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Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

**Reference Number: UHB 089**

**Version Number: 2**

**Date of Next Review: 19 Aug 2018**

**Previous Trust/LHB Reference Number:  
Trust 352**

## **Control of Substances Hazardous to Health Procedure**

### **Introduction**

The Cardiff and Vale University Local Health Board (the UHB) is committed to the health, safety and welfare of its staff, patients, visitors and all users of its premises and services, and its impact on the environment by being pro-active in its approach to reduce the number of untoward incidents.

Many potentially hazardous substances are used in the UHB, each with their own benefit, however the use of these substances can also put people's health at risk, so the law requires employers to control exposure to prevent ill health.

The Control of Substances Hazardous to Health Regulations 2002 (as amended) requires the UHB to protect employees and others who may be exposed by applying eight basic steps of good management. These steps are set out in this procedure and will ensure the UHB has a robust system for assessing risks, implementing any measures needed to control exposure and establishing good working practices.

### **Aim**

The aim of this procedure is to ensure that the UHB minimises the number of occupational accidents and incidents of ill health and ultimately achieves an accident-free workplace.

To achieve this, the UHB accepts that assessment and safe systems of work for all hazardous substances must be in place and exposure to substances that are hazardous to health are prevented or adequately controlled.

### **Objectives**

- To ensure exposure to hazardous substances is adequately controlled to prevent ill health by applying the eight steps set out in the COSHH approved code of practice.
- To ensure there is a prescribed procedure to safeguard the health, safety and welfare of all staff, patients and visitors and any others affected by the work of the UHB.
- To enable the UHB to fulfil its legal/mandatory requirements in accordance with the Control of Substances Hazardous to Health Regulations (2002) as amended.

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## Scope

This procedure applies to all of our staff in all locations including those with honorary contracts [*Or replace with a more specific grouping if not UHB wide*]

### Equality Impact Assessment

*An Equality Impact Assessment has been completed. The Equality Impact Assessment completed for the policy found there to be no impact.*

### Documents to read alongside this Procedure

Health and Safety Policy  
Waste Management Policy  
Risk Assessment and Risk Management Procedure  
Risk Management Policy  
Incident Reporting and Investigation Procedure  
Emergency Spillage Guide  
Latex Allergy Policy  
Handling Cytotoxics during Pregnancy Procedure  
Handling of Spilled Cytotoxic Drugs Procedure

### Approved by

Operational Health and Safety Group

### Accountable Executive or Clinical Board Director

Director of Governance

### Author(s)

Health & Safety Adviser (Environmental)

### Disclaimer

**If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).**

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<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
UHB 1	01/12/2011	16/12/2011	Revised document Supersedes previous Trust document reference no 352
UHB 2	19/08/2015	02/10/2015	Updated format and amended to reflect updated COSHH regulations ACOP published 2013

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## 1. Open and Fair Culture

The UHB encourages an open and fair culture, where there is willingness to report incidents, near misses and hazards, so that lessons can be learned and risks reduced as far as is reasonably practicable.

## 2. Definitions

2.1 Hazardous substances include:

- substances used directly in work activities (e.g. cleaning agents)
- substances generated during work activities (e.g. fumes from welding)
- biological agents such as bacteria and other micro organisms.

2.2 Under COSHH Regulations there are a range of substances (including a preparation) regarded as hazardous to health.

- Substances or mixtures classified as dangerous by law (listed in table 3.2 of part 3 , Annex VI of CLP Regulation). These can be identified by their warning label which will have one or more hazard symbols (eg very toxic, toxic, harmful, corrosive or irritant) and the supplier must provide a safety data sheet for them.
- Substances with workplace exposure limits are listed in the HSE publication EH40 (latest version available from the Health, Safety and Environment Unit).
- Biological agents (bacteria and other micro organisms), if they are directly connected with the work e.g. exposure to bodily fluids, or incidental to the work (e.g. exposure to bacteria from an air conditioning system that is not properly maintained).
- Any kind of dust if its average concentration in the air exceeds the levels specified in COSHH.
- Any other substance which creates a risk to health, but which for technical reasons are covered by different legislation including asphyxiates, pesticides, medicines, cosmetics or substances produced in chemical processes.

2.3 COSHH does not apply to:

- Asbestos and lead, which have their own regulations,
- Substances which are hazardous to health only because they are:
  - radioactive
  - at high pressure

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- at extreme temperatures, or,
- have explosive or flammable properties (other regulations apply to these risks).
- Biological agents that are outside the employer's control, e.g. catching an infection from a workmate (if in doubt, please contact the Health, Safety and Environment Unit for advice).

### 3. Procedure

3.1 In order to comply with the COSHH Regulations the following eight steps are required:

- assess the risks
- decide what precautions are needed
- prevent or adequately control exposure
- ensure that control measures are used and maintained
- monitor exposure
- carry out appropriate health surveillance
- prepare plans and procedures to deal with accidents, incidents and emergencies
- ensure that employees are properly informed, trained and supervised.

Each Clinical board shall implement and audit this procedure through the Clinical board health and safety meetings.

3.2 Assess the risks.

Directorate Managers should designate COSHH Co-ordinators for their directorates as appropriate. The COSHH Co-ordinators shall be given information and support to enable them to carry out their duties.

The COSHH Co-ordinators shall:

- Identify the substances present in their assigned area.
- Obtain a manufacturer's safety data sheet for chemicals purchased by the UHB.
- Determine if an appropriate generic assessment is available for the substance (check the activity on the assessment is the same as how it is used in practice).
- If an appropriate generic assessment is not available, complete and submit to the Health and Safety Department a COSHH assessment request form (CARQ) for each identified substance which will consider -

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- a. how much of the substance is in use or produced
- b. work practices i.e. how the substance is used
- c. existing control measures e.g. engineering controls such as fume cupboards, personal protective equipment (PPE), etc.

An example of a CARQ form is listed in Appendix 1.

The COSHH Administrator will then utilise the SYPOL CMS database to produce a COSHH assessment that will be returned to the COSHH Co-ordinator.

### 3.3 Decide what precautions are needed.

The COSHH risk assessment should be reviewed by the COSHH Co-ordinator and the existing control measures should be compared against the recommended control measures. Any shortcomings should be notified to the Directorate Manager who is responsible for devising an action plan to ensure all appropriate control measures are in place.

It is also the Directorate Manager's responsibility to check that the existing control measures work and are effective.

The COSHH risk assessments should be filed in the departmental COSHH assessment file and should be reviewed by all who work in the department and a signature gained to verify this.

The COSHH risk assessment should be a living document, which the COSHH Co-ordinator should revisit if circumstances change. It should be reviewed periodically or when:

- there is reason to suspect the assessment is no longer valid
- there has been a significant change in the work process / activity
- the results of monitoring employees' exposure show it to be necessary.

The SYPOL CMS database currently recommends the following review periods:

High hazard substances – annually

Medium hazard substances – every 3 years

Low hazard substances – every 5 years

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### 3.4 Prevent or adequately control exposure.

Exposure to hazardous substances should be prevented if it is reasonably practicable to do so. This could be achieved by:

- changing the process or activity so that the hazardous substance is not needed or generated
- replacing it with a safer alternative
- use it in a safer form, e.g. pellets instead of powder.

The HSE guidance booklet, 'Seven Steps to Successful Substitution of Hazardous Substances' advises how to replace hazardous substances with safer alternatives (see summary in Appendix 2). This is the responsibility of Directorate Managers. The SYPOL CMS database also has the facility to provide suggestions for safer alternatives and these can be requested from the Health and Safety Advisor (Environmental).

If prevention of exposure is not reasonably practicable, then it must be adequately controlled. The Directorate Manager should consider and put in place measures appropriate to the activity and consistent with the COSHH risk assessment, including, in order of priority, one or more of the following:

- use appropriate work processes, systems and engineering controls, and provide suitable work equipment and materials e.g. use processes which minimise the amount of material used or produced, or equipment which totally encloses the process
- control exposure at source (e.g. local exhaust ventilation), and reduce the number of employees exposed to a minimum, the level and duration of their exposure, and the quantity of hazardous substances used or produced in the workplace
- provide personal protective equipment e.g. face masks, respirators, protective clothing), but only as a last resort and never as a replacement for other control measures which are required.

Under the COSHH Regulations, exposure to a substance hazardous to health will be considered to be adequately controlled if:

- the eight principles of good practice set out in Schedule 2A to COSHH are applied (see Appendix 3)
- the workplace exposure limit for the substance (if there is one) is not exceeded, and,

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- if the substance is known to cause cancer, heritable genetic damage or asthma, exposure is reduced to as low a level as is reasonably practicable.

The Directorate Manager is responsible for applying the principles of good practice in Appendix 3. The Health and Safety Advisor (Environmental) will inform the Directorate Manager of any exceedences of workplace monitoring and subsequent recommendations.

For carcinogens (substances that cause cancer) or mutagens (substances that may cause heritable genetic damage) special requirements apply. These are summarised in Appendix 1 of the Control of Substances Hazardous to Health Regulations Approved Code of Practice and Guidance L5 (fifth edition) 2005.

Some substances can damage the skin itself while others can readily penetrate it, become absorbed into the body and cause harm. The COSHH risk assessments consider the need to protect skin when deciding on control measures.

### 3.5 Ensure control measures are used and maintained.

COSHH requires employees to make proper use of control measures and to report defects. It is the Directorate Manager's responsibility to take all reasonable steps to ensure that they do so. Employees should be made familiar with COSHH assessments for their area, the control measures they should use and their responsibility to report any defects.

Items of equipment such as local exhaust ventilation and systems of work have to be regularly checked to make sure they are still effective. Respiratory protective equipment should be appropriately fit tested, examined and, where appropriate, tested at suitable intervals. COSHH sets specific intervals between examinations for local exhaust ventilation equipment, and it is the Directorate Manager's responsibility to ensure arrangements for these inspections are in place. Records of examinations and tests carried out (or a summary of them) should be kept for at least five years. Advice on the frequency of examination and testing of equipment can be sought from the Health and Safety Advisor (Environmental).

### 3.6 Monitor exposure.

Under certain circumstances the concentration of hazardous substances in the air breathed in by staff will need to be measured. The COSHH risk assessment generated via the SYPOL CMS database will indicate if monitoring or exposure may be required. The Directorate Manager should liaise with the Health

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and Safety Advisor (Environmental) to determine if any monitoring needs to be added to the annual air monitoring program.

Any records of exposure monitoring will be forwarded to Directorate Managers and copies kept for at least five years by the Health, Safety and Environment Unit.

Where an employee has a health record, any monitoring results relevant to them as an individual must be kept with their health record. They should be allowed access to their personal monitoring record.

### 3.7 Carry out appropriate health surveillance.

The COSHH Regulations require health surveillance to be carried out under certain circumstances. The Occupational Health Department will provide advice to managers, when requested on the availability and appropriateness of health surveillance. The COSHH risk assessments generated by the SYPOL CMS database can be used as an aid to identify areas where health surveillance may be required.

Health surveillance might involve examination by a doctor or trained nurse, or simple skin checks or a questionnaire by a trained supervisor. Under certain circumstances biological monitoring may be appropriate.

It is the Directorate Manager's responsibility to ensure any employees requiring health surveillance are referred to the Occupational Health Department.

A health record of any health surveillance carried out must be kept for at least 40 years by the Occupational Health Department.

The Occupational Health Department will provide annual data on health surveillance (group results without giving individual names) to appropriate groups when requested, such as the Operational Health and Safety Group meeting.

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

Plans and procedures are required where the work activity gives rise to a risk of an accident, incident or emergency involving exposure to a hazardous substance, which goes well beyond the risks associated with day-to-day work. In such circumstances, the Directorate Manager with the support of the Health and Safety Department must plan a response to an emergency involving a hazardous substance before it happens.

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If carcinogens, mutagens, or biological agents are used appropriate emergency plans and procedures should be in place.

However, the UHB does not have to introduce these emergency procedures if:

- the quantities of substances hazardous to health in the workplace are such that they present only a slight risk to employees' health, and,
- the control measures put in place are sufficient to control the risk.

### 3.9 Information, training and supervision.

There is a legal requirement under COSHH for the UHB to provide suitable and sufficient information, instruction and training.

COSHH training should be undertaken on two levels. COSHH awareness sessions are available for all members of staff working in the UHB via mandatory training which must be undertaken every two years.

Staff should also undergo local training which is specific to their role and must be focused on the substances which members of staff actually come into contact with as part of their work. Local information, instruction and training 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 the risk assessment
- the precautions they should take to protect themselves and other employees
- how to use personal protective equipment and clothing provided
- results of any exposure monitoring and health surveillance (without giving individual employee's names)
- emergency procedures which need to be followed.

It is the Directorate Manager's responsibility to ensure local information, instruction and training is undertaken. The basis of the local training would be bringing to the staff's attention the local COSHH assessments and signing to say they have reviewed them.

The information, instruction and training should be updated and adapted to take into account significant changes in the type of work carried out or work methods used.

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## 4. Responsibilities

4.1 The Clinical board Manager/ Nurse is responsible for :

- ensuring their staff are aware of the COSHH assessment procedure
- ensuring training is made available to staff within the division
- ensuring all appropriate action is taken to minimise COSHH risks within their Clinical Board
- ensuring COSHH risks are included in the division's risk register and are managed as per the UHB Risk Assessment Procedure and Risk Rating and Profiling Procedure
- monitoring the process of assessing COSHH risks within the Clinical Board..

4.2 The Directorate Manager is responsible for:

- reporting to the Clinical board's health and safety group the status of compliance with this procedure
- designating suitable COSHH Co-ordinators within their directorate
- ensuring any shortcomings identified in the COSHH risk assessments in relation to control measures are assessed and managed as per the UHB's Risk Assessment and Risk Register Procedure
  - risks assessed as 'moderate', 'high or 'extreme' (risk rating 6 or above) are recorded on the directorate register and action plans developed and where possible risks are treated.
  - risks assessed as 'high' or 'extreme' (risk rating of 12 or above) are escalated to Clinical Board level Risks rating 15 or above are included in the corporate risk register.
- ensuring, where appropriate, hazardous substances are replaced with a safer alternative
- ensuring the principles of good practice set out in Appendix 3 are applied
- ensuring control measures are used and maintained
- liaising with the Health and Safety Advisor (Environmental) to determine if exposure monitoring is required
- liaising with the Occupational Health Department to determine if health surveillance is required

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- preparing plans and procedures to deal with accidents, incidents and emergencies with the support of the Health and Safety Department where appropriate
- ensure local information, training and supervision in relation to COSHH.

4.3 The COSHH Co-ordinator is responsible for:

- identifying the substances present in their assigned area
- obtaining a manufacturer's safety data sheet for chemicals purchased by the UHB
- complete and submit to the Health and Safety Department a COSHH assessment request form (CARQ) for each identified substance
- comparing the existing control measures (listed on the CARQ) and the recommended control measures (listed in the COSHH assessment) and reporting any shortcomings to the Directorate Manager for action
- keeping the COSHH assessments and material safety datasheets in the departmental file
- reviewing COSHH assessments if there are any changes or at least annually for high hazard substances, every three years for medium hazard substances, every 5 years for low hazard substances .

4.4 The Health and Safety Advisor (Environmental) is responsible for:

- overseeing the SYPOL COSHH management database with administration support
- providing advice on the COSHH procedure
- liaising with directorate managers to identify and carry out exposure monitoring and informing appropriate persons if there are any exceedences
- providing information on request regarding the substitution of hazardous substances with safer alternatives
- periodic review of the COSHH procedure.

4.5 The Occupational Health Department is responsible for:

- the Occupational Health Department will provide advice to managers, when requested on the availability and appropriateness of health surveillance.
- undertaking appropriate health surveillance and keeping suitable records for at least 40 years

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- providing quarterly and annual data (group results without giving individual names) on health surveillance to appropriate groups such as the UHB Health and Safety Committee.

## 5. Resources

- 5.1 This procedure provides an update of current procedures. It is therefore unlikely that any additional resource will be required to ensure that the COSHH regulations are complied with.
- 5.2 Costs relating to implementing additional control measures such as local exhaust ventilation which may be identified in the COSHH risk assessment are to be identified from within the relevant departmental budget.
- 5.3 Departments or areas that have not identified sufficient funding to complete the required control measure may bid for funding from the capital budget, subject to the completion of this procedure and will be considered against any other demands and constraints relating to the use of these monies.
- 5.4 *Database* - the UHB uses the SYPOL COSHH Management System for maintaining COSHH assessments. Updating and maintenance of this system have a resource implication which at present is managed within the current budget.

## 6. Training

COSHH editors will be provided with training to use the SYPOL COSHH management database.

COSHH Co-ordinators will be given information and advice by the line manager and Health and Safety Advisor (Environmental) or designee, to enable them to carry out their role.

COSHH awareness training is part of the mandatory training package which must be undertaken by all staff every two years.

Local COSHH training should be provided by the person delegated by the Directorate Manager e.g. departmental manager.

## 7. Implementation

The Health and Safety Committee will ensure that the procedure is implemented. This will be re-enforced within Clinical boards by local risk management and health and safety arrangements.

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## **8. Equality**

An equality impact assessment has been undertaken to assess the relevance of these guidelines on different groups specifically with regards to race, disability, gender, sexual orientation, religion/belief and Welsh language.

## **9. Further information/references**

This procedure ensures that there is a method for complying with the Control of Substances Hazardous to Health regulations. It is supported by a number of other UHB policies and procedures and legislation which have been referred to in the development of this procedure and are detailed in Appendix 4.

## **10. Audit**

It will be necessary to ensure that Clinical boards are adhering to the requirements of this procedure. This will be monitored via a number of different methods e.g. review of individual COSHH assessments, review of incident statistics, review of health surveillance group results, review of exposure monitoring results, audits of databases, workplace inspections etc.

## **11. Distribution**

11.1 This procedure will be on the UHB Intranet.

11.2 Line Managers / Departmental Managers / Senior Nurses / Clinical Board Managers / Clinical Directors are responsible for ensuring that all staff have access to this document.

## **12. Review**

12.1 This procedure will be reviewed every 3 years, or more frequently if required, to ensure continued compliance with risk management guidance and health and safety legislation.

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## Appendix 1 Cardiff and Vale University Health Board COSHH Assessment Request Questionnaire (CARQ)

### YOUR DETAILS

**Name:**  **Hospital:**

**Directorate:**  **Dept/Ward:**  **Contact No./Extension:**

### MATERIAL DETAILS

**Product Name:**  **Product Code:**   
 (As on product label)

**Supplier/Manufacturer's Name & Address:**  **Tel no:**   
 (As on product label)

### MATERIAL EXPOSURE INFORMATION

**Method of application/exposure:**  **Approx. numbers of people exposed to this material:**   
 E.g. spraying, hand applying, brushing, aerosol

**Area of exposure:** Inside Well Ventilated    Inside Poorly Ventilated    Confined Space    Outside

**How long is the worker exposed to material/substance during the working day?**    <1/2 hr    ½ - 2 hrs    2 - 4 hrs    4 - 8 hrs    > 8 hrs    All Day

**Frequency of use:** Daily    Weekly    Monthly    Yearly    **Quantity of material used in one day:**

**Are other people exposed (e.g. general public, housekeeping staff)?** YES    NO    **If yes, how?**

**Are susceptible workers exposed?** Elderly    Young    Disabled    Pregnant    Other

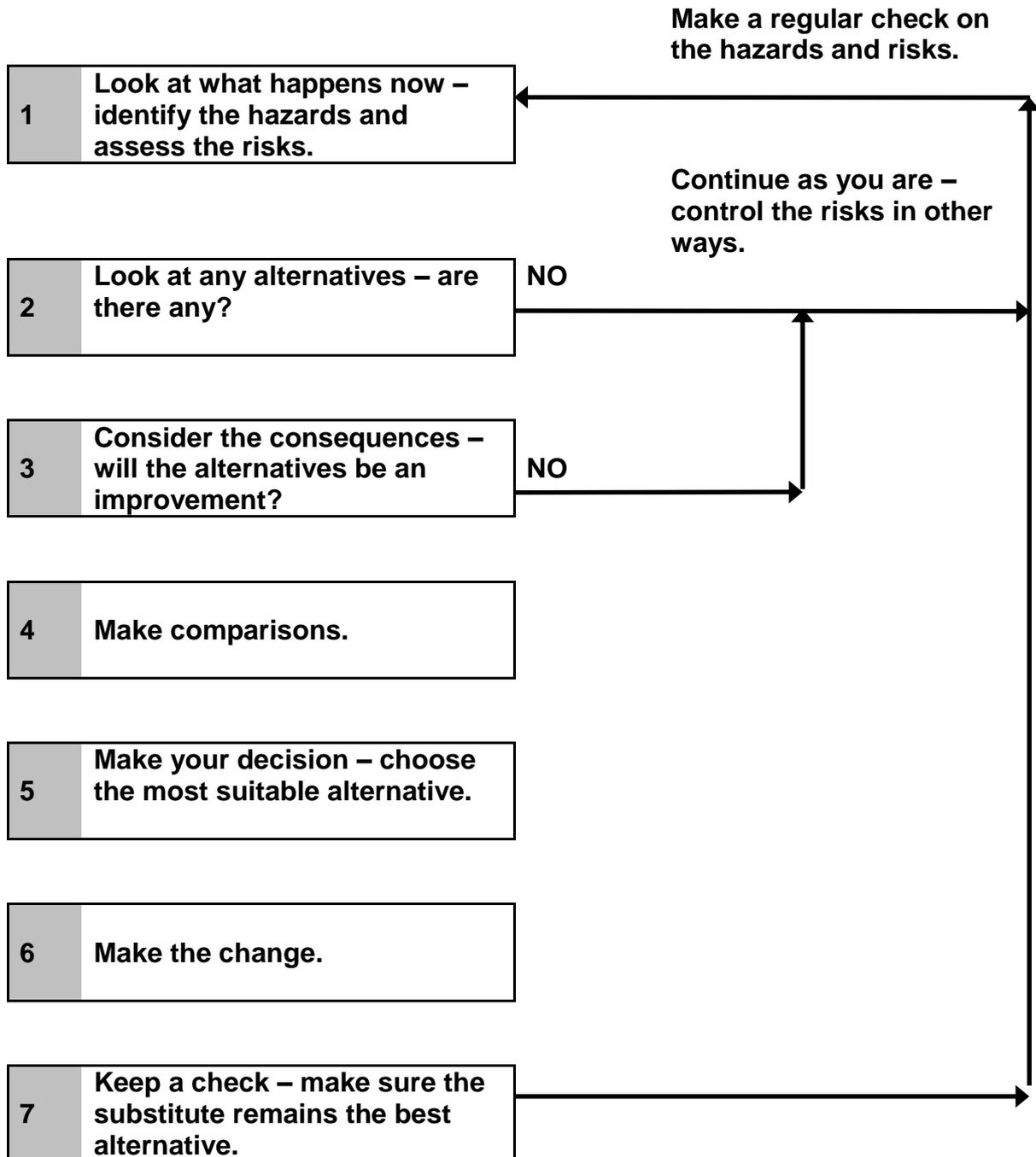
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<p><b>Additional Work Practice Information</b> e.g. Diluting, mixing, etc</p>	<p><b>Existing Control Measures</b> e.g. Personal protective equipment, fume cupboard, local extraction ventilation, etc.</p>
<p><b>Reason for COSHH Assessment Request (CARQ) ?</b>      <b>New assessment or updated assessment ?</b> (Attach material safety datasheet and copy of existing assessment if applicable.)</p>	

Please return completed form to: HS&EU, 4<sup>th</sup> Floor, Denbigh House, UHW, Cardiff CF14 4XW (tel 02920 744299), or, e-mail: [Coshh.Helpdesk.wales.nhs.uk](mailto:Coshh.Helpdesk.wales.nhs.uk)

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## APPENDIX 2      Seven Steps to Successful Substitution



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### **APPENDIX 3            8 Principles of Good Management (Schedule 2A COSHH Regulations)**

1. Design and operate processes and activities to minimise emission, release and spread of substances hazardous to health.
2. Take into account all relevant routes of exposure – inhalation, skin absorption and ingestion – when developing control measures.
3. Control exposure by measures that are proportionate to the health risk.
4. Choose the most effective and reliable control options which minimise the escape and spread of substances hazardous to health.
5. Where adequate control of exposure cannot be achieved by other means, provide in combination with other control measures, suitable personal protective equipment.
6. Check and review regularly all elements of control measures for their continuing effectiveness.
7. 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.
8. Ensure that the introduction of control measures does not increase the overall risk to health and safety.

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## APPENDIX 4 ASSOCIATED POLICIES AND REFERENCES

### Associated UHB Policies

- 1 Capability Policy
- 2 Dignity at Work Policy
- 3 Disciplinary Procedure
- 4 Equal Opportunities Policy
- 5 Sickness Policy
- 6 Health and Safety Policy
- 7 Professional Registration Policy
- 8 Whistleblowing Policy
- 9 Fire Safety Policy
- 10 Complaints Policy
- 11 Security Policy
- 12 Waste management policy
- 13 Risk Management Policy
- 14 Risk assessment and risk register procedure
- 15 Risk Assessment for New and expectant mothers procedure

### References

HSE (2005), *Control of Substances Hazardous to Health. The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and Guidance L5 (fifth edition)*, Health and Safety Executive.

HSE (2013) *Control of Substances Hazardous to Health. The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and Guidance L5 (sixth edition)*, Health and Safety Executive

HSE (2009), *Working with Substances Hazardous to Health. What you need to know about COSHH. INDG 136 (rev4)*

HSE (2004) *A step by step guide to COSHH assessment HSG97*

HSE (2003), *COSHH Essentials: Easy steps to Control Chemicals. Control of Substances Hazardous to Health Regulations HSG193 2003*, Health and Safety Executive.

HSE (1994), *Seven steps to successful substitution of hazardous substances HSG110 1994*