



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Control of Substances Hazardous to Health (COSHH) Guidance

This procedural document supersedes: CORP/HSFS 7 v.8 - Control of Substances Hazardous to Health (COSHH) Guidance



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| Executive Sponsor(s): | Sam Wilde – Chief Finance Officer |
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| Target audience: | All Colleagues, Trust-wide |

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

| Version | Date Issued | Brief Summary of Changes | Author |
|-----------|-----------------|--|---------------------------|
| Version 9 | June 2025 | <ul style="list-style-type: none"> Change of Executive Sponsor. Amended Section 5 to reflect new COSHH e-learning package. Added the link to the COSHH page on The Hive (Section 11). | Gary Hewit |
| Version 8 | January 2022 | <ul style="list-style-type: none"> Amended to reflect appointment of new Health and Safety Advisor. The inclusion of the Alcumus/Sypol electronic COSHH management system in 1. The Introduction and 6 Monitoring Compliance with the Procedural Document – What is being monitored. | Gary Hewit N P Donegan |
| Version 7 | 15 October 2018 | <ul style="list-style-type: none"> Amended to reflect changes from Care Groups to Divisions. | Neil Donegan |
| Version 6 | April 2015 | <ul style="list-style-type: none"> Document changed to become Guidance, under the Health and Safety Policy | Neil Donegan |
| Version 5 | May 2011 | <ul style="list-style-type: none"> Title change Items re-numbered Changes made to reflect Corporate changes to include Clinical Service Units and new Management Board Added 'Equality Impact Assessment' at item 3. | Ian Soulsby |

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1 INTRODUCTION

The Control of Substances Hazardous to Health Regulations were introduced in 1988 requiring employers to make an assessment of the risks to health which arise from exposure to hazardous substances. As part of this assessment they must establish what control measures are necessary to prevent or adequately control exposure and what further precautions need to be taken to protect workers' health.

The Regulations have been amended on several occasions since 1988 and the current legislation has been re-issued in 2002 with a subsequent amendment in 2004.

To ensure compliance with these Regulations the Trust has contracted the services of the Alcumus/Sypol electronic COSHH management system, to manage and keep the Trust updated with the Regulations, notify any changes and update Safety Data Sheets as required.

2 PURPOSE

The general duty of an employer under the Health and Safety at Work Act 1974 applies to work involving the use of substances hazardous to health as it applies to other kinds of work. The act places a duty on the employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.

The employer is also required to: -

- Provide and maintain plant and systems of work that are safe and free from health risks.
- Make arrangements for ensuring the safety and absence of health risks in connection with the use, handling, storage and transport of articles and substances.
- Provide such information, instruction, training and supervision as is necessary to ensure the health and safety at work of employees.

The Control of Substances Hazardous to Health Regulations 2002 lay down the following specific duties on employers:-

- To carry out an assessment of health risk to employees.
- To prevent/control exposure of employees to health risks.
- To establish proper use of controls and personal protective equipment (PPE).
- To maintain, examine and test controls and keep records.
- To monitor workplace exposure of employees.
- To provide health surveillance for employees where necessary.
- To provide information, instruction and training with regard to hazardous substances.
- To ensure that procedures are in place to deal with any accidents, incidents or emergencies.

3 DUTIES AND RESPONSIBILITIES

Each Divisional/Departmental Manager is responsible to their Divisional/Department Director for the management of COSHH within their area of responsibility and in particular, has to ensure: -

3.1 Risk Assessment

No work is carried out that is liable to expose employees to substances hazardous to health unless a suitable and sufficient assessment, in writing, of those risks has been carried out.

The assessment is reviewed if there is reason to suspect that it is no longer valid or there has been a significant change in the work to which the assessment relates.

3.2 Prevention or Control of Exposure

Schedule 2A to the regulations (as amended) lists the principles of good practice for the control of exposure to substances hazardous to health. These can be found in section 4.1 of this document.

3.3 Use, Maintenance, Examination and Test of Control Measures

Where control measures, personal protective equipment or other facilities are provided, they are properly used, stored and applied.

Employees are aware that they have a duty to make full and proper use of any control measures, personal protective equipment or other facility and that they report any defects etc. immediately.

Control measures provided are efficiently maintained, are in an efficient state and in good working order.

Engineering controls, (e.g. local exhaust ventilation) is thoroughly examined and tested at least once every 14 months or sooner if required by the regulations, and that respiratory protective equipment, other than disposable, is examined and tested at regular intervals.

Records of any examination, inspection, test or repair in connection with COSHH are retained for a minimum of 5 years.

3.4 Monitoring of Exposure

Where it is necessary for ensuring the maintenance of adequate control of the exposure of employees, such exposure will be suitably monitored as laid down in the regulations.

Records of monitoring should be kept for a minimum of 5 years and where that monitoring is of the personal exposure of an identifiable employee such records should be retained in accordance with the General Data Protection Regulations (GDPR) and the Data Protection Act 2018 in the individual's occupational health records for at least 40 years.

Such records may be accessed by the individual if requested.

3.5 Health Surveillance

Employees who are or who are liable to be exposed to certain hazardous substances or processes listed in the regulations, or those exposed to substances which might cause an identifiable disease or adverse health effect should be under appropriate health surveillance with the Occupational Health

Department. This should be identified on the assessment. Records of the health surveillance of employees must be retained for 40 years from the date of the last entry.

3.6 Emergency Procedures

Situations that could present a serious or imminent danger could include: -

- Fire
- Spillage
- Failure to contain a biological agent
- A process failure

Where members of staff or the public could be exposed to levels beyond that normally associated with normal activity.

In such cases, emergency procedures should be in place to mitigate the effects of the incident, restore the situation to normal as soon as possible and limit the extent of risks to health of any persons who may be affected.

4 PROCEDURE

Before any substance is used in the workplace, a competent person should check to decide whether it is classified as a hazard. Safety Data Sheets are available from the supplier, which give details of how to properly manage the substance, to safeguard staff, patients' and visitors' health.

Using the Safety Data Sheet, an assessment should then be made of the risks to health through exposure. The assessment should consider all existing control measures.

4.1 Principles of good practice for the Control of Exposure to Substances Hazardous to Health

- Design and operate processes and activities to minimise emission, release and spread of substances hazardous to health.
- Take into account all relevant routes of exposure- inhalation, skin absorption and ingestion- when developing control measures.
- Control exposure by measures that are proportionate to the health risk.
- Choose the most effective and reliable control options, which minimise the escape and spread of substances hazardous to health.
- Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment.
- Check and review regularly all elements of control measures for their continuing effectiveness.
- Inform and train all employees on the hazards and risks from the substances with which they work and the use of control measures developed to minimise the risks.
- Ensure that the introduction of control measures does not increase the overall risk to health and safety.

5 TRAINING/SUPPORT

Staff who are exposed to hazardous substances are provided with suitable information, instruction and training to know the risks to their health created by such exposure and the precautions to be taken.

The Trust has a dedicated COSHH e-learning package on ESR for all colleagues to complete, Click on the link below to download the instructions for enrolling onto a 272 COSHH Awareness eLearning Module >>> [272 COSHH Awareness Enrolment Instructions](#)

The results of any monitoring of exposure at the workplace should also be passed on to employees. The Health and Safety Advisor will give assistance and support as required.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

| What is being Monitored | Who will carry out the Monitoring | How often | How Reviewed/ Where Reported to |
|---|--|--|---|
| Monitoring and review of COSHH assessments should be carried out in accordance with the methodology included in the Alcumus/Sypol COSHH management system utilized by DBTH Trust. | Ward/Department Managers, Risk assessors | Annually, or when a new substance is introduced. | Reviewed by task observation. Recorded on Risk Registers. Serious anomalies reported to |

7 DEFINITIONS

The term **‘Substances Hazardous to Health’** applies to the following: -

- Those substances that have been classified as being either Very Toxic, Toxic, Harmful, Corrosive or Irritant.
- Those substances for which the Health and Safety Commission has approved a workplace exposure limit.
- Those substances which have chronic or delayed effects, for example, substances that are Carcinogenic (cancer forming), Teratogenic (causing birth defects) and Mutagenic (possibly affecting future generations).
- Biological Agents i.e. any microorganism etc. which may cause infection, allergy, toxicity or otherwise create a risk to humans.
- Dust of any kind, when present at a substantial concentration in air.

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Equality diversity and Inclusion Policy (CORP/EMP 59).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. ([See Appendix 1](#))

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Health and Safety Policy (CORP/HSFS 1)

Mental Capacity Act 2005 Policy and Guidance, including Deprivation of

Liberty Safeguards (DoLS) (PAT/PA 19)

Risk Identification, Assessment and Management Policy (CORP/RISK 30)

10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2021).

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information, which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

11 REFERENCES

The Control of Substances Hazardous to Health Regulations 2002 (as amended).

Control of Substances Hazardous to Health, Approved Codes of Practice 2002. (L5 – Health and Safety Executive.

<https://www.hse.gov.uk/coshh/basics/index.htm>

For further COSHH information, please see link below to the COSHH page on The Hive -

>>> [The Control of Substances Hazardous to Health \(COSHH\) – The Hive](#)

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

| Service/Function/Policy/Project/Strategy | Division | Assessor (s) | New or Existing Service or Policy? | Date of Assessment |
|---|------------------------|------------------|------------------------------------|--------------------|
| Control of Substances Hazardous to Health (COSHH) Guidance | Estates and Facilities | Gary Hewit | Existing policy | May 2025 |
| 1) Who is responsible for this policy? Name of Division/Directorate: Estates and Facilities | | | | |
| 2) Describe the purpose of the service / function / policy / project/ strategy? - To ensure all Trust staff are aware of COSHH guidance. | | | | |
| 3) Are there any associated objectives? Legislation, targets national expectation, standards: - Compliance with Policies and legislation | | | | |
| 4) What factors contribute or detract from achieving intended outcomes? – Behaviour and understanding | | | | |
| 5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No | | | | |
| <ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – N/A | | | | |
| 6) Is there any scope for new measures which would promote equality? - N/A | | | | |
| 7) Are any of the following groups adversely affected by the policy? | | | | |
| Protected Characteristics | Affected? | Impact | | |
| a) Age | No | | | |
| b) Disability | No | | | |
| c) Gender | No | | | |
| d) Gender Reassignment | No | | | |
| e) Marriage/Civil Partnership | No | | | |
| f) Maternity/Pregnancy | No | | | |
| g) Race | No | | | |
| h) Religion/Belief | No | | | |
| i) Sexual Orientation | No | | | |
| 8) Provide the Equality Rating of the service / function / policy / project / strategy – tick (✓) outcome box | | | | |
| Outcome 1 ✓ | Outcome 2 | Outcome 3 | Outcome 4 | |
| <i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i> | | | | |
| Date for next review: May 2028 | | | | |
| Checked by: Sean Tyler – Head of Compliance | | | Date: May 2025 | |