



# Control of Substances Hazardous to Health Policy

<b>Version:</b>	2
<b>Status:</b>	Final
<b>Title of originator/author:</b>	Health, Safety and Security Manager
<b>Name of responsible director:</b>	Executive Director of Nursing and Governance
<b>Developed/revised by group/committee and Date:</b>	Health and Safety Group 23 August 2016
<b>Approved by group/committee and Date:</b>	Health and Safety Group 23 August 2016
<b>Effective date of issue: (1 month after approval date)</b>	23 September 2016
<b>Next review date:</b>	September 2019
<b>Date Equality Impact Assessment Completed</b>	25 September 2013
<b>Regulatory Requirement:</b>	The Health and Safety at Work etc. Act 1974 The Control of Substances Hazardous to Health Regulations 2002 (as amended)

## Trust Policy Foreword

SWASFT has a number of specific corporate responsibilities relating to patient and staff safety and wellbeing which should be included within all Trust policy and strategy, as a foreword inside the front cover:

**Code of Conduct and Conflict of Interest Policy** - The Trust Code of Conduct for Staff and its Conflict of Interest and Anti-Bribery policies set out the expectations of the Trust in respect of staff behaviour. SWASFT employees are expected to observe the principles of the Code of Conduct and these policies by declaring any gifts received or potential conflicts of interest in a timely manner, and upholding the Trust zero-tolerance to bribery.

**Compassion in Practice** – SWASFT will promote the values and behaviours within the Compassion in Practice model which provide an easily understood way to explain our role as professionals and care staff and to hold ourselves to account for the care and services that we provide. These values and behaviours reflect the Trust's commitment to developing an outstanding service through the conduct and actions of all staff. SWASFT will encourage staff to demonstrate how they apply the core competencies of Care, Compassion, Competence, Communication, Courage, and Commitment to ensure our patients experience compassionate care.

**Duty of Candour** – SWASFT will, as far as is reasonably practicable, apply the statutory Duty of Candour to all reported incidents where the Trust believes it has caused moderate or severe harm or death to a patient. This entails providing the affected patient or next of kin (within strict timescales) with: all information known to date; an apology; an explanation about any investigation; written follow-up; reasonable support; and the outcome fed back in person (unless they do not want it). The only exception is where making contact could have a negative impact upon the next of kin. SWASFT employees are expected to support this process by highlighting (early) any incident where they believe harm may have been caused.

**Equality Act 2010 and the Public Sector Equality Duty** - SWASFT will act in accordance with the Equality Act 2010, which bans unfair treatment and helps achieve equal opportunities in the workplace. The Equality Duty has three aims, requiring public bodies to have due regard to: eliminating unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act; advancing equality of opportunity between people who share a protected characteristic and people who do not share it; and fostering good relations between people who share a protected characteristic and people who do not share it. SWASFT employees are expected to observe Trust policy and the maintenance of a fair and equitable workplace.

**Fit and Proper Persons** – SWASFT has a statutory duty not to appoint a person or allow a person to continue to be an executive director or equivalent or a non-executive director under given circumstances. They must be: of good character; have the necessary qualifications, skills and experience; able to perform the work they are employed for (with reasonable adjustments); able to provide information required under Schedule 3 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The definition of good character is not the test of having no criminal convictions but instead rests upon judgement as to whether the person's character is such that they can be relied upon to do the right thing under all circumstances. This implies discretion for boards in reaching a decision and allows that people can change over time.

**Health and Safety** - SWASFT will, so far as is reasonably practicable, act in accordance with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and associated legislation and approved codes of practice. It will provide and maintain, so far as is reasonable, a working environment for employees which is safe, without risks to health, with adequate facilities and arrangements for health at work. SWASFT employees are expected to observe Trust policy and support the maintenance of a safe and healthy workplace.

**Information Governance** - SWASFT recognises that its records and information must be managed, handled and protected in accordance with the requirements of the Data Protection Act 1998 and other legislation, not only to serve its business needs, but also to support the provision of highest quality patient care and ensure individual's rights in respect of their personal data are observed. SWASFT employees are expected to respect their contact with personal or sensitive information and protect it in line with Trust policy.

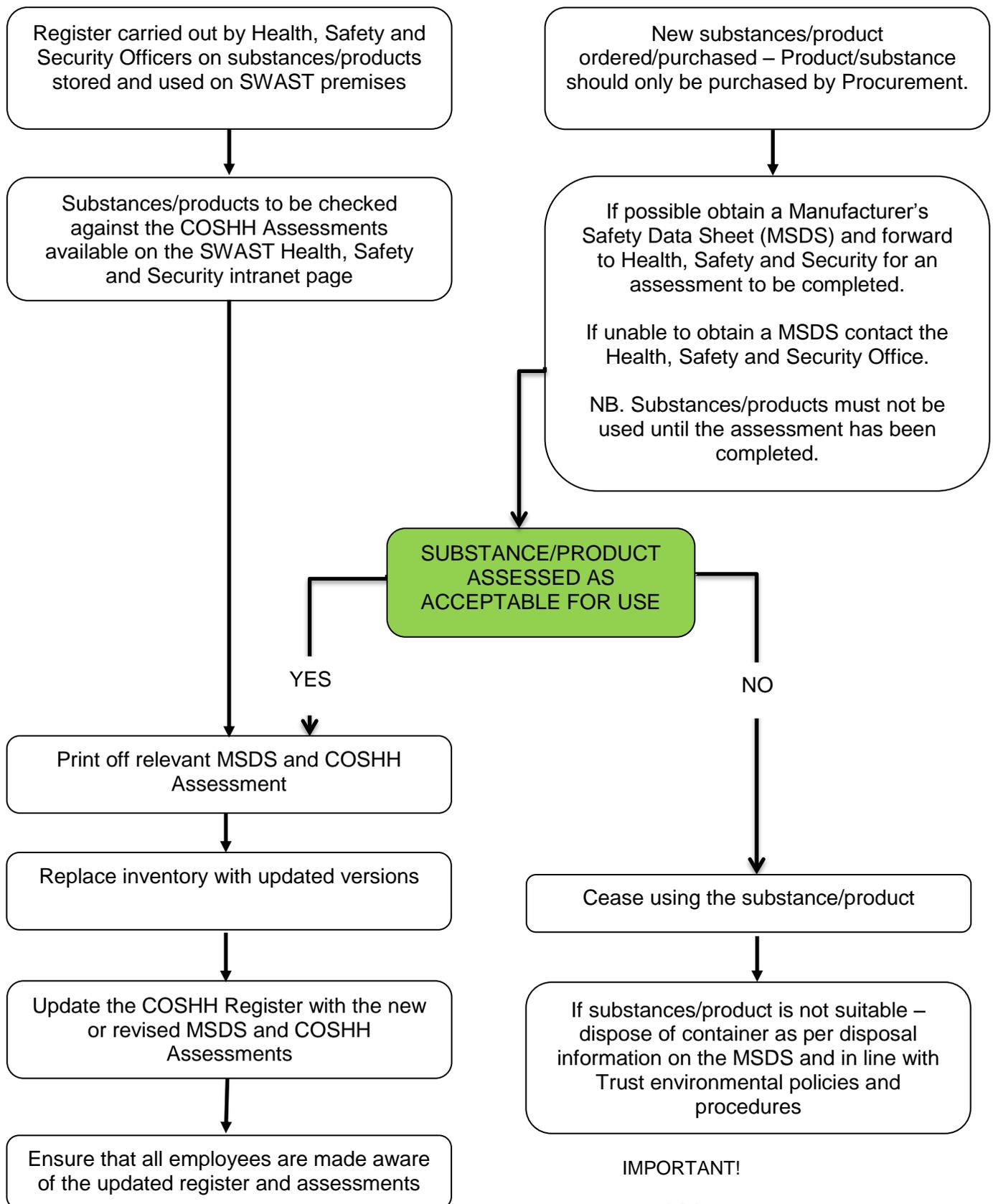
**NHS Constitution** - SWASFT will adhere to the principles within the NHS Constitution including: the rights to which patients, public and staff are entitled; the pledges which the NHS is committed to uphold; and the duties which public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. SWASFT employees are expected to uphold the duties set out in the Constitution.

**Risk Management** - SWASFT will maintain good risk management arrangements by all managers and staff by encouraging the active identification of risks, and eliminating those risks or reducing them to the lowest level that is reasonably practicable through appropriate control mechanisms. This is to ensure harm, damage and potential losses are avoided or minimized, and the continuing provision of high quality services to patients, stakeholders, employees and the public. SWASFT employees are expected to support the identification of risk by reporting adverse incidents or near misses through the Trust web-based incident reporting system.

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## Control of Substances Hazardous to Health



### IMPORTANT!

The COSHH register should be collated in an organised alphabetic manner to assist with finding information quickly and easily in the event of an emergency.

## 1 Purpose

- 1.1 South Western Ambulance Service NHS Trust (hereafter referred to as the Trust) is committed in complying with The Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended) in order to protect employees and members of the public from unnecessary risks from hazardous substances.
- 1.2 This policy applies to all work activities in which people is exposed, or is likely to be exposed, to substances which are hazardous to health arising out of, or in connection with, work which is under the Trust's control. Specifically substances that are:-
- a) Brought into the workplace to be used, worked on or stored by employees, contractors or other members of the public;
  - b) Given off as fumes or vapours or which are likely to leak or be spilled during any process or work activity;
  - c) Contained in blood/bodily fluids;
  - d) Produced at the end of any work process, as finished products, waste or residue. This includes clinical waste.
- 1.3 The means by which substances can enter or affect individuals includes inhalation (breathing in dust, mist, gas or vapour), ingestion (swallowing contaminants), absorption through the skin or eye and injection (from puncture wounds).
- 1.4 For the purposes of this policy, substances which are defined as 'hazardous to health' because they have the potential to cause harm, will include:-
- a) Substances or preparations identified as, toxic, skin irritancy/sensitisation, carcinogenicity/respiratory sensitisation, oxidising, or corrosive under The Classification, Labelling and Packaging of Chemicals Regulations 2015;
  - b) Substances with workplace exposure limits listed by the Health and Safety Executive (EH40 publication);
  - c) Bacteria and other organisms. These may be contained in blood and body fluids;
  - d) Other biological agents such as Rickettsiae and Chlamydiae, Viruses, Fungi and Protozoa.
  - e) Dusts of any kind in substantial concentrations;
  - f) Any other substance which creates a hazard to the health of any person.

- 1.5 Substances hazardous to health can be found in a number of forms such as solids, liquids, vapours, gases, dusts, fibres, fumes, mist and smoke.
- 1.6 The Trust acknowledges its responsibilities to ensure that, so far as is reasonably practicable, the provision of Personal Protective Equipment (PPE) is provided only as a last resort when other measures to control COSHH risks do not prove effective.
- 1.7 The Trust will ensure that hazardous substances are clearly labelled where appropriate, in accordance with the nature of the hazard e.g. corrosive, toxic, etc.
- 1.8 The Trust will keep records of risk assessments and any COSHH exposure monitoring activities and will arrange for their copying, circulation and display, as appropriate.
- 1.9 The Trust will put in place health surveillance where employees are exposed to substances hazardous to health in the course of their work, as relevant.

## 2 Scope

- 2.1 This policy applies to all employees employed by the trust, visitors, volunteers, patients and contractors and the guidance provided within should be adhered to by all. This policy aims to ensure that the Trust adequately protects all persons from substances that could cause harm to health.
- 2.2 This policy applies throughout the Trust and the effectiveness of this policy will be reviewed at each premises during health, safety and security Workplace Inspections and if earlier changes warrant a policy review (such as legislation).
- 2.3 Specific responsibilities are defined later for each level of management in order to ensure that COSHH is managed effectively by the Trust.
- 2.4 This policy should be read in conjunction with the Trust's Infection Prevention and Control Policy to ensure that adequate coverage for all substances that has the potential to cause harm are managed.

## 3 Definitions

WEL	-	Workplace Exposure Limit – Is a system that the HSE have used to define the maximum concentration of an airborne substance averaged over a set period.
LTEL	-	Long-term Exposure Limit – is a system that the HSE have used to define substances that can cause the development of health effects from long term exposure.
STEL	-	Short-term Exposure Limit – Is a system that the HSE have used to define substances that can cause the development of health effects from short term exposure.
TWA	-	Time Weighted Average

PPE	-	Personal Protective Equipment – Is a method of protecting a person from hazards (such as gloves, goggles, coveralls) to name a few.
RPE	-	Respiratory Protective Equipment – Is a method of protecting a person from airborne hazards (such as full and half face respirators).
PPC	-	Personal Protective Clothing – is a method of protecting a persons body from hazards (such as aprons,coveralls)
LEV	-	Local Exhaust Ventilation – Mechanical extraction units that assist in removing hazardous substances (such as vehicle fumes).
EH40	-	Publication from HSE listing hazardous substances.
MSDS	-	Material Safety Data Sheets – are manufacturer’s guides of how to use products and store in a safe manner.

## 4 Duties, Responsibilities and Reporting

### 4.1 Chief Executive

4.1.1 The Chief Executive of the Trust has overall responsibility for implementation of this policy as part of the Trust’s overall Health and Safety Policy.

### 4.2 Executive Directors

4.2.1 Each Executive Director is responsible for the effective implementation of the policy within their respective directorates.

4.2.2 Each Executive Director must ensure that each of their managers make adequate arrangements to ensure that staff follow safe and secure systems of work.

### 4.3 Heads of Operations/Senior Managers

4.3.1 Heads of Operations/Senior Managers will be responsible for implementing this policy within their areas of responsibility.

### 4.4 Operational Managers/Line Managers

4.4.1 Operational Managers/Line Managers are responsible for the management of hazardous substances within their respective areas of responsibility and must ensure that this policy is implemented in those areas.

Their responsibilities include:

- a) Maintaining an up-to-date list of all substances that may cause hazards to

health on each site and ensuring that, where possible, they are clearly labelled in accordance with the level of hazard, e.g. toxic, corrosive, etc. Managers will be assisted in their duties by the Trust's procurement staff and the Trust's Health, Safety and Security Department;

- b) Maintaining records of all up-to-date COSHH risk assessments and control measures for audit purposes;
- c) Ensuring that the COSHH regulations are complied with and that periodic checks are carried out to identify and correct any deficiencies;
- d) Ensuring that relevant and accurate information is provided to all employees within their own area of control which may mean seeking the advice of the Health, Safety and Security Department;
- e) Ensuring that any new or inexperienced staff are adequately supervised until they are fully competent in the use of hazardous substances;
- f) Communicating any changes to procedures promptly to directly managed staff;
- g) Ensuring that employees follow the procedures and guidelines to minimise any risk to their and others health;
- h) Reporting any significant incidents or accidents resulting from the use of hazardous substances, or defects in control measures in accordance with the Trust's Incident reporting system.
- i) Initiating health surveillance measures via HR department;
- j) Ensuring that staff within own area of responsibility are given adequate information, instruction and training;
- k) Providing, where appropriate, safety data sheets for each substance used and ensuring such information is available for easy reference;
- l) Making available PPE and Personal Protective Clothing (PPC) and ensuring it is used for protection, where appropriate;
- m) Ensuring that all substances hazardous to health are used, transported and stored in such a way that the likelihood of an accident occurring is kept to an absolute minimum. Particular attention is drawn to the Trust's Linen Arrangements and Disposal of Waste arrangements and the Fire Safety Policy;
- o) Ensuring that the quantity of substances hazardous to health is kept to a minimum (where possible).

## 4.5 **Fleet Manager**

4.5.2 Fleet Manager is responsible for;

- a) Ensuring that COSHH is used within their area of responsibility in a safe manner;
- b) Ensuring that their staff is made aware of COSHH and the control measures in place;
- c) Ensuring that adequate maintenance and inspections are carried out on work equipment that is installed for the purposes of securing health.

## 4.6 **Head of Estates**

4.6.3 Head of Estates is responsible for;

- a) Ensuring that contractors using COSHH are doing so in a safe manner (including contract cleaners);
- b) Ensuring that their staff is made aware of COSHH and the control measures in place.

## 4.7 **Employees**

Employees must:-

- a) Ensure that they are aware of the COSHH regulations and how these affect the usage of hazardous substances which may be used during the course of their duties. Before using any such product/substance they should read the instructions printed on the product and on the COSHH assessment sheet. Staff should refer to the Trust's Disposal of Waste, Control of Infection and Linen Arrangements regarding clinical waste, blood and body fluids;
- b) Conform to the Trust's policies to ensure their own personal safety and that of other people. This will include making full and proper use of control measures;
- c) Ensure that they wear PPC and use PPE where appropriate and relevant, to minimise and control risks to their own personal health and safety;
- d) Co-operate with management in compliance with COSHH rules and regulations and not to deface or alter PPE which could have a detriment to its effectiveness;
- e) Report any defect or hazard which may give rise to a risk to themselves or others;
- f) Participate in training programmes and follow agreed procedures at all times;
- g) Ensure that other people, plant or property are not put in jeopardy by their actions either by instruction, example, or behaviour and ensure that actions of colleagues is not going to jeopardise others;

- h) Practice a high standard of personal hygiene and make proper and adequate use of facilities provided for washing, showering and for eating and drinking, particularly for frontline employees, Make Ready Operatives (MRO's) and workshop employees to name a few.
- i) All employees have a duty to read this policy and become familiarised with the contents herein;

#### 4.8 **Health, Safety and Security Manager**

4.8.1 The Trust Health, Safety and Security Manager has delegated responsibility for implementing and monitoring this policy throughout the Trust.

4.8.2 It is the responsibility of the Health, Safety and Security Manager to:-

- a) Ensure that the Trust's COSHH Policy is reviewed and updated on a regular basis and to audit its implementation throughout the Trust;
- b) Ensure that risk assessments have been adequately and competently carried out and reported to the Directors where they have not been undertaken;
- c) Co-ordinate information, briefing, instruction and training across the Trust to ensure a consistent approach to this policy;
- d) Maintain and collate central Trust records of risk assessments, COSHH related incidents and recommendations;
- e) Seek specialist guidance and advice, on behalf of the Trust, where appropriate;
- f) Monitor compliance and report any shortfalls through the Health and Safety Group
- g) Identify, recommend and assist in the implementation of remedial measures where necessary, to rectify any risk to the health and safety of employees, or members of the public.

## 5 **Strategy for compliance**

5.1 Work covered by other legislation such as asbestos, lead, radioactive, explosive and highly flammable substances is covered under other specific legislation (such as The Control of Asbestos Regulations 2012). Furthermore, work in relation to Legionella is covered in The Trust's Legionella Control Policy; of which further advice can be sought from The Trust's Estates Department.

5.2 Labeling of COSHH substances is displayed within The Health and Safety (Safety Signs and Signals) Policy.

- 5.3 Every employee has a responsibility to take reasonable care for their own health and safety and for all other individuals who may be affected by their actions or omissions. This includes not bringing any substances into the workplace which have not been authorised by the appropriate Line Manager in conjunction with the Health, Safety and Security and Procurement Department's.
- 5.4 Any person responsible for authorising a new substance or work activity will be responsible for ensuring that the necessary information has been obtained, control measures are adequate and any necessary training has been undertaken.
- 5.5 All employees should ensure that the product(s) remain in their original containers (and not decanted into other containers) to ensure that adequate traces can be had for safety purposes (in case of exposure).
- 5.6 All COSHH should be stored in line with their MSDS (such as corrosives and oxidisers should not be stored with flammables) in case of internal reactions and subsequent fires. Furthermore, toxics should not be stored in food preparation areas to avoid contamination and subsequent ingestion of hazardous substances. Large quantities of COSHH should (where possible) be stored in labelled cupboards to avoid exposure. Particular attention should be paid to the storage of COSHH at Helicopter Emergency Medical Services (HEMS) and Workshops sites in that this should be away from ignition sources and Helicopters.
- 5.7 All products will be assessed by the Health, Safety and Security Department to ensure that they are safe for purpose and that safer alternatives could not be sourced.
- 5.8 It is the responsibility of the appropriate Line Manager to check systems are in place, and are working, which ensure that all substances are properly and adequately assessed for any hazard and the level of risk to health.
- 5.9 The Health, Safety and Security Manager will lead the generic COSHH assessment providing a portfolio of assessments in liaison with their health and safety representatives for use in their area of COSHH control.
- 5.10 To prevent the forming of occupational diseases such as Dermatitis (irritant contact dermatitis or allergic contact dermatitis), workshop employees are required to wear suitable PPE whilst working with used engine oils, lubricants, solvents, chemicals, sulphuric acid (such as in vehicle batteries) and any other substances likely to irritate the skin. Furthermore, the usage of pre and post work barrier creams is also a means to prevent/reduce exposure.
- 5.11 Trust employees should be aware of the presence of Leptospirosis and Weil's disease when dealing with Members of the Public or incidents requiring Trust Employees during the course of their employment to come in contact with these. This disease is common in relation to animals (such as rats and farm animals). Particular attention should be paid when dealing with incidents involving farms, water courses (such as canals) and sewage works. To prevent exposure, coverage of the skin (and open wounds) with PPE and PPC should prevent/reduce exposure.

### COSHH Registers

- 5.12 The main purpose of holding a COSHH register is to ensure information is available in the event of an accident caused by an exposure to a hazardous substance/product. It is for this reason that the register should only contain relevant and up-to-date information, and be collated in an organised manner.
- 5.13 The COSHH Register is to be updated annually by the local managers for the Station, Premise or Workshop.
- 5.14 Exposure to a substance hazardous to health is considered adequately controlled if most people would suffer no adverse health effects if continuously exposed to the substance at the level it is present. However, specific control measures should be considered for those who may be especially at risk e.g. pregnant women, young workers or those with a pre-existing medical condition. Attention is drawn to the Trust's Maternity, Maternity Support (Paternity) and Adoption Policy.
- 5.15 The Trust will either prevent the exposure of employees to substances hazardous to health, or where this is not reasonably practicable, provide adequate controls to minimise the risk. Further information on control measures should be obtained from the Health, Safety and Security Department.
- 5.16 Where staff are called to attend a patient in an establishment, or part of an establishment, in which they suspect high levels of hazardous substances are present then they should seek advice and clarification before taking any further action.

### Personal Protective Equipment

- 5.17 PPE includes protective clothing, footwear and eye protection. Attention is drawn to the Trust's Infection Prevention and Control and Personal Protective Equipment policies. These include specific guidance on protective clothing to protect staff from blood and body fluids.
- 5.18 Adequate and conveniently accessible washing facilities will be provided for staff exposed to hazardous substances. As such, showers will be provided for the use of operational staff who do, in the course of their work, come into contact with blood and body fluids.
- 5.19 Clothing storage will be provided to reduce the risk of PPE contaminating personal clothing etc. It is accepted that other storage areas may need to be provided by the Trust following risk assessments. Further information is provided in the Trust's Personal Protective Equipment Policy.
- 5.20 Individuals should not eat, chew, drink or smoke in places which may be contaminated by hazardous substances or when wearing PPE, in order to reduce the risk of ingesting hazardous substances.
- 5.21 Furthermore, Isocyanates (such as two-pack paints and adhesives) are to be used in accordance with MSDS and using Respiratory Protective Equipment (RPE) where required.

### Local Exhaust Ventilation

- 5.22 Specified engineering control measures (e.g. LEV) should receive a weekly visual check and be thoroughly examined and tested at least every 14 months. Where line managers have doubts about such control measures taking place they should seek advice from the Trust's Estates Department. LEV's are to be used within workshops to prevent the exposure of Carbon Monoxide to employees and the inhalation of Diesel Engine Exhaust Emissions (DEEE).
- 5.23 A suitable record, containing all appropriate information must be kept in respect of each LEV plant.

### Health Surveillance

- 5.24 WELs are the Occupational Exposure Limits set under COSHH Regulations 2002 (as amended), in order to help protect the health of workers. WELs are concentrations of hazardous substances in the air, averaged over a specified period of time referred to as a TWA. Two time periods are used: long term (8 hours) and short term (15 minutes). STELs are set to help prevent effects, such as eye irritation, which may occur following exposure for a few minutes.
- 5.25 A single type of limit WELs has replaced the Maximum Exposure Limits (MELs) and Occupational Exposure Standards (OESs) of products.
- 5.26 Any adverse incident involving an individual being exposed to a hazardous substance (or in the case of body fluids or an individual suffering an inoculation injury) must be notified in the normal manner through the Trust reporting procedures and this will then be reported to the local health and safety representative and Health, Safety and Security Department. A record will be kept in accordance with the Trust's Incident Reporting Policy.
- 5.27 Where employees are exposed to substances hazardous to health in the course of their work, health surveillance must be considered as appropriate.
- 5.28 Employees who may be at risk following exposure to a hazardous substance must be referred to Occupational Health as soon as is reasonably practicable, taking into account the nature and potential severity of the exposure. This applies to inoculation injuries. (Attention is drawn to the specific advice given in the Trust's Infection Prevention and Control Policy).
- 5.29 The implications of the report from Occupational Health must be discussed at a meeting between the Line Manager, the employee and, if appropriate, the Health, Safety and Security Department. The normal rules regarding patient confidentiality apply. The employee may choose to have a Trade Union representative, friend or other representative present at the meeting.
- 5.30 Where there has been no adverse reaction or no adverse effect on health is foreseen then no further action is required.

- 5.31 Where the employee is adversely affected or may be adversely affected in the future, appropriate treatment and monitoring must be implemented.
- 5.32 The Health, Safety and Security Manager will collect, maintain and use health surveillance data to detect and evaluate hazards to health and in order to devise and implement suitable control measures.

## 6 Training Requirements

- 6.1 All employees must be provided with Information, Instruction, Training and Supervision (IITS) regarding any substances hazardous to health that they may encounter at work and any controls in place that would prevent or reduce the risk to health. If any employees require support, then the Trust will provide this to employees. The Trust will also ensure that after substances have been introduced into usage that the necessary communication and training needs are met.
- 6.2 During any fire training that is delivered to Trust employees, the dangers of smoking (especially around flammable areas) will be touched upon.
- 6.3 Whilst training will be provided centrally by the Trust on appropriate control of infection procedures linked to biological substances, local instruction and training in the use of substances hazardous to health will be provided by the Line Manager.
- 6.4 The Health, Safety and Security Department have a COSHH awareness training tool kit in place which can be used by any employee but is specifically aimed at Workshops and Make Ready Operatives (MRO's).

## 7 Monitoring

- 7.1 This policy will be monitored by the Health and Safety Committee. In order to monitor the policy the Trust will carry out the following;
- auditing of Trust documentation in order to determine the compliance with the requirements of this policy during site visits and fire risk assessments.
  - the review of Trust premises with the requirements of this policy at annual reviews (if not earlier).
  - this policy will be reviewed every three years following any legislative or operational changes.

## 8 References

- Health and Safety at Work etc. Act 1974;
- Management of Health and Safety at Work Regulations 1999;
- The Control of Substances Hazardous to Health Regulations 2002 (as amended);
- Personal Protective Equipment Regulations 1992;
- Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) 2002;

- Health and Safety (Safety Signs and Signals) Regulations 1996;
- The Regulatory Reform (Fire Safety) Order 2005;
- Workplace (Health, Safety and Welfare) Regulations 1992;
- The Health Act 2006;
- Control of Lead at Work Regulations 2002;
- Control of Asbestos Regulations 2012;
- The Health and Safety (First Aid) Regulations 1981;
- The Hazardous Waste (England and Wales) Regulations 2005;
- The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013;
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR);
- HSE Reporting injuries, diseases and dangerous occurrences in health and social care Guidance for employers Information sheet No 1
- The Classification, Labelling and Packaging of Chemicals Regulations 2015;
- HSE EH40 2011 Workplace exposure limits;
- HSE Control of Substances Hazardous to Health Approved Code of Practice L5 (Sixth Edition) 2013;
- HSE INDG 136 (rev 5) Working with substances hazardous to health: A brief guide to COSHH;
- HSE INDG 249 (rev 1) Controlling health risks from rosin (colophony) – based solder flux fume;
- HSE INDG 342 Blood-borne viruses in the workplace Guidance for employers and employees;
- HSE HSG 53 Respiratory Protective Equipment A practical guide (Fourth Edition) 2013;
- HSE HSG 167 Biological monitoring in the workplace A guide to its practical application to chemical exposure;
- HSE HSG 173 Monitoring strategies for toxic substances 2006;
- HSE HSG 174 Anthrax: Safe working and the prevention of infection;
- HSE HSG 187 Control of Diesel Engine Exhaust Emissions in the workplace (Third Edition) 2012;
- HSE HSG 258 Controlling airborne contaminants at work: a guide to local exhaust ventilation (LEV) (Second Edition);
- HSE HSG 262 Managing skin exposure risks at work (Second Edition) 2015;
- HSE INDG 352 Read the label How to find out if chemicals are dangerous;
- HSE INDG 233 Preventing contact dermatitis and urticarial at work (rev 2);
- HSE INDG 408 A simple guide to buying and using local exhaust ventilation (LEV);
- HSE Asthmagen? Critical assessments of the evidence for agents implicated in occupational asthma;
- HSE Infection at work: Controlling the risks A guide for employers and the self-employed in identifying assessing and controlling the risks of infection in the workplace;
- HSE G401 Health monitoring for chronic obstructive pulmonary disease;
- HSE G402 Health surveillance for occupational asthma;
- HSE G403 Health surveillance for occupational dermatitis;

## 9 Associated Documents

The policy links to: -

- Health and Safety Policy
- Workplace Inspection Policy
- Risk Assessments Policy
- Control of Contractors Policy
- Infection Prevention and Control Policy
- Incident Reporting Policy
- Fire Safety Policy
- Personal Protective Equipment (PPE) Policy
- Bombs, Explosives, Suspicious Letters and Packages Policy
- Legionella Policy
- Asbestos Policy
- Safety, Signs and Signals Policy
- Lone working Policy
- Visitors to Trust Premises Policy
- Legionella Control Policy
- Procurement Policy
- First Aid Policy



