

Ref: FOI/CAD/ID 3157

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26 February 2016

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to the use of Formaldehyde and Formalin.

- 1. How many reported incidents involving formaldehyde and/or Formalin have occurred in the last 3 years at your trust? Please provide numbers of staff and patients involved in such incidents*
- 2. How many reported illnesses or injury due to formaldehyde and/or formalin has your trust had?*
- 3. Has your trust ever been subject to legal proceedings due to exposure to formaldehyde and and/or formalin? Please supply numbers of incidents*
- 4. Does your trust have a policy or procedure in place to reduce exposure to formaldehyde and/or formalin in the treatment room setting whilst harvesting biopsy samples? If so please supply*
- 5. Does your trust have a policy to purchase the safest practicable solution to reduce harmful exposure to Formaldehyde and/or formalin? If so please supply details*

1. There is only one incident in last 3 years (October 2013). Formalin leaked in transit, discovered by staff without any harm to staff or patients.

2. None.

3. No.

4. There is no specific Trust wide policy for Formalin. There is the policy and procedure for Substances Hazardous to Health which describes the process for the risk assessment of all tasks that use hazardous chemicals. This policy is attached.

5. The Trust procedure is to put tissue into small, 60ml pots that have been purchased prefilled with formalin. The pots have leak-proof lids. Every pot has appropriate hazard labels. The sample collector's exposure to formalin is therefore minimised.

Within the lab, all pots are opened over down-flow extraction tables to protect the worker from the fumes of many samples.

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Control of Substances Hazardous To Health (COSHH) Policy and Procedure

Requested/ Required by:	Health & Safety Committee
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Document history

Requirement for document:	Control of Substances Hazardous to Health Regulations 2002 & Control of Substances Hazardous to Health (Amendment) Regulations 2004, place legal duties on Employers to undertake Assessments of the risk to health created by work involving substances hazardous to health and put in place measures to either prevent or, where this is not reasonably practicable, adequately control working processes so that Employees and others are not adversely affected by work activities.
Cross references:	<ul style="list-style-type: none"> • Health and Safety at Work Etc. Act 1974 • The Control of Substances Hazardous to Health Regulations 2002 and the Associated ACOP (Sixth edition - 2013). • European Regulation on the Classification, Labeling and Packaging of Substances and Mixtures (CLP Regulation 2008).
Associated documents:	<ul style="list-style-type: none"> • Maidstone and Tunbridge Wells NHS Trust. <i>Health and Safety Policy</i> [RWF-OPPPCS-NC-CG1] • Maidstone and Tunbridge Wells NHS Trust. <i>Risk Assessment Policy and Procedure</i> [RWF-OPPPCS-NC-CG6] • Maidstone and Tunbridge Wells NHS Trust. <i>Incident Management Policy and Procedure</i> [RWF-OPPPCS-NC-CG22] • Maidstone and Tunbridge Wells NHS Trust. <i>Control of Contractors Policy and Procedure</i> [RWF-OPPPCS-NC-EST5] • Maidstone and Tunbridge Wells NHS Trust. <i>Learning and Development Policy and Procedure</i> [RWF-OPPPCS-NC-WF20] • Maidstone and Tunbridge Wells NHS Trust. <i>Occupational Health Policy and Procedure</i> [RWF-OPPPCS-C-WF4]

Version Control:		
Issue:	Description of changes:	Date:
1.0	Procedure for the Control of Substances Hazardous to Health at Work	2004
2.0	Policy & Procedures for the Control of Substances Hazardous to Health	May 2006
3.0	Updated to comply with current legislation	October 2010
4.0	Change of author and updated to reflect recommendations from the HSE (February 2012 inspection)	September 2012
5.0	Regular review – introduction of CLP.	June 2014

Policy statement for

Control of Substances Hazardous To Health (COSHH)

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) and its amendments ie Control of Substances Hazardous to Health (Amendment) regulations 2004 provides a framework to assist Employers to protect people against the health risks associated with substances hazardous to health.

This Policy and Procedure sets out the principles and arrangements that will enable Maidstone & Tunbridge Wells NHS Trust to meet the requirements of the COSHH Regulations. It will serve as guidance in identifying specific and individual responsibilities of staff and contracted agencies.

The Trust will undertake a suitable and sufficient risk assessment of any work or task that involves the use of substances that that are known to be hazardous to human health. The assessment will identify the hazardous substances used and the control measures used so that the identified hazardous substance is either eliminated or managed in such a way as to significantly reduce the likelihood of harm being realised.

The assessment will be recorded in writing and shared with all relevant staff. Control measures to manage substances hazardous to health will adhere to a strict hierarchical approach:

- 1 Eliminate the use of a harmful product or substance and use a safer one.
- 2 Use a safer form of the product, e.g. paste rather than powder.
- 3 Change the process to emit less of the substance.
- 4 Enclose the process so that the product does not escape.
- 5 Extract emissions of the substance near the source.
- 6 Have as few workers in harm's way as possible.
- 7 Provide personal protective equipment (PPE) such as gloves, coveralls, eye protection, Personal Respiratory Protective Equipment etc.
- 8 Where necessary provide health surveillance for employees who may come in to contact with hazardous substances and maintain records for at least 40 years.

The above hierarchy will be outlined in more detail within the body of this document.

Control of Substances Hazardous To Health (COSHH) Procedures

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FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust Intranet (Policies and Guidelines):

- Appendix 4 COSHH assessment form 1**
- Appendix 5 COSHH assessment form 2 (General Use)**
- Appendix 6 Substance inventory**
- Appendix 7 COSHH hazardous chemicals poster**
- Appendix 8 Time line for the introduction of the Classification, Labeling and Packaging of Substances and Mixtures (CLP)**
- Appendix 9 Risk phrases**
- Appendix 10 Guidance to managers on Health Surveillance**

1.0 Introduction and scope

1.1 Purpose

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) provides instruction to employers on how to protect persons on its premises against the health risks associated with identifiable substances to individual's health, including certain microbiological organisms.

This policy and procedures are applicable to all staff and contractors undertaking duties on behalf of the Trust. It identifies the delegated duties applicable to them to ensure that all substances hazardous to health within the meaning of COSHH are identified, assessed, and either eliminated or suitably controlled.

1.2 Introduction

Maidstone & Tunbridge Wells NHS Trust (The Trust) shall ensure that this policy and accompanying procedures are implemented in all work areas where applicable. This policy and procedures are used to ensure a safe environment in respect of the handling, transportation, use, storage and disposal of all substances hazardous to health as far as is reasonably practicable, and to ensure that The Trust staff and any other persons on its premises, who may be affected by its undertakings are not exposed to such substances to the extent where their health may be compromised.

2.0 Definitions

2.1 The COSHH Regulations define substances hazardous to health as a substance (including a preparation):

- Which is listed in table 3.2 of part 3 of annex VI of the CLP regulations for which an indication of danger specified for the substance is very toxic, toxic, harmful, corrosive or irritant.
- For which the Health and Safety Executive (HSE) has approved a Workplace Exposure Limit (WEL).
- Which is a dust of any kind in concentrations above;
 - 10 mg/m³ (8 hour TWA) for an inhalable dust.
 - or 4 mg/m³ (8 hour TWA) for a respirable dust.
- Which is a biological agent (see below).

2.2 **Hazard** - Hazard is defined as anything that has the potential to cause harm, loss, damage or other unwanted outcome to individuals, services, the organisation or the environment.

2.3 **Risk** - Risk is defined as the likelihood that the hazard will actually cause harm.

2.4 **Assessment** - A written record of the evaluation of risks to health and any required control measures to remove or significantly reduce the risk. (Likelihood / Probability and Consequence/ Severity).

- 2.5 **Biological agent** - Any micro-organism, cell culture or human endo parasite, including any that have been genetically modified, which may cause infection, allergy, and toxicity or otherwise create a hazard to human health (see 2.13).
- 2.6 **Very toxic / toxic** - A substance which if inhaled, ingested or penetrates the skin, may cause extremely serious health risks including death.
- 2.7 **Harmful** - A substance which if inhaled, ingested or penetrates the skin can cause significant health risks.
- 2.8 **Corrosive** - Substances that on contact with tissue can destroy it.
- 2.9 **Irritant** - A non corrosive substance that through contact with the skin or mucous membranes cause inflammation.
- 2.10 **Carcinogenic** - A substance which if it is inhaled, ingested or penetrates the skin may induce a cancer or increase the likelihood of incidence.
- 2.11 **Teratogenic** - A substance which if it is inhaled, ingested or penetrates the skin may cause a risk to the unborn baby – non heritable birth defects.
- 2.12 **Mutagenic** - A substance that if it is inhaled, ingested or penetrates the skin may cause a risk of heritable genetic defects.

2.13 Biological agents

These are categorised according to the hazards they pose and levels of containment required.

- Group 1: Micro organisms that are unlikely to cause human disease.
- Group 2: Micro organisms that can cause human disease and may be a hazard to employees, it is unlikely to spread from the workplace and there is usually effective prophylaxis or treatment available.
- Group 3: Micro organisms that can cause severe human disease and may be a serious hazard to employees, it may spread from the workplace, but there is usually effective prophylaxis or treatment available.
- Group 4: Micro organisms that cause severe human disease and is a serious hazard to employees, is likely to spread from the workplace, and there is no effective prophylaxis or treatment available.

3.0 Duties / responsibilities

3.1 Directorates - through their line management structure will ensure that work or tasks using substances hazardous to health are managed appropriately and according to the risk assessed safe systems of work. Making available suitable and sufficient resources to achieve this.

3.2 Service / Ward / Department Managers

- Will ensure that an accurate COSHH register is maintained and readily available within the department which will include a material safety data sheet (MSDS) for all applicable products, along with documented work based Risk assessments and safe system of work for each category of substance. This is to ensure that staff are able to consult relevant risk assessments etc as required and for audit by other authorised persons both internal & external e.g. Directorate Risk Lead, Occupational Health Department, Health and Safety Executive Inspector, Emergency Services etc as required.
- Will ensure that a COSHH assessment is carried out using the Trust's Risk Assessment forms prior to any work activity involving substances hazardous to health; and agree with the risk assessor a documented safe system of work for all categories of substances which will accompany the risk assessment
- Will ensure that all persons undertaking tasks involving substances hazardous to health have had an appropriate level of information, instruction and training to ensure they can undertake the task safely without putting themselves or others at risk.
- Are responsible for identifying health surveillance from risk assessments - Guidance to managers on what health surveillance may be required is given in **Appendix 10**).
- For ensuring staff are aware of the need for health surveillance,
- liaising with Occupational Health to ensure appointments are booked, and staff attend,
- For keeping records of attendance
- Referring staff who have reported any symptoms of concern e.g. skin problems.

3.3 Employees responsibilities

The main duties of employees are to: Co-operate with the Trust so far as this is necessary to enable The Trust to meet its obligations under the COSHH Regulations.

- Make full and proper use of control measures including personal protective equipment, as identified in the relevant risk assessment
- Ensure that all substances hazardous to health are returned after use to any storage facilities the Trust provides for it, and retained in their original containers.

- Responsible for attending health surveillance appointments and reporting any symptoms of concern to their manager
- To report any adverse event or near miss which has or may have resulted in the release into the workplace of a substance hazardous to health including a biological agent?
- Attend any training that is provided by the Trust in relation to their duties.
- Follow the risk assessed safe systems of work reporting any inability to comply to the person in charge of the workplace at that time.

3.3 Occupation Health Department

The Occupation Health Department will advise managers on what health surveillance may be required and provide a surveillance service for some tests (for example lung function tests). They will maintain records on surveillance carried out on staff for a period of at least 40 years.

3.4 Learning and Development

The Learning and Development Department will facilitate the provision of training requirements in relation to this Policy by booking training venues, providing registers, recording attendance and providing certificates. See *Learning and Development Policy and Procedure*.

4.0 Training / competency requirements

4.1 Information, instruction and training

The Trust will provide (via its workplace managers) for those staff engaged in working with substances hazardous to health (including microbiological agents) details of the substances hazardous to health to which the employee is liable to be exposed. This will be by sharing the significant findings of the risk assessment and obtaining evidence that staff have understood the assessment and “safe systems of work” (see section 5.4).

In addition to the above local managers must ensure that the work group receive instruction and information on how and when to use the control measures identified in the risk assessment (see section 5.4).

This will include:

- how to use the personal protective equipment and the cleaning, storage and disposal procedures they should follow.
- the purpose and importance of health surveillance.
- procedures for dealing with accidents, incidents and emergencies.

4.2 Risk Assessor training

Specific training interventions will be provided for those staff identified to undertake risk assessments on behalf of the Trust at a local level. The training will be provided and delivered by the Quality and Safety Team.

The training will primarily identify to delegates how to

- Undertake risk assessments (using the HSE's 5 steps)
- Generate action plans using the hierarchy of controls
- Develop safe systems of work
- Develop an ongoing risk assessment program for their workplace
- Communicate the findings of the risk assessment

The Quality and Safety Team will provide mentorship support for delegates until assessed as competent to undertake risk assessments in the workplace, and will routinely be available for the provision of advice and guidance. The training provided will be periodically reviewed to ensure it continues to be suitable and sufficient for its purpose.

4.3 Records of information, instruction and training

Records of information, instruction and training given to individual staff or specific groups of workplace staff will be maintained by the local manager. Attendance training records will be maintained by the Learning and Development Team. Training content and competency training records will be maintained by the local manager (workplace training) and the Quality and Safety Team – Risk Assessor Training.

The records will provide a useful checklist for ensuring that staff receive all the necessary training etc at the appropriate time. The records will also assist in the resolution of any disputes that arise about whether a particular member of staff or work group has been provided with a specific aspect of information, instruction and training.

Note: The information, instruction and training provided must be appropriate for the staff group to ensure it is understandable to them.

5.0 Procedures

5.1 RISK ASSESSMENT

The COSHH Regulations require specialist risk assessments to be completed for all work and tasks that use hazardous substances. The general principles of conducting a risk assessment as stated in the Trust *Risk Assessment Policy and Procedure* and will be observed by the Ward / Department risk assessor. The risk assessors are trained to carry out these assessments.

The assessment should focus on the task or work being carried out rather than each substance used. There should be an assessment for each task rather than an assessment for each substance.

The detail and complexity of the risk assessment required is dependent on the hazards offered by the substance, the quantity in use, the numbers of people exposed, the vulnerabilities of the persons exposed etc. The Trust has developed two assessment templates that can be used by managers. These vary in detail and complexity:

- Form used in laboratory areas for highly hazardous substances (**Appendix 4**).
- Simpler form for ward and other work areas (**Appendix 5**).

The risk assessment must be based on the “Material Safety Data Sheet” (MSDS) for the substance in use. These are supplied by the providers of the substances. It is essential that current, UK sheets provided by the supplier are used rather than sheets taken from the intranet. Exposure limits in other countries may be different to the UK.

The risk assessor will focus management controls on the hierarchy structure for managing risks:

- 1 Eliminate the use of a harmful product or substance, or substitute for a safer substance.
- 2 Use a safer form of the product, eg paste rather than powder.
- 3 Change the process to emit less of the substance.
- 4 Enclose the process so that the product does not escape.
- 5 Extract emissions of the substance near the source.
- 6 Have as few workers in harm’s way as possible.
- 7 Provide personal protective equipment (PPE) such as gloves, coveralls eye protection, Personal Respiratory Protective Equipment etc. if identified. (note PRPE and PPE must fit the wearer).

The objective of COSHH is to prevent, or to adequately control, exposure to substances hazardous to health, so as to prevent ill health.

On conclusion of the risk assessment the Assessor will agree a safe system of work (SSW) with the manager. This will be discussed with the work group and any training, health surveillance and control measure requirements will be identified and resourced before work commences.

Risk Assessments and SSW will be reviewed if any of the criteria within Trust Policy for reviewing risk assessments is met or on the publication of any updates from the supplying companies MSDS or changes to Workplace Exposure Limits for the hazardous substance. Appropriate management controls for the proposed substance to be used can be achieved by:

- Attempt to identify a less harmful product that will have the same task outcomes, without the potential harmful effects.
- Using control equipment, eg total enclosure, partial enclosure, LEV;
- Controlling procedures, eg ways of working, supervision and training to reduce exposure,
- Maintenance, examination and testing of control measures;
- Worker behaviors, making sure staff follow the control measures;
- Changing how often a task is undertaken, or when, or reducing the number of persons nearby, can make an improvement to exposure control.

5.2 WORKPLACE EXPOSURE LIMITS

The HSE has established Workplace Exposure Limits (WELs) for a number of substances that are hazardous to health. WEL's only apply to substances hazardous by inhalation. These are intended to prevent excessive exposure by controlling exposure below a set limit.

A WEL is the maximum concentration of a hazardous substances in the air that people breathe averaged over a specified period of time referred to as a time-weighted average (TWA). Two different exposure limits are quoted, based on two TWA's. Long term exposure limits (LTEL) and short term exposure limits (STEL).

LTEL – these are time weighted over 8 hours. LTEL should not be considered a hard and fast line between safe and unsafe. The limit can be exceeded for short periods. The principles require the degree to which exposure is reduced below the WEL to be proportionate to the health risk.

STEL – these are time weighted over 15 minutes. However, the limit should never be exceeded. STEL's are applied to substances where there is no safe level and the exposure should be reduced to the lowest possible level at all times.

Risk assessors need to scrutinise any MSD appropriate for the substance that is planned to be used, if the MSD advises an exposure referencing a LTEL or STEL advice should be sought from:

- The Trust's Risk Manager
- The Trust's Health and Safety Advisors
- The Pathology Quality Manager
- The Trust's Occupational Health Manager

HSE's publication *EH40/2005 Workplace Exposure Limits* includes the list of substances assigned WELs. It also provides more detailed guidance on the use of WELs. This document is available from the Trust Risk team.

The absence of a substance from the lists of WELs does not mean that it is safe. Many substances do not have a WEL (For examples dusts can be more or less hazardous as a result of their particle size, particle shape etc.).

For these substances, managers should apply the principles of good practice for the control of substances hazardous to health to control exposure to a level to which nearly all the working population could be exposed, day after day at work, without adverse effects on health.

5.3 MONITORING A WORKPLACE EXPOSURE LIMIT

The COSHH regulations require organisations to monitor exposure to ensure that WEL's are not exceeded. This may not be necessary if:

- The controls ensure that the limit can not be reached (the air extraction in a fume cupboard makes exposure highly unlikely).
- The quantities of substance used means that the WEL can not be exceeded in a ventilated area.

- The volatility of the substance used means that the WEL can not be exceeded in a ventilated area.

However it may be necessary to undertake monitoring of the substances concentration in air. If a manager believes monitoring is required advice should be sought from:

- The Trust's Risk Manager
- The Trust's Health and Safety Advisors
- The Pathology Quality Manager
- The Trust's Occupational Health Manager

5.4 ACTION IF A WORKPLACE EXPOSURE LIMIT IS EXCEEDED

A WEL should not normally be exceeded. If it is, the manager should check the continuing effectiveness of the control measures in place. There may be something obviously wrong which can be corrected. If the reasons for the excessive exposure are not obvious, a more detailed investigation may be needed. This could involve task-based and process-related measurements to identify when and why raised exposures are occurring.

An incident report should be completed and Managers, who are unsure of the implications of results that exceed a WEL, or other exposure standard, should obtain appropriate advice (see above).

Working with the substance for which the WEL has been exceeded should cease until it is verified safe to resume.

Investigative steps to take could include:

- (a) Checking control measures to ensure that they are working as they should. For instance that exhaust ventilation is performing to design specification or people are following the defined methods of working which are necessary to minimise their exposure;
- (b) Liaising with other managers who use the same substance to check that all the principles of good practice are being applied correctly, and to establish possible reasons for the rise in the measured exposure to the substance concerned;
- (c) Considering whether it is necessary to provide the employees who may be exposed to the substance concerned with suitable Respiratory Protective Equipment (RPE.) *This should be a temporary measure only until the situation is returned to normal and adequate control of exposure is re-established;*
- (d) Devising and implementing a programme of immediate action to reinforce the control measures where a WEL is exceeded and particularly so where the substance concerned is a carcinogen, mutagen or a cause of occupational asthma;
- (e) Making further measurements of exposure in order to check that any remedial action to tighten control has been effective;
- (f) Review the Risk Assessment and SSW and document any required changes.

5.5 WORKPLACE HEALTH SURVEILLANCE

Managers and staff across the Trust will conduct local risk assessments in accordance with Trust risk management and health and safety policies. The risk assessment will identify the requirement for any regular health surveillance. Local managers are responsible for informing Occupational Health of risks that may affect the health and wellbeing of staff and identifying any necessary health surveillance. Guidance to managers on what health surveillance may be required is given in **Appendix 10**. Periodic Health Surveillance will be undertaken by Occupational Health as requested and identified by risk assessment. Occupational Health will assist when requested to identify risks that may need a program for Health Surveillance Health Surveillance includes audiometric testing, spirometry, skin surveillance, night worker health assessments etc.

5.6 TESTING OF CONTROLS

The risk assessment may identify controls such as local exhaust ventilation (LEV). This ranges from general room ventilation, to fume cupboards to walk in cubicles. The COSHH regulations require all LEV equipment to be checked and tested at least every year (14 months maximum). At Maidstone Hospital this is arranged by the Estates & Facilities Directorate.

At the Tunbridge Wells Hospital the maintenance and annual testing of local exhaust ventilation will be the responsibility of the “Kent and East Sussex Weald Hospital Limited” (KESWHL) as part of the project agreement. The work will be carried out by “Interserve” a sub-contractor of KESWHL. “Interserve” will provide certificates and reports to relevant MTW managers.

5.7 INFORMATION, INSTRUCTION AND TRAINING

The Trust will provide for those staff engaged in working with substances hazardous to health including microbiological agents via its workplace manager’s details of the substances hazardous to health to which the employee is liable to be exposed. This will generally be through sharing the risk assessment and will include:

- The names of those substances and the risk which they present to health.
- Any relevant workplace exposure limit or similar occupational exposure limit.
- Access to any relevant safety data sheet.
- Other legislative provisions which concern the hazardous properties of those substances.
- The appropriate precautions and actions to be taken by staff in order to safeguard themselves and other persons at the workplace who may be exposed by workplace activity (the safe system of work).
- The results of any monitoring of exposure and, in particular, in the case of a substance hazardous to health for which there is a WEL.

- The collective results of any health surveillance undertaken in a form calculated to prevent those results from being identified as relating to a particular person.
- Where staff are working with a Group 4 biological agent or material that may contain such an agent, the provision of written instructions and, if appropriate, the display of notices which outline the procedures for handling such an agent or material.

In addition to the above local managers must ensure that the work group receive instruction and information on:

- How and when to use the control measures (safe system of work).
- How to use the personal protective equipment and especially respiratory protective equipment (e.g. the correct method of removing and refitting gloves and masks and determining how long protective gloves should be worn before any liquid contamination is liable to permeate them).
- The cleaning, storage and disposal procedures they should follow; why they are required and when they are to be carried out (e.g. cleaning contaminated PPE or the risks of using contaminated PPE).
- When to use the hygiene facilities provided and the importance of doing so in accordance with the documented risk assessment and or safe system of work.
- Any procedures for dealing with accidents, incidents and emergencies.
- Any further relevant information resulting from a review of the assessment: why it has been done and how any changes will affect the way employees do the work in the future.

5.8 ACCIDENTS, INCIDENTS AND EMERGENCIES

Any escape into the workplace of a substance hazardous to health, including microbiological agents is a serious event. The local risk assessment and its associated SSW must identify what actions are required in the event of an escape (loss of containment – spillage) of a substance. The local manager must ensure that suitable resources (such as spillage kits etc) are available at all times to manage such an event.

It is also required that staff who work with substances hazardous to health are competent to use the emergency resources and put systems into place to limit exposures and bring any situation under control.

Incident Reports must be completed for all incidents and near miss occurrences involving hazardous substances. And an appropriate level of investigation carried out which will include recommendations to significantly reduce the likelihood of further occurrences. Procedures are described in the *Incident Management Policy and Procedure*.

Other considerations for the management of an escape into the workplace:

- Provision of appropriate first-aid facilities.
- Relevant safety drills (which shall be tested at regular intervals), have been prepared which can be put into effect.
- Suitable warning and other communication systems are established to enable an appropriate response.
- Risk Assessment, SSW, Safety Data Sheets are readily available to Occupational Health, Emergency Planning and external relevant accident and emergency services to enable those services to respond in an appropriate manner.

5.9 OCCUPATIONAL HEALTH SERVICE

Occupational Health will carry out health surveillance as identified as necessary and requested by managers following risk assessment – (e.g. spirometry where respiratory sensitizers are being used). Guidance to managers on what health surveillance may be required is given in **Appendix 10**).

Exposure to substances/processes for which health surveillance may be appropriate include:

Exposure	Surveillance
Biological hazards (e.g. body fluids)	Clinical or laboratory investigations.
Respiratory Sensitisers	Respiratory questionnaire and spirometry
Frequent Hand washing	Skin inspection by a competent person (e.g. employee, managers/link infection control nurse)

- The Occupational Health service should be in receipt of workplaces substance inventory forms from managers which identify substances that staff could be exposed to if the appropriate control measures are not used correctly or are not working to their design specification eg LEV..
- Occupational Health will maintain appropriate health records as required by regulation.
- Occupational Health Records that relate to health surveillance will be kept for a minimum of forty years. The records will include:
 - Full name, date of birth and gender.
 - Permanent address and postcode.
 - National Insurance number.
 - Date when present employment started.
 - Historical record of jobs in this employment involving exposure to identified substances requiring health surveillance.
- Occupational Health will be responsible on diagnosis of reporting to the incident contact centre any cases of workplace disease as

contained within the “reportable diseases” schedule in the RIDDOR Regulations, and co-ordinating subsequent investigations to ensure any shortcomings are identified and remedied.

- All investigative reports etc will be stored securely by occupational health along with the affected staff member records and may be made available for any officer from EMAS or the HSE on request.

6.0 Monitoring and audit

The Trust has developed a self monitoring tool to enable each department to monitor its performance in health and safety arrangements including COSHH risk assessment. The COSHH section is as follows:

D. COSHH and PPE		Yes	No	N/A	Upload document
25	Has a list of hazardous substances used in the workplace been completed within the last year?				
26	Does your staff have access to the current Safety data sheets for these substances?				
27	Have you undertaken COSHH risk assessments for the tasks that use these substances?				
28	Is any health surveillance identified carried out?				
29	If Personal Protective Equipment (PPE) required for any hazardous tasks in your workplace as identified in safe systems of work - Is it available to all staff undertaking the task at all times?				
30	Is the PPE stored correctly, inspected and properly maintained?				

Directorates will need to use this audit data to improve performance and develop best practice. They will need to compare department performance against the criteria contained within this policy. They will need to monitor the LEV testing and the results of environmental monitoring and health surveillance. The key questions are have assessments been completed, implemented, monitored and are controls adequate and working. The Trust is moving towards an electronic system for the recording and storage of workplace risk assessment information; once this is in place Directorates will have ready access to Health & Safety Performance.

Directorates must also undertake reactive monitoring (after things go wrong) by investigating and learning from incidents and near misses.

Process requirements

1.0 Implementation and awareness

For the Trust to manage the risk from hazardous substances, it is essential that this Policy and Procedure is successfully implemented. The policy and procedure will undergo consultation throughout the Trust and then be approved by the the Health and Safety Committee. All staff will have access to a copy of the policy and procedure through the Trust's intranet site. The policy and procedure will be cascaded from Directors to all staff through the line management structure.

- Once approved the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust polices, procedures and leaflets'.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Bulletin Board (Trust intranet) under "Trust Publications"; notification of the posting is included on a bi-weekly Bulletin Board round-up email, circulated Trust wide by the Communications team.
- On receipt of the Trust wide Bulletin Board notification all managers should ensure that their staff members are aware of the new publications.

2.0 Review

Minor changes will be noted by the Health and Safety Advisor and included in the next review of this Policy and Procedure. Major changes will be agreed by the Trust Health and Safety Committee, implemented immediately and the policy and procedure revised. This policy/procedure will be reviewed every two years or sooner if legislation or ACOP change to affect the legality of processes described within.

The Health and Safety Advisor will monitor the departmental self audit of Health and Safety arrangements including COSHH.

3.0 Archiving

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.

APPENDIX TWO

Consultation on: COSHH Policy and Procedure

Consultation Process – *use this form to ensure your consultation has been adequate for the purpose and send a copy to the Trust Board Secretary with a copy of this policy*

Please return comments to J Harris, Risk and Compliance Manager.

By date: 25.6.14

Name	Date sent	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Head of Quality and Governance	30-5-14			
Medical Director	30-5-14			
Chief Nurse	30-5-14			
Staff side Chair	30-5-14			
Members of the Health & Safety Committee	30-5-14	30-6-14	N	NA
Risk Manager	30-5-14			
Blood Sciences Service Manager	30-5-14	2-6-14	N	NA
Medical Laboratory Scientific Officer	30-5-14	3-6-14	N	NA
Members of the Quality and Safety Committee	30-5-14	9-7-14	N	NA
Clinical Directors	30-5-14			
ADO's	30-5-14			
Heads of Nursing	30-5-14			
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

APPENDIX THREE

Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.

Title of Policy or Practice	COSHH Policy and Procedure.
What are the aims of the policy or practice?	Describes the processes for the Assessment of risk from hazardous substances.
Identify the data and research used to assist the analysis and assessment	ACOP to COSHH Regulations
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	Is there an adverse impact or potential discrimination (yes/no). NO If yes give details.
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	Some safety documentation may need to be provided in different languages if sufficient staff require a translation.
People who have a physical disability	No
People who have a mental disability	No
Women who are pregnant or on maternity leave	There is a requirement to specifically consider pregnant staff.
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	
When will you monitor and review your EqIA?	Alongside this policy/procedure when it is reviewed.
Where do you plan to publish the results of your Equality Impact Assessment?	As Appendix 3 of this policy/procedure on the Trust approved document management database on the intranet, under 'Trust polices,

	procedures and leaflets'.
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FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust Intranet (Policies and Guidelines):

No.	Title	Unique ID
4	COSHH assessment form 1	RWF-OWP-APP458
5	COSHH assessment form 2 (general use)	RWF-OWP-APP459
6	Substance inventory	RWF-OWP-APP460
7	COSHH hazardous chemicals poster	RWF-OWP-APP461
8	Time line for the introduction of the Classification, Labeling and Packaging of Substances and Mixtures (CLP)	RWF-OWP-APP462
9	Risk phrases	RWF-OWP-APP463
10	Guidance to managers on health surveillance	RWF-OPG-CORP31