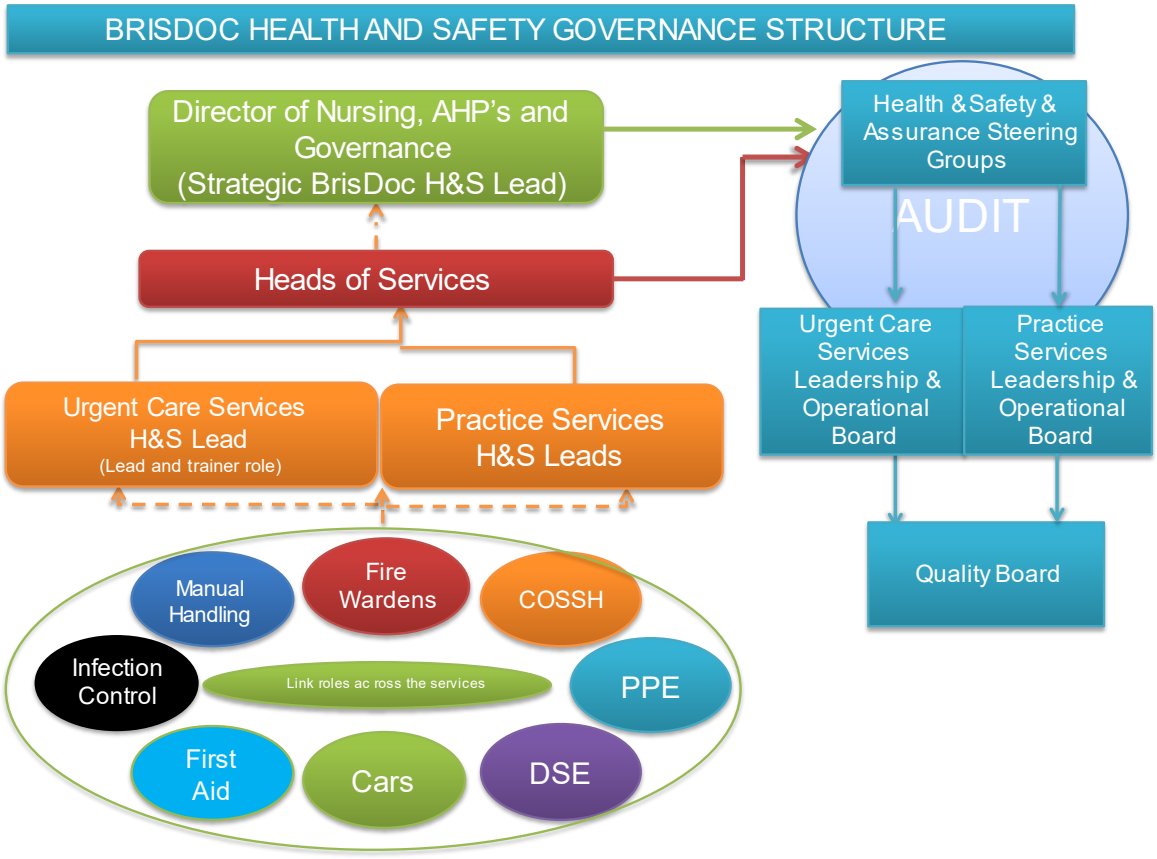
For the majority of commercial chemicals, the presence (or not) of a warning label will indicate whether COSHH is relevant. For example ordinary household washing-up liquid has no warning label and therefore no COSHH implications although good practice should still be followed. Bleach however, carries a warning label so COSHH does apply whilst being used in the workplace

Aims and Objectives

Wherever possible exposure to hazardous substances should be eliminated, where this is not possible appropriate risk reduction measures will be taken.

Risk assessments will be carried out, recorded and reviewed. Employees will follow the HSE eight-step guide in conjunction with the BrisDoc Risk Assessment Policy. Risk assessments may be undertaken using the Health & Safety Executive's online tool at www.coshh-essentials.org.uk or using the form in *appendix 3.*

Reporting on risk assessments, COSHH incidents and issues will be in accordance with BrisDoc's health and safety governance structure.



Roles and Responsibilities

Executive Directors

The Executive Directors will:

- Agree and disseminate the standards and procedures as outlined within the policy and ensure their implementation.
- Identify and allocate resources (co-owners, equipment and access strategies) to comply with control measures to reduce COSHH risks as far as is reasonably practicable.
- Facilitate and support managers in the setting up of safe systems of work.
- Ensure access to training for all co-owners who may be at risk from using substances at work and the supervision of such work practices by a competent person.

H&S Governance

The Director of Nursing, Allied Health Professionals and Governance is responsible for:

- reviewing and monitoring the effectiveness of this policy,
- advising and assisting Heads of Service and Practice Managers in meeting their responsibilities to carry out risk assessments and implementing control measures, as necessary.
- Ensuring a database of incidents is maintained using LERIS and reported through the Corporate Dashboard,
- ensuring audit of compliance is undertaken annually,
- ensuring the relevant Health & Safety & Assurance Steering Group receives reports on COSHH assessments and issues, and that the Quality Board receives regular feedback,
- Quarterly Assurance reports to be completed and shared with the Quality Board.
- external reporting as required and in accordance with requirements of external agencies and RIDDOR.

Heads of Service and Practice Managers

It is the responsibility of Managers to:

- ensure that this policy is implemented within their service,
- ensure that a COSHH link person is established within the team to develop enhanced knowledge and skills with respect to COSHH,
- ensure that the use of Hazardous Substances in their areas is in accordance with this policy,
- ensure that all reasonable steps are taken to maintain and where necessary, improve health and safety standards.
- ensure that a schedule of substances used or produced in their service, or by their team, is produced and that a risk assessment is undertaken for each situation where hazardous substances are used, arise from, or may arise through the BrisDoc activities.
- inform the Occupational Health Department about any employee with a suspected work-related health problem including any arising from hazardous substance
- ensure COSHH incidents are investigated and reported to the Health & Safety & Assurance Steering Group and report via the Quarterly Assurance report to the Quality Board
- ensure co-owners receive appropriate training and advice in substances used in the workplace.

Health and Safety Leads

The Health and Safety Lead in each service will support their manager with:

- undertaking risk assessments
- producing safe systems of work
- investigating and reporting incidents
- sharing any learning within the Service and across BrisDoc
- COSHH link role within the team.

Co-Owners

All co-owners will:

- be responsible for being aware of and understanding the contents of this policy,
- abide by this policy and any decisions arising from its implementation including following instructions and advice given:
- through the risk assessment process,
- in safe systems of work, and
- in manufacturers' safety data sheets and instructions for substance use.

- take reasonable care for their own health and safety and co-operate with BrisDoc's safe working practices developed for the safe control and use of chemicals e.g. using personal protective equipment.
- report any possible identified risk to health and safety to their Line Manager or Health and Safety Lead promptly,
- contact Occupational Health Services if they have any health issues and attend for any screening required.

Workforce Department

The Workforce Department is responsible for:

- sourcing and organising relevant training that ensures staff are able to comply with this policy,
- supporting Line Managers with referrals to Occupational Health and liaising with the Occupational Health Department
- leading or supporting any disciplinary processes that might arise due to non-adherence to this policy.

Health Surveillance

BrisDoc is required, by law, to carry out health surveillance where people may be affected by the chemicals or micro-organisms that they work with. Where necessary this will be carried out by BrisDoc's Occupational Health Department:

- Where an identifiable disease is associated with exposure to that substance
- Known or suspected carcinogens
- Substances of recognised systemic toxicity (where ingestion, inhalation or absorption are probable)
- Substances known to cause sensitisation
- Substances known to cause dermatitis

Information, Instructions and Training

Information, instruction and training must be provided for co-owners working with hazardous substances. It must be suitable and *sufficient*, i.e. relevant to the substances being used and cover the full extent of risk.

Information

This should include details of the health risks and the precautions that should be taken. There should be information on how and when to use control measures. Where health surveillance is indicated, the staff concerned must be told about the procedures and have access to their own records.

Instructions

Employees must be instructed on how to carry out procedures safely and how to use control measures. They must also be instructed about procedures to be followed in any foreseeable emergency that may arise during work with a substance.

Training

Training must be given to people who need to use control measures and personal protective equipment (PPE). The training needs to cover the carrying out of risk assessments where appropriate.

Personal Protective Equipment (PPE)

BrisDoc will provide PPE when the risk presented by a work activity cannot be adequately controlled by other means. The proper use of such protective equipment can help to reduce risks to a minimum. BrisDoc will:

- Carry out an assessment of proposed PPE to determine whether it is suitable.
- Take any necessary measures to remedy any risks found, as a result of the assessment.
- Ensure that, where two or more items of PPE are used together, they are compatible and as effective as when used separately.
- Arrange for adequate accommodation for the correct storage of PPE.
- Train members of staff in the safe use of PPE for all risks.
- Replace PPE, which has been provided to meet a statutory obligation, as necessary and at no cost to the employee.
- Inform members of staff of any risks which exist.
- Reassess as necessary if substances used or work processes change

Accidents & Emergency Measures

It is now a legal requirement to be prepared for emergencies. This will include events such as spillages and any special antidotes, which may be required to treat exposure. Should the spillage require the intervention of the emergency services (e.g. fire brigade) the person responsible for the process must ensure that the appropriate information (such as safety data sheets) is available for the emergency services.

Biological Agents

Biological hazardous agents are living micro-organisms capable of causing disease or harming the environment. They include viruses, bacteria, fungi, protozoa and parasites. Examples of occupationally acquired infections include:

- Hepatitis
- Tuberculosis
- Enteric infections
- HIV infection

All Biological agents should be given a classification depending on the hazard they present and the risk of infection. The categories are:

- GROUP 1 Biological agents that are unlikely to cause human disease.
- GROUP 2 Biological agents that can cause human disease and may be a hazard to employees. They are unlikely to spread to the community and there is usually an effective treatment available.

- GROUP 3 Biological agents that can cause severe human disease and may be a serious hazard to employees. They may spread to the community but there is usually an effective treatment.
- GROUP 4 Biological agents that can cause severe human disease and are a serious hazard to employees. They are likely to spread to the community and there is usually no effective treatment.

Control of Exposure to Biological Agents.

Wherever possible, exposure to biological agents is to be prevented by substituting the hazardous agent for a less hazardous one. If this is not possible then the following control measures must be employed in the department/work area concerned:

- The number of employees exposed to the biological agent s will be reduced to the lowest level practicable.
- The design of the work process and engineering controls should be used to prevent or minimise the release of biological agents into the workplace.
- All appropriate warning signs on the approach to and also in the workplace will be displayed.
- Suitable plans on how to deal with accidents involving biological agents, including appropriate decontamination and disinfection procedures will be devised.
- Secure and identifiable containers for contaminated waste will be provided and ensuring that such waste is suitably treated, so it can be safely handled, collected, stored, transported and disposed of.
- Implement procedures for taking, handling and processing samples that may contain biological agents.
- Provide collective protection measures and (where exposure cannot be adequately controlled by other means) introduce individual protection measures including, in particular, the supply of appropriate protective clothing or other special clothing.
- The provision to employees of effective vaccines and ensuring that hygiene measures are instigated to prevent or reduce any accidental transfer or release of a biological agent, e.g. washing and toilet facilities and prohibition of eating, drinking, smoking or applying cosmetics in any areas where there is a risk of biological contamination.

The word "appropriate" in relation to clothing and hygiene measures referred to above means appropriate for the risks involved and the conditions at the place where exposure to the risk may occur.

Co-Owners Exposed to Certain Biological Agents

Service Managers are responsible for producing and for maintaining a list of all co-owners in their department that have been exposed to Group 3 or 4 biological agents including details of the work involved and the biological agent if known. This information should be forwarded to the Occupational Health Department in order to arrange for the necessary health surveillance required under this Policy

Carcinogenic & Cytotoxic Substances

The assessment of health risks has an especially vital role to play in the control of carcinogenic substances because the development of the clinical effects of cancer may take place many years after the first exposure, and there may be no warning signs of adverse effects. For any assessment of a carcinogenic substance the results should at least detail:

- The nature of the hazard and the nature and extent of exposure, including the identification of any co-owners who may be at particular risk.

- Whether substitution by a less hazardous substance is reasonably practicable.
- All control measures to be applied to prevent or reduce exposure and evidence that consideration has been given to not employing workers at particular risk in areas where they may be exposed to carcinogenic substances, such as pregnant women dealing with a transplacental carcinogen.
- Operating and maintenance instructions and procedures where relevant, to ensure that exposure is minimised.
- Precautions under non-routine conditions, including maintenance activities and emergencies
- Use of personal protective equipment
- Monitoring procedures
- Health surveillance procedures
- Arrangements for consultation with employees and their representatives including procedures for reporting defects in plant or precautions and details of essential information and training requirements.

Control of exposure to carcinogenic substances

If the use of a safer alternative substance or process is not reasonably practicable then adequate control of exposure must be ensured. The use of the following hierarchy of controls should be used in all areas to help ensure adequate control:

- Total enclosure of a process or system.
- Minimising, suppressing and containing the generation of carcinogenic spillages, dust, fumes, leaks and vapour through the use of appropriate plant, processes and systems of work.
- Minimising the quantities of carcinogens on site and the number of persons likely to be exposed.
- Prohibiting eating, drinking, smoking and application of cosmetics in contaminated areas.
- Providing facilities for personal washing and *regular cleaning of walls and surfaces.*
- Designate areas & installations that may be contaminated by carcinogens, and post suitable & sufficient warning signs.
- Safe storage, handling and disposal of carcinogens, including the use of closed and clearly labelled containers.
- Emergency procedures for dealing with uncontrolled release of a carcinogenic substance into a workplace.
- Ensuring that personnel involved in storage, handling and disposal of carcinogenic substances are appropriately trained.

Control of Exposure to Cytotoxic Substances

Cytotoxic substances (e.g. drugs) are toxic compounds known to have carcinogenic, mutagenic and/or teratogenic potential. With direct contact they may cause irritation to the skin, eyes, and mucous membranes, and ulceration and necrosis of tissue. The toxicity of cytotoxic drugs dictates that exposure of personnel to these drugs should be minimised. The hierarchy of control as described above should be implemented to ensure appropriate control of exposure. Potential risks to pharmacists, pharmacy technicians, nurses and physicians from repeated contact with parenteral cytotoxic drugs, can be effectively controlled using a combination of specific containment equipment and appropriate work techniques.

Related Policies and Procedures

- Health and Safety Policy and Manual
- Risk Management Policy

- Incident reporting Policy
- Grievance Policy
- Liquid Nitrogen code of practice
- PPE Policy
- Latex Policy
- Infection, Prevention and Control Policy

Change Register

Date	Version	Author	Change Details
21.2.14	2.2	CL Nicholls	Formatting, updated roles and responsibilities, new COSHH assessment form, inclusion of related policies and procedures
16.9.16	2.2	CL Nicholls	Update values slide and H&S Structure. Removal of all reference to CHIP now CLP regulation is enforced. Inclusion of additional related policies.
August 19	2.2	CL Nicholls	Map to new policy template, update titles and reference to governance structure
February 2023	2.3	Traci Clutterbuck	Map to new policy template, update titles, update management structure, update language from staff to co-owners, update the reporting structure from LOBs to Quality Board

Appendix 1 The Eight Step Process and Risk Assessment

1. Identify the hazardous substances present in your workplace

Make a list of all the substances used by the team – or those that they might be incidentally exposed to. Consider: -

- Vapours from solvents or aerosols
- Waste materials domestic and clinical waste, those naturally or incidentally present in your workplace for example sewerage products / infectious agents.
- Consider whether there is a risk to people's health from these substances

How to find if substances are hazardous.

Manufacturers and suppliers information/ labelling
Trade associations
Other NHS bodies
HSE guidance see HSE website

2. Decide What Precautions are Needed

Compare any controls/ precautions already in place with the *COSHH: A Brief Guide to the Regulations (free download available from HSE Website)*

Check Manufacturers guidance on storage, use and disposal

3. Prevent Exposure

- Change procedures or activities so that the hazardous substance is not used or produced at all.
- Replace it with a safer alternative
- Use it in a safer format for example for example pellets instead of powder

Another useful publication from HSE on how to replace hazardous substances with safer alternatives may be helpful – *Seven Steps to successful substitution of hazardous substances*

Control Exposure

The COSHH Regulations require prevention of exposure to substances hazardous to health, if it is reasonably practicable to do so:

- Change procedures and systems of work – to minimise contact
- Provide suitable equipment – to enclose the process
- Control exposure at source
- Reduce number of employees exposed to a minimum
- Reduce level and duration of exposure
- Reduce the quantity of hazardous substance used or produce

Provide personal protective equipment:

- Face masks
- Protective clothing
- Gloves

It must be remembered that some substances can damage skin and others can be absorbed, so skin protection is important. It is important that other controls are put in place first and this should not be considered as a replacement for other control measures.

4. Ensure that Control Measures are Used and Maintained

Use

Control measures should be used properly and any defects or problems reported. It is the responsibility of line managers to ensure that their employees receive suitable training, information and appropriate supervision.

Maintenance

Ensure that equipment within control of staff is checked and maintained as necessary and according to manufacturer's instructions, this information should be recorded accurately and records maintained.

Personal Protective Equipment needs to be checked and maintained as required.

COSHH sets specific intervals between examinations for local exhaust ventilation equipment and records maintained for 5 years

5. Monitor Exposure.

Under COSHH, the concentration of hazardous substances in the air breathed in by workers has to be measured where an assessment concludes that:

- There could be serious risks to health if control measures failed or deteriorated
- Exposure limits might be exceeded
- Control measures might not be working properly

However, this may not be necessary if another method of evaluation demonstrates adequate prevention or control of employees' exposure to hazards.

6. Carry out Health Surveillance

Health surveillance of individuals must be carried out in the following circumstances:

- Where an employee is exposed to one of the substances listed in Schedule 6 of COSHH, and is working in one of the related processes, e.g. manufacture of certain compounds of benzene, *and* there is a reasonable likelihood that an identifiable disease or adverse health effect will result from that exposure.
- Where employees are exposed to a substance linked to a particular disease or adverse health effect; *and* there is a reasonable likelihood, under the conditions of the work, of that disease or effect occurring; *and* it is possible to detect the disease or health effect.
- In circumstances where there is exposure to skin irritants, surveillance is important for early detection of dermatitis.

There will be few instances where the regular analysis of blood or urine is required. Where employees are exposed to materials with possible long-term effects (such as sensitisers or carcinogens) 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 from the last date entered on it. Advice on all health surveillance matters should be sought from Occupational Health.

7. Prepare plans and procedures to deal with accidents, incidents and emergencies

This will apply where the work activity involves risk of an accident, incident or emergency involving exposure to a hazardous substance, which goes well beyond the risks associated with normal day-to-day work. An emergency response plan to an incident involving a hazardous substance should be available.

However, if the quantities of substances hazardous to health present in the workplace are such that they present only a slight risk to employees' health; and the measures put in place under Step 3 are sufficient to control that risk emergency procedures do not need to be produced.

8. Ensure that Employees are properly informed, trained and supervised.

COSHH required that employees are provided with up to date, suitable and sufficient information, instruction and training which 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 that apply to those substances.
- The main findings of risk assessments.
- Precautions employees should take to protect themselves and other employees.
- How to use personal protective equipment and clothing provided.
- Results of exposure monitoring and health surveillance (maintaining anonymity).
- Emergency procedures, which need to be followed.

Information should be updated and adapted to take account of significant changes in the type of work carried out or work methods used. Information that is appropriate to the level of risk identified by the assessment and in a manner and form in which it will be understood by employees should be provided.

It is vital to ensure employees understand the risks from the hazardous substances they could be exposed to. Control measures will not be fully effective if employees do not know their purpose, or how to use them properly, or the importance of reporting faults.

Appendix 2 CLP Regulations

CLP is the abbreviated name for regulations relating to the classification, labelling and packaging of substances which came into effect from June 2015 replacing the old CHIP symbols.

CLP Regulations (Classification, labelling and packaging of substances and mixtures) 1.6.2015.

CLP Regulations can be viewed here:

www.hse.gov.uk/coshh/detail/coshh-clp-reach.htm

New CLP symbols

Flammable gases, flammable liquids, flammable solids, flammable aerosols, organic pesticides, self-reactive, pyrophoric, self-heating, contact with water emits flammable gas

Oxidsing gases, oxidising liquids, oxidising solids

Explosive, self reactive, organic peroxide

Acute toxicity, very toxic (fatal), toxic

Harmful to the environment

Corrosive (causes severe skin burns and eye damage), serious eye damage

Harmful skin irritation, serious eye irritation

Respiratory sensitiser, mutagenm carcinogen, reproductive toxicity, systemic target organ toxicity, aspiration hazard

Gases under pressure

Appendix 3 COSHH Risk assessment

Guidance notes

STEP 1: Summary of Risk / Hazard

Look only for hazards which you could reasonably expect to result in significant harm e.g. Fire (flammable materials, escape routes), Hazardous substances (bleach, blood, waste), Use of equipment (X-ray, laser), Dust / fumes (poor ventilation)

STEP 2: Persons Affected

Don't list individuals by name, just think about groups of people doing similar work or who may be affected e.g.: Office staff, Clinical staff, Contractors, Cleaners, Members of the public, People sharing your workplace. Pay particular attention to: People with disability Inexperienced/young people, Visitors, Lone workers

STEP 3: Evaluate the Risk and identify the Current Controls In Place

Have you already taken precautions against the risks from the hazards listed? For example have you provided: Adequate information, instruction or training?

Adequate systems of work or procedures?

Do the precautions:

- Meet the standards set by a legal requirement? Represent good practice?
- Reduce risk so far as is reasonably practicable? If so, the risks are adequately controlled, but you need to list the precautions that you have in place.
- You may refer to policies and procedures etc. giving this information.

STEP 4: Action Plan

What more could you reasonably do for those risks which you found were not adequately controlled?

You will need to give priority to those risks which affect large numbers of people and could result in serious harm.

Apply the following principles:

- Remove the risk completely, Try a less risky option
- Prevent access to the hazard
- Organise work to reduce exposure to the hazard
- Issue personal protective equipment
- Provide adequate welfare facilities e.g. washing facilities and first aid

STEP 5: Record findings

Establish review criteria and follow-up accordingly.

COSHH RISK ASSESSMENT FORM								
SUBSTANCE			**TRADE NAME**					
What is the substance used for? e.g. cleaning, medicines								
State the hazardous ingredients / chemicals.								
Name			Maximum Exposure Limit			Occupational Exposure Standard		
Is the substance (check for orange “CHIP” square on product data sheet or packaging						Is the substance hazardous to health when?		
Extremely flammable	Y	N	Toxic	Y	N	In contact with skin	Y	N
Highly flammable	Y	N	Very Toxic	Y	N	In contact with eyes	Y	N
Flammable	Y	N	Corrosive	Y	N	Breathed in	Y	N
Oxidising	Y	N	Irritant	Y	N	Swallowed	Y	N
Harmful	Y	N	Sensitising	Y	N	Other	Y	N
How should the substance be used? (e.g. diluted in water, sprayed, applied with a brush)								

How much is used in every week? (state quantity in litres or kilos as appropriate)					
Who is exposed to the substance? (e.g. those using it)					
Does the substance present additional risks to certain groups or individuals (e.g. pregnant women)					
CONTROL MEASURES					
Can a less hazardous substance be used to do the same job?				Y	N
What controls are required for this substance, other than PPE? (e.g. good ventilation, not in spray mist form, mechanical ventilation, authorised persons only)					
Is any personal protective equipment required when using the substance?					
Eye Protection	Y	N	Mask / respirator	Y	N
Gloves	Y	N	Other - state	Y	N
Overalls / clothing	Y	N			
Is there a safety data sheet available? (If not obtain one from manufacturer.				Y	N
Describe the storage arrangements for the substance (e.g. locked cupboard, away from other substances)					
Have persons using the substance been provided with information and / or training on its use?				Y	N
Spillages: How should an accidental release/spillage of the substance be dealt with?					

Describe first aid actions if the substance is:			
Swallowed:	In contact with eyes;		
In contact with skin:	Inhaled:		
Other (specify):			
Fire Precautions: What actions should be taken in the event of a fire involving this substance?			
Chemical reactions: Is there any other substance that this substance must not come into contact with?			
Disposal: How should the substance be disposed of (or not disposed of)?			
Health surveillance: Do staff using the substance require any health surveillance?			
Are all the controls detailed above currently in place?		Y	N
If these controls are not in place or additional controls are required, state action to be taken. **Please note** - COSHH substances must **NOT** be used if adequate control measures are not in place.			
Remedial Action Required		**Date for completion**	
1.			

2.		
3.		
Are hazards to health and safety adequately controlled with all control measures in place?	Y	N

Assessor's name	**Assessor Signature**	**Date**
Manager's Name	**Manager Signature**	**Date**

Remedial Actions Complete	1.	2.	3.
Date			
Managers Signature		**Next Review Date**	

A copy of the product safety data sheet must be attached to this assessment.

Appendix 4 COSHH Risk Assessment Index

COSHH RISK ASSESSMENT INDEX

	SUBSTANCE	COSHH ASSESSMENT COMPLETED (date)	Review Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Appendix 5 References

COSHH publications

The Control of Substances Hazardous to Health Regulations 2002
Approved Code of Practice and guidance L5 (sixth edition) HSE Books 2013 ISBN 978 07176 65822

COSHH essentials: Easy steps to control chemicals. Control of Substances Hazardous to Health Regulations HSG193 (Second edition) HSE Books 2007
www.coshh-essentials.org.uk

Related publications

Biological monitoring in the workplace: Information for employees on its application to chemical exposure Leaflet INDG245 HSE Books 1997 ISBN 978 07176 14509

Biological monitoring in the workplace: A guide to its practical application to chemical exposure HSG167 HSE Books 1997 ISBN 978 07176 12796

EH40/2005 Workplace exposure limits: Containing the list of workplace exposure limits for use with the Control of Substances Hazardous to Health Regulations 2002
EH40 HSE Books 20011 ISBN 978 07176 64467

Monitoring strategies for toxic substances (2nd ed) HSG173 HSE Books 2006
ISBN 978 07176 61886

Respiratory Protective Equipment at work: A practical guide HSG53 (4th Edition) HSE Books 2013 ISBN 978 07176 64524