Procedure for the Control of Substances Hazardous to Health [COSHH]

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Version number: 3

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HRSSPRO002
# NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET

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<td>Executive Lead</td>
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**Proposed groups to present document to:**
- Health and Safety Committee
- Clinical Services Management Team
- Staff Governance Committee

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**Examples of reasons for presenting to the group**
- Professional input required re: content (PI)
- Professional opinion on content (PO)
- General comments/suggestions (C/S)
- For information only (FIO)

**Examples of outcomes following meeting**
- Significant changes to content required – refer to Executive Lead for guidance (SC)
- To amend content & re-submit to group (AC&R)
- For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
- Recommend proceeding to next stage (PRO)
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<tr>
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<td>Initial draft of revised procedure including:</td>
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<td></td>
<td>• Addition of ‘volunteers’ to definitions and as a specific category throughout the procedure</td>
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<td></td>
<td>• Additional detail on classification of substances hazardous to health under the CLP Regulation</td>
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<td>• Update term ‘Ward Managers’ with ‘Senior Charge Nurses/Sisters/Team Leaders’ throughout procedure to dovetail with latest revision of the Health and Safety policy</td>
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<td></td>
<td>• Procedure reflects roll-out of Sypol electronic Chemical Management System and COSHH in Clinical Areas control book and information about where to get help with setting up/managing/using these systems</td>
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<tr>
<td></td>
<td>• Update of EDIA to reflect Sodexo staff transfer to NHS Shetland</td>
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<tr>
<td>November 2012</td>
<td>Removal of ‘volunteers’ from Section 4.4 where it refers to face fit testing on the understanding that they would not be involved in situations which required the use of RPE</td>
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<td>Clarification in Section 4.4 that visiting clinicians would be expected to have been face fit tested for RPE by their regular employer however if this is not the case then the facility exists to fit test and issue appropriate RPE in NHS Shetland</td>
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1.0 Executive Summary

The Control of Substances Hazardous to Health Regulations [COSHH] 2002 (as amended) require Shetland NHS Board (‘the Board’) to control exposure to hazardous substances to prevent ill health. This requirement extends to employees, workers, volunteers, patients, visitors and others who may be exposed to hazardous substances as a result of the Board’s undertakings.

The Procedure for the Control of Substances Hazardous to Health [COSHH] is one of a suite of policies, procedures and guidelines which comprise the Safety and Risk Management arrangements of the Board and underpin the organisation’s Risk Management Strategy.

The Procedure for the Control of Substances Hazardous to Health [COSHH]:

- Explains the statutory requirements in relation to COSHH
- Defines the phrase ‘Substances Hazardous to Health’ in terms of the current legislation
- Contains descriptions of the responsibilities for controlling substances hazardous to health within the organisation
- Sets out the measures that need to be undertaken to ensure appropriate assessment and control of exposure.

The Procedure for the Control of Substances Hazardous to Health [COSHH] does not describe in detail how to assess risks or report incidents. These subjects are explained in the following key documents:

- Risk Assessment Procedure and Risk Register Guidance
- Incident Reporting, Investigation and Management Policy.

The Risk Management Strategy also has a number of appendices which contain information about committee structures, risk identification and a glossary of risk management terms.

2.0 Introduction and Legislative Framework

Using chemicals and/or other hazardous substances at work can put people’s health at risk. Failure to adequately control the use of hazardous substances can result in those exposed contracting diseases such as asthma, dermatitis and cancer and infections from bacteria and other micro-organisms. The Control of Substances Hazardous to Health [COSHH] Regulations 2002 (as amended) require the employer to control substances with the potential to harm the health of employees, other workers, volunteers, patients, visitors and anyone else using the Board’s premises and/or services.
For the purpose of this document the Board defines:

i. **Employee** – Any member of staff who holds a contract directly with the Board

ii. **Worker** – Any person carrying out work on behalf of or for the Board who does not hold a contract of employment directly with the Board. This includes self-employed staff and those staff supplied and paid by contractors and agencies

iii. **Volunteer** – Any person undertaking designated tasks on behalf of the Board and who is unpaid.

Many products and substances at work can be harmful. Examples found in healthcare environments include cleaning materials, hand hygiene products, gases, dusts, bacteria and viruses. Ill health caused by these substances is preventable. Many substances can harm health but, with proper control measures, they almost never do.

### 3.0 Hazardous Substances

#### 3.1 What is a substance hazardous to health under COSHH?

Under COSHH there are a range of substances regarded as hazardous to health:

- Substances or mixtures of substances classified as dangerous to health under the Chemicals (Hazard Information and Packaging for Supply) Regulations 2002 [CHIP]. These can be identified by their orange warning label and the supplier must provide a safety data sheet for them.

![Hazardous Substances Pictograms](image)

- Any substance which is listed in Table 3.2 of part 3 of Annex VI of the CLP Regulation\(^1\). The European Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures – the CLP Regulation – came into force in all EU member states, including the UK, on 20 January 2010 and is being phased in through a transitional period which runs until 1 June 2015 when it will replace the CHIP Regulations. As part of the transition, a globally harmonised system of warning labels will replace the previous European symbols. The new equivalent hazard pictograms are shown below with a brief description of their meaning:

\(^1\) [http://www.hse.gov.uk/coshh/detail/substances.htm](http://www.hse.gov.uk/coshh/detail/substances.htm)
More detail on how the pictograms are used can be obtained via the Health and Safety Executive [HSE] (see section 6.0).

- Substances with workplace exposure limits [WELs], listed in the HSE publication *EH40/2005 Workplace exposure limits*
- Biological agents (bacteria and other micro-organisms), if they are directly connected with the work, such as with farming, sewage treatment or healthcare, or if the exposure is 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\(^2\)
- Any other substance which creates a risk to health, but which for technical reasons may not be specifically covered by CHIP including: asphyxiants (i.e. gases such as argon and helium, which, while not dangerous in themselves, can endanger life by reducing the amount of oxygen available to breathe), pesticides, certain medicines (e.g. cytotoxic drugs, steroids and tar-based medicines come under the requirements of COSHH as there is a duty to protect an employee administering these), cosmetics or substances produced in chemical processes.

### 3.2 What is *not* a substance hazardous to health under COSHH?

COSHH applies to virtually all substances hazardous to health except:

- Asbestos and lead, which have their own regulations
- Substances which are hazardous only because they are:
  - Radioactive
  - At high pressure
  - At extreme temperatures
  - 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 work colleague

\(^2\) COSHH 2002, Regulation 2(1) (d) (i) and (ii)
- Medicines given to patients (unless covered as described in 3.1 above).

For the vast majority of commercial chemicals, the presence (or not) of a warning label will indicate whether COSHH is relevant. For example, there is no warning label on ordinary household washing-up liquid, so if it's used at work you do not have to worry about COSHH; but there is a warning label on bleach, and so COSHH does apply to its use in the workplace.

### 4.0 The requirements of COSHH

To comply with the COSHH Regulations requires following the eight steps summarised in Figure 1 below:

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Details</th>
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<tbody>
<tr>
<td>1</td>
<td>Assess the Risks</td>
<td>Assess the risks to health from hazardous substances used in or created by the activities carried out in your work area</td>
</tr>
<tr>
<td>2</td>
<td>Decide what precautions are needed</td>
<td>You must not carry out work which could expose staff, patients or anyone else to hazardous substances without first considering the risks and the necessary precautions, and what else you need to do to comply with COSHH</td>
</tr>
<tr>
<td>3</td>
<td>Prevent or adequately control exposure</td>
<td>You must prevent people being exposed to hazardous substances. Where preventing exposure is not reasonably practicable, then you must adequately control it. This procedure, and the other guidance it refers to, will help you to make correct assessments and put the appropriate controls into place</td>
</tr>
<tr>
<td>4</td>
<td>Ensure that control measures are used and maintained</td>
<td>Ensure that control measures are used and maintained properly and that safety procedures are followed</td>
</tr>
<tr>
<td>5</td>
<td>Monitor the exposure</td>
<td>Monitor the exposure of employees to hazardous substances, if necessary</td>
</tr>
<tr>
<td>6</td>
<td>Carry out appropriate health surveillance</td>
<td>Carry out appropriate health surveillance where your assessment has shown this is necessary or where COSHH sets specific requirements</td>
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</table>
Prepare plans and procedures to deal with accidents, incidents and emergencies

Prepare plans and procedures to deal with accidents, incidents and emergencies involving hazardous substances, where necessary

You should provide your employees and volunteers with suitable and sufficient information, instruction and training

### 4.1 Assess the risks

It is the responsibility of Senior Managers to ensure that Heads of Departments [HoDs] and Senior Charge Nurses/Sisters/Team Leaders carry out a risk assessment for hazardous substances used, released or produced in their department or area.

To simplify and streamline the risk assessment process, managers of all clinical areas have been issued with a control book *COSHH in Clinical Areas*. This contains guidance, procedures, assessment forms and record-keeping for the gases, medicines and chemicals most commonly used in clinical areas.

The control books contain a detailed guide to carrying out a risk assessment for common situations in wards and clinics. In summary, an assessment should:

- Identify any hazardous substances which staff and others may be exposed to;
- Identify the route by which the substances might enter the body and identify the resulting effects;
- Examine the working processes, practices and procedures which involve hazardous substances;
- Estimate the current exposure levels and those which might result from a planned or an unplanned event, such as an increase in levels of work or an accidental release.

The use of COSHH control books will be audited internally through regular Health and Safety Inspection Visits and by line managers via the eKSF development review process. External auditors may also ask to examine control books.

The COSHH control book forms part of the Departmental Risk Register for an area or service.

To control substances hazardous to health in non-clinical areas, such as the Estates Department and Laboratories and a small number of clinical areas carrying out
specific processes such as Orthotics, the organisation has access to an electronic chemical management system [CMS] known as Sypol. This is a database of around 96,000 chemicals which creates tailor-made risk assessments and has been rolled out to relevant departments in partnership with NHS Grampian.

4.2 **Decide what precautions are needed**

The precautions needed depend on the risks associated with the substance or preparation (a mixture of two or more substances) under consideration. Understanding the risks involves gathering as much information as possible about the substance or preparation. Information can be found on product labels, in suppliers' catalogues and from manufacturers’ safety data sheets [SDSs]. The latter are invaluable in helping to put together a comprehensive COSHH assessment but it should be noted that they are not a substitute for a risk assessment.

You then need to assess how these risks relate to the specific circumstances of your area.

**Consider:**

*How much of each substance is used and how often?*

Larger quantities or substances that are used often will increase the risk of exposure.

*How is each substance used?*

Are the substances mixed, poured, sprayed, piped, heated, cooled, etc.? The way they are used will determine how you will control exposures.

*How could people be exposed and what effect could it have on their health?*

Is the substance a solid, liquid, gas, mist or fume? Will the substance damage their skin, lungs and/or eyes through skin contact, absorption, ingestion, inhalation or injection?

Answering these questions will help you carry out the risk assessment and determine the measures you need to take to protect the health of those people who could be exposed.

The COSHH control book and Sypol systems in use in NHS Shetland incorporate the information contained in SDSs for the substances listed, however SDSs should always be consulted if control book holders/Sypol users have reason to suspect that a particular brand of product requires specific precautions.

It is important to remember that the risk assessment needs to be a living document which is reviewed when circumstances change e.g.:

- There is reason to suspect the assessment is no longer valid
- There has been a significant change in the work

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• The results of monitoring employees’ exposure shows it to be necessary.

4.3 Prevent or adequately control exposure

Under the COSHH Regulations, Senior Managers, HoDs and Senior Charge Nurses/Sisters/Team Leaders are required to prevent exposure to substances hazardous to health if it is reasonably practical to do so. The main ways in which this can be achieved are:

• Changing the process or activity so that the hazardous substance is not needed or generated
• Replacing the substance with a safer alternative
• Using the same substance but in a safer form, e.g. pellets instead of powder.

In deciding whether a measure is reasonably practicable a consideration of the cost, time and effort that may be incurred must be weighed up against risk. The cost must be commensurate with the risks, i.e. more serious risks may necessitate greater investment than less serious risks.

If exposure cannot be prevented then it must be adequately controlled. This means considering and putting in place measures appropriate to the activity and consistent with the risk assessment, including in order of priority:

• The design and use of appropriate work processes, systems and engineering controls and the provision and use of 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
• The control of exposure at source, including adequate ventilation systems, and appropriate organisational measures such as reducing 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 area
• The provision of suitable personal protective equipment [PPE] (e.g. face masks, respirators, protective clothing) in addition to the measures described above.

Under the COSHH Regulations, adequate control of exposure to a substance hazardous to health means:

• Applying the eight principles of good practice set out in Schedule 2A of the COSHH (Amendment) Regulations 2004. This can be accessed using the following link: http://www.legislation.gov.uk/uksi/2004/3386/made and is also attached as Appendix A
• Not exceeding the workplace exposure limit for the substance (if there is one)
• If the substance causes cancer, heritable genetic damage or asthma, eliminating exposure or reducing it to as low a level as is reasonably practicable.
4.4 Ensure that control measures are used and maintained

It is the responsibility of Senior Managers, HoDs and Senior Charge Nurses/Sisters/Team Leaders to ensure that in the case of plant and equipment, including engineering controls and personal protective equipment, it is maintained in an efficient state, in efficient working order, in good repair and in a clean condition. Additionally, in the case of the provision of systems of work and supervision and of any other measure, it is reviewed at suitable intervals and revised if necessary.

Procedures may vary from weekly visual checks to thorough examination and testing schedules, which for local exhaust ventilation [LEV] must be at least once every 14 months.

Non-disposable respiratory protective equipment [RPE] (face masks) must be individually fitted and, thereafter, examined and, where necessary, tested, at suitable intervals. Following an initial face fit test, employees will be provided with an employee record giving details of the fit test and the RPE issued.

Workers such as visiting clinicians would be expected to have been face fit tested for RPE by their regular employer however if this is not the case then the facility exists to fit test and issue appropriate RPE in NHS Shetland.

PPE, including protective clothing, must be:

- Properly stored in a well-defined place
- Checked at suitable intervals, and
- When discovered to be defective, replaced or repaired before further use.

Records of examinations and tests, and any repairs carried out as a consequence, must be kept and made available for least five years from the date on which they were carried out.

4.5 Monitor the exposure

Under the COSHH Regulations, monitoring involves measuring the concentration of hazardous substances in the air breathed in by staff where a risk assessment concludes that:

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

HoDs and Senior Charge Nurses/Sisters/Team Leaders are responsible for making sure that monitoring is carried out by a competent person and is recorded.
In compliance with the Regulations, the Board will keep records of monitoring for 40 years if they record the personal exposure of identifiable staff. In all other cases, records should be kept for at least five years.

4.6 Carry out appropriate health surveillance

Health surveillance is about systematically watching out for early signs of work-related ill health in employees exposed to certain health risks. Health surveillance is appropriate when staff are exposed to substances in circumstances where:

- An identifiable disease or negative health effect may be related to the exposure
- There is reasonable likelihood that the disease or negative effect may occur under the particular conditions of the work
- Valid techniques exist for detecting disease or effect.

HoDs, Senior Charge Nurses/Sisters/Team Leaders and their staff must be alert for signs or symptoms of ill health and refer any concerns to the Occupational Health Service who maintain health records and carry out the appropriate examinations, immunisations and investigation. Heads of Departments must act on any medical decision to restrict a staff member’s work with a specific substance.

Staff health records will be kept for 40 years. On giving reasonable notice, any staff member can have access to any health record which relates to them.

4.7 Prepare plans and procedures to deal with accidents, incidents and emergencies

Where 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 normal day-to-day work, HoDs and Senior Charge Nurses/Sisters/Team Leaders must plan an appropriate response.

In practice, this means preparing procedures and setting up warning and communication systems to enable an appropriate response immediately any incident occurs and ensuring that information on emergency arrangements is available to those who need to see it, including the emergency services. It also requires these ‘safety drills’ to be practised at regular intervals.

Emergency procedures are not required if the quantities of substances hazardous to health present in an area are such that they present only a slight risk to employees’ health and the control measures already in place are sufficient to control that risk. They are, however, mandatory where carcinogens, mutagens or biological agents are used.
4.8 **Ensure employees are properly informed, trained and supervised**

It is the responsibility of HoDs and Senior Charge Nurses/Sisters/Team Leaders to:

- Explain to staff (and anyone else who needs to know) the dangers of any hazardous substance in use in their area
- Show staff how to use control measures properly and how to check that they are working
- Carry out practice drills for cleaning up spills safely and do this before any spillages happen
- Ensure face fitting and training for staff who might have a need to use respirators
- Ensure staff who need to use protective gloves know how to put them on and take them off without contaminating their skin

5.0 **Summary of responsibilities of managers and staff**

In keeping with the Control of Substances Hazardous to Health [COSHH] Regulations 2002 (as amended) and other relevant legislation, HoDs and Senior Charge Nurses/Sisters/Team Leaders will identify, assess and control any such substances used in their areas and ensure that personnel using or in contact with them are suitably informed and instructed. COSHH assessments must be recorded on the Sypol system or by using the *COSHH in Clinical Areas* control book. The latter can serve as a written risk assessment provided it is:

- Signed and dated
- Regularly reviewed (the date of the first review and the length of time between successive reviews will depend on the type of risk, the work and the control book holder’s judgement on the likelihood of changes occurring), and,
- Control book holders complete or alter sections as necessary to ensure relevance to their own area.

Staff should read all relevant sections of the manual and sign to say that they have done so and understand the precautions they have to take.

HoDs and Senior Charge Nurses/Sisters/Team Leaders using the Sypol system should print copies of the risk assessments and ensure that they are accessible to and shared with their staff.

The Board recognises that the prime responsibility for health and safety rests with all managers. This principle extends from the Chief Executive through Senior Managers to HoDs and Senior Charge Nurses/Sisters/Team Leaders and front line supervisors. Managers and supervisors are directly accountable for the prevention of accidents,
injuries and occupational illness, as well as damage to property, within their area of responsibility.

The Procedure for the Control of Substances Hazardous to Health [COSHH] is one of a suite of documents developed to support the Board’s Risk Management Strategy and Health and Safety Policy by giving more detail about arrangements for managing risk, health, safety and welfare and related issues. Managers are responsible for bringing the relevant policies, procedures, guidelines and action plans to the attention of their staff.

All staff within the Board are responsible for making safety at work a priority to protect themselves, their colleagues, patients, visitors and others and the interests of the Board.

The Board’s Safety and Risk Support Team and Occupational Health Service, part of the Human Resources Directorate, are responsible for advising managers and staff about their legal obligations and for providing specialist advice and support to tackle problems relating to health, safety and welfare. Advice and information is also available from any member of the Board’s Health and Safety Committee.

The Chief Executive has overall responsibility for health and safety in Shetland NHS Board and has appointed the Director of Human Resources and Support Services [DHR&SS] as the Senior Manager with particular responsibility to oversee the implementation of safety and risk management policy throughout the Board.

This procedure and its implementation will be kept under regular review by the Health and Safety Committee who welcome suggestions for improvement.

6.0 Further Information

As indicated above, this procedure forms part of Shetland NHS Board’s Safety and Risk Management arrangements and should be read in conjunction with the following key documents:

- Risk Management Strategy
- Health and Safety Policy
- Risk Assessment Procedure and Risk Register Guidance
- Incident Reporting, Investigation and Management Policy.

All can be found on the Health and Safety and Risk Management pages of the intranet.

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Anyone requiring help with or access to the Sypol CMS or a copy of the COSHH in Clinical Areas control book is asked to contact the Safety and Risk Support Team based in the Gilbert Bain Hospital’s Unit Offices.

A list of Statutory Instruments (Regulations) underpinning safety and risk management can be found at: http://www.hse.gov.uk/legislation/statinstruments.htm, which also gives links to the legislation via the Office of Public Sector Information [OPSI] website.

Detailed information on the management of a specific area of risk or risk topic can be obtained from a number of sources including the Health and Safety Executive http://www.hse.gov.uk and Barbour Environment, Health & Safety http://www.barbour.info/BarbourInfo/hsloginpage.aspx (online access via ATHENS).

7.0 Equality and Diversity Impact Assessment [EDIA]

As previously indicated, the Procedure for the Control of Substances Hazardous to Health [COSHH] is one of a suite of documents developed to support the Board’s Risk Management Strategy by giving more detail about the process of identifying and managing risks and reporting and investigating incidents. The EDIA carried out as part of the Risk Management Strategy recognises that in complying with the Health and Safety at Work etc Act 1974, the Board meets its duty of care towards not just employees, workers and volunteers but others who may be affected by its activities e.g. patients, visitors, members of the public, contractors and delivery personnel. Additionally, the strategy recognises the statutory requirement to give special consideration to other groups including night workers, lone workers and workers with disabilities.

As the strategy also makes clear, the promotion of a fair and open culture is regarded as an essential component of an effective risk management system.

The impact of the Risk Management Strategy and supporting documents has been assessed as positive in relation to equality and diversity.

8.0 Appendices

Appendix A – Principles of Good Practice for the Control of Exposure to Substances Hazardous to Health

Appendix B - Bibliography
Appendix A

PRINCIPLES OF GOOD PRACTICE FOR THE CONTROL OF EXPOSURE TO SUBSTANCES HAZARDOUS TO HEALTH

(a) Design and operate processes and activities to minimise emission, release and spread of substances hazardous to health.

(b) Take into account all relevant routes of exposure - inhalation, skin absorption and ingestion - when developing control measures.

(c) Control exposure by measures that are proportionate to the health risk

(d) Choose the most effective and reliable control options which minimise the escape and spread of substances hazardous to health.

(e) Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment.

(f) Check and review regularly all elements of control measures for their continuing effectiveness.

(g) 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.

(h) Ensure that the introduction of control measures does not increase the overall risk to health and safety.
Appendix B

Bibliography

EH40/2005 Workplace exposure limits: Containing the list of workplace exposure limits for use with the Control of Substances Hazardous to Health Regulations 2002 (as amended) Environmental Hygiene Guidance Note EH40 HSE Books 2005

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The Control of Substances Hazardous to Health (Amendment) Regulations 2003 SI 2003/978

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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) HSE Books 2005

Working with substances hazardous to health. What you need to know about COSHH Leaflet INDG136(rev4) HSE Books 2009
www.hse.gov.uk/pubns/indg136.pdf