



# Health and Safety Policy (Appendix 'O') Control of substances hazardous to health (COSHH) policy

<b>DOCUMENT INFORMATION</b>	
<b>Author:</b>	John Dunn, Head of Risk and Security
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## 1. Introduction

- 1.1 The South Central Ambulance Service NHS Foundation Trust recognises its duty to comply with the Health and Safety at Work Act (HSWA) 1974 and all subordinate regulations, in particular the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all of its employees and this includes having arrangements in place to prevent staff from being exposed to substances hazardous to health.

## 2. Scope

- 2.1 This policy applies to all who work for or carry out work on behalf of the Trust, including volunteers, work experience students and contractors who potentially could be exposed to substances hazardous to health whilst on Trust premises or whilst working for the Trust.

## 3. Equality Statement

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

## 4. Aim

- 4.1 The aim of the policy is to set out the arrangements for the identification, assessment and management and control of substances hazardous to health within the Trust and to provide and maintain a safe working environment.
- 4.2 The objectives are to ensure that the Trust has clear and defined arrangements for:
- the identification of substances hazardous to health and the protection of staff, and others who work for or on behalf of the Trust such as volunteers, work experience students and contractors from exposure to these substances



- the carrying out of suitable and sufficient risk assessments on preventing staff volunteers, work experience students and contractors from being exposed to substances hazardous to health
- the introduction and maintenance of controls to eliminate, control and minimise exposure by staff volunteers, work experience students and contractors from being substances hazardous to health
- the management and control of risks from substances hazardous to health
- the regular review of these risk assessments

## **5. Roles and Responsibilities**

### **5.1 Trust Board**

5.1.1 The Trust Board will ensure that there suitable and sufficient arrangements and adequate resources for the identification, assessment and management and control of the risks to staff and others who work for or on behalf of the Trust such as volunteers, work experience students and contractors from exposure to substances hazardous to health.

### **5.2 Chief Executive**

5.2.1 The Chief Executive has overall responsibility for:

- the effective implementation of this policy within the Trust and for ensuring that there are suitable and sufficient arrangements for the identification, assessment and management and control of the risks to staff volunteers, work experience students and contractors from exposure to substances hazardous to health.
- ensuring the allocation of sufficient resources to maintain efficient and effective health and safety arrangements for providing, so far as is reasonably practicable, a safe workplace which includes preventing staff, volunteers, work experience students and contractors from exposure to substances hazardous to health.
- ensuring that policies are reviewed to secure compliance with existing legislation and any changes to this legislation.

### **5.3 Executive Director**

5.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

### **5.4 Director of Quality and Patient Care**

5.4.1 The Director of Quality and Patient Care is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular, the Director of Quality and Patient Care is responsible for:



- ensuring that workplace health, safety and welfare procedures are constantly reviewed, including those for the management and control of exposure to substances hazardous to health
- ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE) and NHS Protect
- ensuring that the Trust Board are kept abreast of relevant new legislation and guidance in order to ensure on-going compliance with the law; and the number of violence and aggression incidents reported by staff.

## 5.5 Managers and Supervisors

All Managers and Supervisors are responsible for:

- attending any training to enable them to fulfil their responsibilities outlined in this policy
- bringing this policy to the attention of staff within their area of responsibility
- ensuring that all staff within their area or responsibility comply with this policy and any associated protocols and procedures
- encouraging all staff within their area of responsibility to report all incidents involving exposure to substances hazardous to health, including any near misses, using the Trust's Incident reporting system, Datix
- ensuring that members of staff are given all necessary support and advice in the event of them being exposed to substances hazardous to health (including where necessary being referred to Occupational Health)
- arranging for the investigation of incidents involving exposure to substances hazardous to health reported by the staff within their area of responsibility
- ensuring that they notify the Risk Team immediately of any serious exposure to substances hazardous to health within their area of responsibility; and also of any staff who following this exposure go off work (or are incapacitated from doing their normal job) for over seven days
- carrying out or assisting with the carrying out of any risk assessments on preventing staff and others from being exposed to substances hazardous to health
- ensuring that the significant findings of these assessments are communicated to staff within their area of responsibility such as all information about the potential and significant hazardous substances and risks associated with the work they carry out for the Trust; and how to avoid exposure to these substances and what they should do if they are exposed
- ensuring that any measures identified by the risk assessment which they have control over are put into place
- ensuring, so far as is reasonably practicable, that all identified controls and further controls identified by the assessment and any subsequent reviews are put into place and communicated to staff
- seeking advice on substances hazardous to health, where necessary from the Trust's Head of Risk and Security and the Non-Clinical Risk Manager
- where necessary, referring any staff who have been exposed to substances hazardous to health whilst at work to Occupational Health for assessment and health surveillance.



## 5.6 All staff

All staff have the following responsibilities:

- to make themselves fully aware of the policy and to abide by it
- to follow the Trust's and their site's specific procedures and protocols regarding substances hazardous to health
- to comply with any information, instruction and training provided for them to enable them to carry out their work safely and avoid any exposure to substances hazardous to health
- to take reasonable care for their own health, safety and that of others who may be affected by their acts or omissions
- to carry out a dynamic risk assessment when approaching and arriving at scene and if there is the potential for exposure to substances hazardous to health they should consider whether it would be safer to withdraw and seek assistance and/or requesting assistance from the Clinical Contact Centre and the Hazardous Area Response Team (HART). When making this assessment consideration should also be paid to the impact upon the patient;
- to co-operate with the Trust in relation to the completion of any risk assessment on preventing or controlling exposure to substances hazardous to health
- to utilise any personal protective equipment and other equipment provided to protect them from exposure to substances hazardous to health and ensure their safety; and report any defects with this equipment using the Trust's Incident reporting system, Datix
- to adhere to any safety measures put in place to ensure their safety, including any safe systems of work or safe operating procedures
- to report any incidents of exposure to substances hazardous to health, including near misses, arising from the carrying out of their work using the Trust's incident reporting system, Datix
- to attend the Occupational Health department, if referred by their manager because of exposure to substances hazardous to health.

## 5.7 Head of Risk and Security

- 5.7.1 The Head of Risk and Security is responsible to the Director of Quality and Patient Care for the development of effective policies and procedures to assist the Trust in providing a safe and secure environment for staff, patients, volunteers, students and contractors and thereby help to eliminate, prevent, control and/or reduce exposure from substances hazardous to health. This may also help to reduce the number of exposure to substances hazardous to health incidents and the number of potential claims.
- 5.7.2 The Head of Risk and Security will also carry out or assist with the carrying out of suitable and sufficient risk assessments on substances hazardous to health. They will also advise managers and staff on the chemical hazards associated with their work and what should be considered in any associated risk assessment.
- 5.7.3 The Head of Risk and Security will ensure that there are arrangements in place for the reporting of all notifiable incidents involving SCAS Staff being exposed to substances hazardous to health, in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, to the Health and Safety Executive (HSE) within the specified timeframes.





## **5.8 Non Clinical Risk Manager**

- 5.8.1 The Non-Clinical Risk Manager will assist and support the Head of Risk and Security and the Trust by carrying out or assisting with the carrying out of suitable and sufficient risk assessments on preventing exposure to substances hazardous to health.
- 5.8.2 The Non-Clinical Risk Manager will provide specialist advice to line managers and teams by:
- Supporting investigations, safety audits and inspections. Developing a comprehensive risk assessment register and associated safe systems of work
  - Instigating and monitoring area wide action plans arising from the risk assessment process as necessary
  - Analysing exposure to substances hazardous to health related incidents for reporting to the Health, Safety and Risk Group
  - Raising awareness of the risks associated with substances hazardous to health through campaigns, articles in Staff Matters and possible Hot News bulletins.
- 5.8.3 The Non-Clinical Risk Manager will also ensure that all reported incidents involving SCAS staff being exposed to substances hazardous to health incidents which are notifiable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 are reported to the Health and Safety Executive (HSE) within the specified timeframes.

## **5.9 Clinical Co-ordination Centre**

- 5.9 The Clinical Co-ordination Centre (CCC) will respond to any requests for assistance from staff who find themselves at an incident where there is a significant risk of them being exposed to substances hazardous to health. Upon receipt of this request, the CCC will inform the Hazardous Area Response Team (HART).

## **5.10 Hazardous Area Response Team**

- 5.10.1 The Hazardous Area Response Team (HART) will, if required, respond to incidents, including emergencies, where there is a risk of SCAS staff being exposed to substances hazardous to health.

## **5.11 Occupational Health**

- 5.11.1 The Occupational Health Department, commissioned by the Trust, have the following responsibilities:
- a) to advise the Trust of all aspects of health in the workplace in order to assist the Trust in complying with legal requirements
  - b) to assess any managers and staff who have been referred to Occupational Health with suspected work-related ill-health and to advise the Trust of the action that should be taken
  - c) to carry out assessments of medical fitness on staff prior to employment
  - d) to carry out assessments and advise on the manager or staff member's suitability to return-to-work following an injury sustained at work and/or exposure to substances hazardous to health
  - e) to provide health surveillance



- f) to provide a physiotherapy service. Any member of staff requiring the service is advised to contact the Occupational Health Provider through the relevant HR departments
- g) to provide a comprehensive rehabilitation programme for staff who have been exposed to substances hazardous to health and meet certain criteria to assist in their recovery to a safe level of fitness so that they can return to work.

## 6. Definitions

**Substance** means any natural or artificial substance in the following forms: a solid, a liquid, a gas, a dust, a mist or vapour (including micro-organisms).

A **substance hazardous to health** is defined as: A substance (including a preparation) which has been classified as very toxic, toxic, harmful corrosive or irritant for which the Health and Safety Executive (HSE) has approved a workplace exposure limit; and this includes biological agents and dusts.

**Workplace exposure limit** is the exposure limit for that substance as determined by the Health and Safety Executive.

A **biological agent** which means any micro-organism (bacteria, viruses, fungi), cell culture or human endoparasite, including any which have been genetically modified which may cause infection, allergy, toxicity or otherwise create a hazard to human health.

**Dust** of any kind when present in a substantial concentration in the air, namely in concentrations in the air equal to or greater than 10 mg/m<sup>3</sup> (as a time weighted average over an eight hour period) of inhalable dust or 4mg/m<sup>3</sup> (as a time weighted average over an eight hour period) of respirable dust.

**Inhalable dust** is an airborne material which is capable of entering the nose and mouth during breathing.

**Respirable dust** is an airborne material which is capable of penetrating the gas exchange region of the lung.

**Micro-organism** is a microbiological entity, cellular or non-cellular, which is capable of replication or of transferring genetic material.

**Carcinogen** is any substance or preparation which is classified as being carcinogenic and is known to cause cancer.

**Mutagen** is something which can cause heritable genetic damage.

**Pathogen** is a bacterium, virus, or other micro-organism that can cause disease.

## 7. Substances hazardous to health which are covered by the COSHH Regulations 2002

- 7.1 The Control of Substances Hazardous to Health Regulations 2002 applies to a wide range of substances, preparations and also mixtures of two or more substances with the potential to cause harm if they are inhaled, ingested or come into contact with the skin and/or are absorbed through the skin or other body membranes.
- 7.2 These can include individual chemical substances or preparations such as paints, cleaning materials, pesticides and insecticides. They can also include:





- biological agents such as pathogens or cell cultures
- Harmful micro-organisms
- Substances that have been assigned an occupational exposure standard (OES) or a maximum exposure limit (MEL)
- 'Substantial' quantities of dust
- Any substance creating a comparable hazard e.g. blood

7.3 Substances hazardous to health may also be classified as follows:

- Carcinogens, Mutagens and Teratogens which prevent the correct development and growth of body cells. Carcinogens cause or promote cancer; Teratogens cause abnormal development of the embryo, producing still birth or birth defects; Mutagens alter cell development and cause changes in future generations
- Agents of Anoxia – vapours or gases, which reduce the oxygen in or prevent the body using it effectively. Carbon dioxide, carbon monoxide and hydrogen cyanide are examples
- Narcotics – produce dependency, and act as depressors of brain functions. e.g. organic solvents.

7.4 Substances hazardous to health can occur in many forms, including solids, liquids, vapours, mists, gases and fumes. They can also be simple asphyxiants or biological agents.

## **8. Substances hazardous to health which are not covered by COSHH**

8.1 The Control of Substances Hazardous to Health Regulations 2002 applies to virtually all substances hazardous to health with exception of the following:

- Asbestos and Lead (which have their own specific regulations)
- Biological agents (if they are not connected with the work activity and they are outside the employer's control, such as a common cold)
- Substances which are hazardous because they are:
  - Radioactive
  - Simple asphyxiants
  - At high pressure
  - At extreme temperature
  - Have explosive properties
  - Have flammable properties

All of the above are all covered by other regulations.

## **9. Inventory of all substances hazardous to health and safety data sheets**

9.1 The Risk Team working with Procurement and Operations will devise an inventory of all substances hazardous to health in use within the Trust. They will also obtain the relevant safety data sheets from the suppliers of these hazardous substances so that the necessary substances hazardous to health risk assessment can be carried out. A training needs analysis will follow the addition of each item to the inventory.



## **10. Suitable and sufficient control of substances hazardous to health (COSHH) risk assessments**

- 10.1 All identified substances hazardous to health used within Trust premises by Trust staff, or those working for or on behalf of the Trust, including students on work placement and contractors shall be subject to the risk assessment process. Suitable and sufficient risk assessments shall be carried out using the Trust's Control of substances hazardous to health (COSHH) risk assessment form, see appendix 2.
- 10.2 These suitable and sufficient risk assessments on all identified substances hazardous to health in use within the Trust will be carried out by the appropriate manager with, where necessary, assistance from the Trust's Head of Risk and Security and the Non Clinical Risk Manager. Where necessary, specialist advice will be sought from the Trust's Infection Control Lead and Occupational Health. This will be done to ensure that the health and safety of staff, volunteers, students on work placement and contractors is protected so far as is reasonably practicable.
- 10.3 Using the information from the respective Safety Data Sheet (SDS) for the substance and observing how the substance is used, the suitable and sufficient COSHH risk assessment should identify hazards and the existing controls in place (if any) to protect staff and others from those hazards and from this evaluate the level of risk. The level of risk should be reduced to the lowest level so far as is reasonably practicable. Therefore, it may be necessary to introduce further measures to manage and control the risks effectively. The significant hazards, risks and controls should be recorded on the risk assessment form.
- 10.4 When carrying out the suitable and sufficient risk assessments the following, where applicable, should be considered:
- the form the substance hazardous to health takes (namely, a solid, a gas, a vapour, a fume, including mixtures of compounds, micro-organisms or natural minerals such as flour, stone or wood dust)
  - the hazardous properties of the substance
  - the storage of the substance
  - information on health effects obtained from the relevant safety data sheet
  - the work activity and how exposure occurs
  - the level of exposure
  - the amount of substance involved
  - the workplace exposure limit and the occupational exposure limit
  - the preventative and control measures in place
  - any additional controls required
  - the results of any health surveillance
  - the results of any monitoring of exposure
  - the approved classification of any biological agent
  - any relevant additional information.
- 10.5 The risk assessment should be reviewed periodically to check and ensure that all of the controls that are in place are working effectively.
- 10.6 The risk assessment should be reviewed and revised following any significant changes to any aspect of the risk assessment. For instance, if there is a change in working practices or changes to the work place/working environment; and/or the results of any monitoring show it is necessary. All revisions and changes to the risk assessment should be recorded.



- 10.7 Other than the above, the risk assessment should also be reviewed annually.
- 10.8 The significant findings of the risk assessments should be communicated to and made accessible to all staff (and contractors and other site users as necessary).
- 10.9 Copies of all of the completed control of substances hazardous to health risk assessments should be kept for at least 5 years (longer where they need to be cross referenced with health surveillance records) and be available for inspection by union representatives. Where health surveillance is undertaken, Occupational health keep surveillance records for 40 years.

## 11. Identification and consideration of suitable control measures

- 11.1 When identifying suitable control measures consideration should be given to the hierarchy of controls below:
  - **Eliminate** – Does the substance have to be used? If not it should be disposed of carefully and within guidelines for its disposal. If the substance has to be used, consideration should be given to limiting the quantities in storage and in use at one time
  - **Substitution** – Could another less hazardous substance be used instead? e.g. substituting water based adhesive for a solvent based adhesive
  - **Enclosure/Isolation** – Could the work place be re-designed or reconfigured in such a way so that the substance is contained
  - **General Ventilation** – Windows and doors being opened, extraction fans etc.
  - **Local Exhaust Ventilation** – The use of fume cupboards and local exhaust ventilation (routine maintenance must be included within control measures)
  - **Safe Systems of Work** – these should be in writing and communicated to staff (using/potentially exposed to the substance hazardous to health) so that they are aware of the safe operating procedures they should follow to protect themselves from exposure in normal circumstances and also the emergency procedures that should be taken. The safe system of work or safe operating procedure should also state the duration of exposure
  - **Personal Protective Equipment (PPE)** – This is the control measure of last resort because it only protects the individual wearing it (rather than everyone who may be exposed to the substance). If PPE is provided, then in order for it to be effective it must be suitable for the task and the environmental conditions, it must be fitted correctly, free from any damage, stored appropriately and where necessary maintained accordingly.

## 12. Biological hazards

- 12.1 The Trust does not intentionally carry biological specimens of either a human or an animal nature, nor do its activities involve a deliberate intention to work with or use biological agents. However, this does not preclude the possibility of conveying an amputated body part as a result of an accident.
- 12.2 The Trust recognises that the nature of its business means that it is likely that staff will come into contact with blood borne pathogens such as Acquired immune deficiency syndrome (AIDS)/Human immunodeficiency virus (HIV) or Hepatitis classified in Group 2 of the Control of Substances Hazardous to Health (COSHH) Regulations 2002.



- 12.3 Where it is known that a patient has contracted a Group 2 type illness caused by a pathogen, this will be communicated to the attending crew so that they can take the necessary precautions. Bearing in mind that staff attending to patients should always take standard precautions.
- 12.4 If staff have been exposed to a blood borne pathogen such as HIV then the Trust has arrangements in place to provide them with post prophylaxis treatment.

### **13. Health surveillance**

- 13.1 The Trust has arrangements in place via the Occupational Health Department, to provide, where necessary, health surveillance to staff who have been exposed to substances hazardous to health in the course of their work.
- 13.2 In accordance with statutory requirements, the records of any health surveillance will be maintained and held by the Trust for a period of no less than 40 years.

### **14. Emergencies involving substances hazardous to health**

- 14.1 If there are any emergencies involving substances hazardous to health then the Hazardous Area Response Team (HART) may be called to attend. If necessary, the Fire & Rescue Service will also be called to attend.
- 14.2 The designated emergency procedure will be stated on the relevant control of substances hazardous to health assessment risk assessment and will be communicated to relevant staff.

### **15. Training**

- 15.1 Managers and staff will receive training in accordance with the Trust's training needs analysis and its statutory and mandatory training programme.
- 15.2 Managers and Supervisors who have to carry out risk assessments on preventing and controlling exposure to substances hazardous must obtain training in how to do so from the Risk Team prior to undertaking any risk assessments as per this policy.
- 15.3 The staff using the substances hazardous to health must be given information, instruction and training on the substances and the associated hazards and risks and also on the methods of control and the PPE required and any emergency measures.
- 15.4 Where necessary, staff using substances hazardous to health should be supervised whilst carrying out their work activities to ensure that they are following the safe systems of work and are applying any information, instruction and training.

### **16. Equality and Diversity**

An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 4.



## 17. Monitoring

The effectiveness of this policy will be monitored in the following way.

Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
a) The number of control of substances hazardous to health (COSHH) assessments risk assessments completed and/or reviewed as per legislation and policy in a financial year.	a) Report from the Risk Team on the number of control of substances hazardous to health (COSHH) assessments completed and/or reviewed in a financial year.	a) Risk Team.	Health, Safety and Risk Group	a) Annually, as a minimum.

## 18. Consultation and Review

18.1 A consultation exercise on the policy will be carried out with the stakeholders listed below.

18.2 This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
All Managers and Staff	6/4/2017 to 27/4/2017	Y
Health, Safety and Risk Group	6/4/2017 to 27/4/2017	Y

## 19. Implementation (including raising awareness)

19.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

## 20. References

- Health and Safety at Work Etc. Act 1974
- Control of Substances Hazardous to Health Regulations 2002



- Management of Health Safety at Work Regulations 1992 (Amended 1999)
- Workplace Health, Safety and Welfare Regulations 1992
- Provision and Use of Work Equipment Regulations 1992 (Amended 1998)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

## **21. Associated documentation**

- Health and safety policy and procedures
- Adverse incident reporting and investigation policy
- Reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) policy
- Infection Prevention, Control and Decontamination policy
- Personal protective equipment (PPE) policy
- Risk Management Strategy





## 22. Appendix 1: Review Table

Version	Reason for change	Overview of change
V4	Review of policy.	Adoption of new policy template. Policy completely rewritten and changes to all sections.
V5	Amendments suggested at the Health, Safety and Risk Group meeting.	Removal of section 5.10.2; also other minor amendments such as the addition of the definition of pathogen in section 6.



### 23. Appendix 2: Control of Substances Hazardous to Health Risk assessment form

South Central Ambulance Service NHS Foundation Trust Control Of Substances Hazardous to Health Risk Assessment Form									
Risk assessment on (Product Name, Manufacturer):					Use:				
Person(s) carrying out the assessment:			Job Title:			Department/Area/Directorate:			
Risk assessment number:				Date of assessment: 31/03/2016			Date of review of assessment:		
Hazards:				Form of chemical:			Hazard Symbols: E.g.		
Hazards presented	Who may be affected and how	Frequency of exposure	How long will the exposure last	Existing Controls (List all of the measures currently in place to control exposure to the hazards)	Initial risk score (SxL =)	Further controls required-			Final risk score (SxL=)
						Action Plan (List all of the additional measures to be introduced to reduce the risk to the lowest level reasonably practicable)	To be Completed by: (Insert name of person)	When (insert date when further controls will be completed)	



Emergency Plans	Y/N	Procedure:
Health Surveillance	Y/N	Procedure:
Monitoring	Y/N	Procedure:

Safety Data Sheet (SDS) Dated:...../...../..... Date Checked if most recent SDS:...../...../.....

Date risk assessment brought to the attention of employees:...../...../.....



## 24. Appendix 3: Responsibility Matrix – Policies, Procedures and Strategies



Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive + Director of Quality and Patient Care	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Quality and Patient Care	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Quality and Patient Care	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operations Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Associate Director of Information Management and Technology (IM&T)	Information Management and Technology Control Board	Audit Committee	Committee decision
Emergency Operational Centre Policies and Procedures	Director Operations	As appropriate	Quality and Safety Committee	Committee decision
Clinical Policies and Procedures	Director of Clinical Services	Clinical Review Group	Quality and Safety Committee	Committee decision







**25. Appendix 4: Equality Impact Assessment Form Section One – Screening**

Name of Function, Policy or Strategy: Control of substances hazardous to health (COSHH) policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 01962 898068.

1. What is the main purpose of the strategy, function or policy?
The aim of the policy is to set out the arrangements for the identification, assessment and management and control of substances hazardous to health within the Trust and to provide and maintain a safe working environment.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
<p>The identification of substances hazardous to health and the protection of staff, and others who work for or on behalf of the Trust such as volunteers, work experience students and contractors from exposure to these substances.</p> <p>The carrying out of suitable and sufficient risk assessments on preventing staff volunteers, work experience students and contractors from being exposed to substances hazardous to health.</p> <p>The introduction and maintenance of controls to eliminate, control and minimise exposure by staff volunteers, work experience students and contractors from being substances hazardous to health</p> <p>The management and control of risks from substances hazardous to health.</p> <p>The regular review of these risk assessments.</p>
3. Who will be the main beneficiaries of the strategy/function/policy?
All staff, including volunteers, work experience students and contractors, visitors and patients (within the care and control of the Trust).
<p>1. Use the table overleaf to indicate the following:-</p> <p>a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?</p> <p>b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?</p>



		Positive Impact	Negative Impact	Reasons
<b>GENDER</b>	Women	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Men	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
<b>RACE</b>	Asian or Asian British People	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Black or Black British People	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Chinese people and other people	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	People of Mixed Race	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	White people (including Irish people)	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
<b>DISABILITY</b>	Disabled People	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
<b>SEXUAL ORIENTATION</b>	Lesbians, gay men and bisexuals	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
<b>AGE</b>	Older People (60+)	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Younger People (17 to 25) and children	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.



<b>RELIGION/BELIEF</b>	Faith Groups	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.
	Equal Opportunities and/or improved relations	✓	N/A	Policy is designed to protect staff and people who carry out work for or on behalf of the Trust.

**Notes:**

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.



5. If you have indicated that there is a negative impact, is that impact:		
	<b>Yes</b>	<b>No</b>
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Intended</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Level of Impact</b>	<b>High</b>	<b>Low</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:.....		
Name: John Dunn, Head of Risk and Security.		
Date: 3/3/2017.		



**26. Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment**

Name of Function, Policy or Strategy: Control of substances hazardous to health (COSHH) policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 01962 898068.

**Part A**

Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

- Gender
- Race
- Disability
- Sexual Orientation
- Age
- Religion/Belief

2. Summarise the likely negative impacts:-

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	



Race	
Disability	
Sexual Orientation	
Age	
Religion/Belief	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	
Sexuality Orientation	
Age	
Religion/Belief	





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6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

No

**Part B**

Complete this section when consultation and research has been carried out

- 7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be any changes made/planned to the policy, strategy or function.
- 7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....

.....

.....

.....

8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?



9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes  No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....  
.....  
.....  
.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....



**EQIA ACTION PLAN**

Issue	Action Required	Lead Officer	Timescale	Resource Implications	Comments

Please continue on another sheet if you need to.



## 27. Appendix 5: Ratification Checklist

### Section 1: To be completed by Author prior to submission for ratification

<b>Policy Title</b>	Control of substances hazardous to health (COSHH) policy.
<b>Author's Name and Job Title</b>	John Dunn, Head of Risk and Security.
<b>Review Deadline</b>	
<b>Consultation From – To (dates)</b>	6/4/2017 to 27/4/2017
<b>Comments Received? (Y/N)</b>	Y
<b>All Comments Incorporated? (Y/N)</b>	Y
<b>If No, please list comments not included along with reasons</b>	
<b>Equality Impact Assessment completed (date)</b>	3/3/2017.
<b>Name of Accountable Group</b>	Health, Safety and Risk Group.
<b>Date of Submission for Ratification</b>	21/4/2017.

### Section 2: To be completed by Accountable Group

<b>Template Policy Used (Y/N)</b>	Y
<b>All Sections Completed (Y/N)</b>	Y
<b>Monitoring Section Completed (Y/N)</b>	Y
<b>Date of Ratification</b>	28/4/2017.
<b>Date Policy is Active</b>	
<b>Date Next Review Due</b>	April 2020.
<b>Signature of Accountable Group Chair (or Deputy)</b>	
<b>Name of Accountable Group Chair (or Deputy)</b>	Phil Astle, Chief Operations Director