Control of Substances Hazardous to Health (COSHH) Policy
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1 INTRODUCTION

The Control of Substances Hazardous to Health Regulations is a legal framework for controlling the exposure of persons to hazardous substances arising from work activities. The Regulations set objectives in terms of standards of protection to be achieved and forms part of the wider legislation on the management of health and safety at work. The fundamental principles of good occupational health practices are the foundation of the Regulations and these require employers to make an assessment of risks to health which arise from exposure to hazardous substances in the workplace.

2 PURPOSE OF THE POLICY

The Trust acknowledges its responsibilities under the Control of Substances Hazardous to Health Regulations and the importance of providing a working environment which is safe and healthy for all employees, contractors, voluntary workers, visitors and members of the public. The Trust will ensure that the exposure to hazardous substances is prevented or, if this is not reasonably practicable, adequately controlled. This policy describes the arrangements that the Trust has undertaken with respect to COSHH.

3 SCOPE

The policy will apply to all staff, volunteers and contractors working within any buildings either owned or leased/rented by the Trust or as in the case with social landlords by the client groups.

4 RESPONSIBILITY AND ACCOUNTABILITY:

4.1 THE TRUST BOARD

The Trust Board has overall responsibility for ensuring compliance with the COSHH Regulations and for determining and monitoring the effectiveness of the COSHH Policy.

4.2 THE CHIEF EXECUTIVE

The Chief Executive has overall executive responsibility for compliance with the Regulations on behalf of the Trust Board.

4.3 THE HEALTH AND SAFETY LEAD

The Health and Safety Lead is responsible for the arrangements for implementing the policy and application of any codes of practice or other appropriate guidance and subsequent revision of the policy. The Health and Safety Lead may be assisted by other members of the Safety Team.
4.4 DIRECTORS AND MANAGERS

All Directors and Managers are responsible for ensuring compliance with the COSHH Regulations with the support of the Health and Safety Lead and other members of the Safety Team. This includes maintaining an inventory of potentially hazardous substances, assessing the risks involved in their use and establishing and monitoring safe procedures for their use.

Managers are also responsible for carrying out assessments of the work area and ensuring that any necessary action is taken. Safety Representatives should be involved in this process and other COSHH issues, especially any monitoring or health surveillance.

Directors and Managers are responsible for informing, instructing and arranging training for staff about risks and precautions to be taken.

4.6 EMPLOYEES

All Trust staff are responsible for ensuring that they take reasonable care for the health and safety of themselves and any other persons who may be affected by their acts or omissions at work.

They must be familiar with Health and Safety policies and procedures in particular with relation to substances in use at work including:

- The risks
- The controls
- What to do in an emergency
- The results of any monitoring
- Where the COSHH assessment documents are kept

5 PROCEDURE

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 define assessments are to be made of the risk to health arising from the use of hazardous substances at work.

Once an assessment has been carried out, any identified control measures / precautions must be taken to minimise hazards and the risk.

The first steps in complying with COSHH are;

- establish inventory of all substances in use,
- sort all substances into priority groups,
- determine priorities for attention,
- compile COSHH assessments.

For safe day-to-day management of services / teams written COSHH Assessments and the availability of simple to use documentation and guidance is essential. To assist Managers with this duty COSHH Assessment Forms and Guidance have been
produced and are available to download from the Support Services section of Trust Intranet under Health & Safety, Security & Fire. Appendix 2 refers.

5.1 THE COSHH ASSESSMENT

The COSHH assessment should define the inherent hazards associated with substances used and detail all precautions to be taken to control the risk associated with their use.

A suitable record of all COSHH Assessments needs to be kept and a management system should be established which allows for the periodical review of the assessments to be made and for the implementation of any necessary changes. It should be capable of dealing with any new situations as they arise, e.g. a change in the substance used or the method used.

When carrying out a COSHH Assessment, actions should be considered in the following order:

1. **Elimination:** COSHH Regulations state the most effective method of decreasing exposure. For example, could a water based product replace solvent based products?

2. **Substitution:** If the substance cannot be eliminated could the same substance be used in a different form? For example, could a solid be used instead of a liquid? Or could a granular substance be used instead of a powder? These actions are a good step towards reducing exposure.

3. **Change of Work Method:** Could the method of work be revised to minimise risk to health?

4. **Change Work Patterns:** Could job rotation or working times be looked at to reduce exposure?

5. **Isolation and Segregation:** Could the hazardous substances be isolated to minimise exposure. This could include barriers or ventilation.

5.2 COSHH ASSESSMENT IMPLEMENTATION

The Trust COSHH Assessment Form and Guidance notes must be referred to prior to starting an assessment. If there is any doubt about any aspect of the completion of the Trust COSHH Form the Trust Health and Safety Lead should be contacted.

5.3 METHOD FOR CARRYING OUT AN ASSESSMENT

**Information Gathering**

A list of all substances used in a particular Department needs to be produced and the Product Safety Data Sheets obtained from suppliers. This information should be used to identify those substances that are hazardous to health and place into priority groups. This establishes a COSHH inventory for a particular area of responsibility, e.g. service or team.

**Assessment Form**
The COSHH Assessment Form should be completed for all substances in use. To complete the form reference to the information contained on the Product Safety Data Sheet (PSDS) will be necessary with other information on, quantity, duration of use, location and working practices also being added. The form together with the PSDS should be retained in a suitable file / designated computer based folder.

5.4 MANAGING COSHH IN EACH SERVICE / TEAM

Managers

The Manager of the service / team must ensure that there are written COSHH Assessments for all hazardous substances in use and are available to staff undertaking the work. Managers should ensure that the guidance in each assessment is implemented. Standard Procedures should be established to ensure that all necessary equipment and PPE is available at the point of use so that staff can follow precautions depicted on each assessment whilst undertaking defined work activities.

Employee's Duties

Employees must comply with COSHH. They have a duty to implement the documented controls and methods of work which may include the use of the specified PPE identified within the assessment.

Health Surveillance Section of the Assessment

Procedures must be specified with regard to training, maintenance of controls, health surveillance and monitoring for those substances which have these matters highlighted in the Assessment.

5.5 THERAPEUTIC AGENTS AND BIOLOGICALLY CONTAMINATED MATERIAL

The COSHH Regulations strictly apply to all substances which are deemed hazardous to health. It is in this context that cytotoxic drugs were identified by the Department of Health as one of the six groups of materials which should be regarded as a priority for management review and effective control. Similarly, pathogens are formally defined as ‘hazardous substances’ under COSHH. Legionella bacteria, which may multiply in hot and cold water systems is also classified as a hazardous substance. The HSE Approved Code of Practice and guidance, Legionnaires Disease – The Control of legionella bacteria in water systems (L8) give guidance in relation to the COSHH Regulations. The HSE website, www.hse.gov.uk/COSHH provides specific information on COSHH.

5.6 USING GENERIC ASSESSMENTS

Appendix 3 explains the method of allocating substances into Generic Categories.

5.7 COMPLETION OF ASSESSMENTS

The controls generated through the assessment may overstate the actual practical requirements. Every completed assessment form should state who completed the assessment, the date of completion and review date to confirm completion and that
the recommendations will be applied. Any changes to the recommendations should be written onto the assessment sheet and a signature placed next to the proposed changes.

5.8 CONTACT POINT FOR ENQUIRIES / INFORMATION

Should there by any requirement for further information this can be obtained by contacting the Health and Safety Lead.

6. TRAINING IMPLICATIONS

Managers may require training in completion of COSHH Assessments. However, the COSHH Assessment Form is simple to use in conjunction with the guidance notes. Completion and review of assessments will also identify training needs.

7. MONITORING ARRANGEMENTS

<table>
<thead>
<tr>
<th>Area for Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>COSHH Assessments</td>
<td>Review of Documents</td>
<td>Health and Safety Lead</td>
<td>Health and Safety Forum</td>
<td>Annually</td>
</tr>
<tr>
<td>Guidance is implemented</td>
<td>During Workplace H&amp;S Inspections</td>
<td>Managers / Safety Team</td>
<td>Health and Safety Lead / Forum</td>
<td>Annually</td>
</tr>
</tbody>
</table>

8. EQUALITY IMPACT ASSESSMENT SCREENING -

The completed Equality Impact Assessment for this Policy has been published on this Policy’s web page.

8.1 Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’. As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).
8.2 Mental Capacity Act

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court. Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

Indicate How This Will Be Achieved.

All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)

9 LINKS TO OTHER PROCEDURAL DOCUMENTS

- Personal Protective Equipment (PPE)
- Policy for the Provision of First Aid Equipment Facilities and Personnel

10 REFERENCES

- COSHH Regulations 2002
- HSE COSHH Guidance Notes
- Eh17 Mercury Health And Safety Precautions
- The Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992

11 APPENDICES

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

2. COSHH ASSESSMENT FORM AND GUIDANCE

3. USING GENERIC ASSESSMENTS
PRINCIPLES OF GOOD PRACTICE FOR THE CONTROL OF EXPOSURE TO SUBSTANCES HAZARDOUS TO HEALTH

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

2. Take into account all relevant routes of exposure – inhalation, skin absorption and ingestion – when developing control measures.

3. Control exposure by measures that are proportionate to health risk.

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

5. Where adequate control of exposure cannot be achieved by other means in combination with other control measures suitable personal protective equipment should be provided.

6. Regularly check and review all elements of control measures for their continuing effectiveness.

7. Inform and train all employees on the hazards and risks from the substances with which they work and the use of control measures developed to minimise risks.

8. Ensure the introduction of control measures does not increase the overall risk to health and safety.
COSHH Risk Assessment No: Rotherham Doncaster and South Humber NHS Foundation Trust

<table>
<thead>
<tr>
<th>1. Care Group:</th>
<th>2. Service / Team:</th>
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</thead>
</table>

3. Describe the activity or work process. 
   *(Include how long and how often this is carried out and the quantity of substance used)*

4. Location of process being carried out?

5. Identify the persons at risk:
   - Employees (including trainees)
   - Contractors
   - Public (including service users)

6. Name the substance involved in the process and its manufacturer. 
   *(A copy of a current safety data sheet for this substance should be attached to this assessment)*

7. Classification *(state the category of danger)*

**What is different?**

**Pictograms**
There are now 9 pictograms, all on a white background with a red diamond frame with the black hazard symbol inside. All pictograms relating to transport are still governed by the Transport of Dangerous Goods Regulations.

The new pictograms / symbols should have gradually replaced the existing pictograms / symbols by 2015 however old symbols may still be in use.

Tick the new pictogram symbol to indicate the appropriate category after referring to the safety data sheet and/or the substance container label.

<table>
<thead>
<tr>
<th>Description</th>
<th>Old Pictogram</th>
<th>New Pictogram</th>
<th>Hazard class and hazard category:</th>
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<tbody>
<tr>
<td>Exploding Bomb</td>
<td></td>
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<td></td>
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<td></td>
<td>Self-reactive substances and mixtures, Types A,B</td>
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<td></td>
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<td></td>
<td>Organic peroxides, Types A,B</td>
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</tbody>
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| Flame  | Flammable gases, category 1  
|        | Flammable aerosols, categories 1,2  
|        | Flammable liquids, categories 1,2,3  
|        | Flammable solids, categories 1,2  
|        | Self-reactive substances and mixtures, Types B,C,D,E,F  
|        | Pyrophoric liquids, category 1  
|        | Pyrophoric solids, category 1  
|        | Self-heating substances and mixtures, categories 1,2  
|        | Substances and mixtures, which in contact with water, emit flammable gases, categories 1,2,3  
|        | Organic peroxides, Types B,C,D,E,F  
| Flame Over Circle  | Oxidizing gases, category 1  
|        | Oxidizing liquids, categories 1,2,3  
| Gas Cylinder  | Gases under pressure:  
|        | - Compressed gases  
|        | - Liquefied gases  
|        | - Refrigerated liquefied gases  
|        | - Dissolved gases  
| Corrosion  | Corrosive to metals, category 1  
|        | Skin corrosion, categories 1A,1B,1C  
|        | Serious eye damage, category 1  
| Skull and Crossbones  | Acute toxicity (oral, dermal, inhalation), categories 1,2,3  
| Exclamation Mark  | Acute toxicity (oral, dermal, inhalation), category 4  
|        | Skin irritation, category 2  
|        | Eye irritation, category 2  
|        | Skin sensitisation, category 1  
|        | Specific Target Organ Toxicity – Single exposure, category 3  
| Health Hazard  | Respiratory sensitization, category 1  
|        | Germ cell mutagenicity, categories 1A,1B,2  
|        | Carcinogenicity, categories 1A,1B,2  
|        | Reproductive toxicity, categories 1A,1B,2  
|        | Specific Target Organ Toxicity – Single exposure, categories 1,2  
|        | Specific Target Organ Toxicity – Repeated exposure, categories 1,2  
|        | Aspiration Hazard, category 1  
| Environment  | Hazardous to the aquatic environment  
|        | - Acute hazard, category 1  
|        | - Chronic hazard, categories 1,2  

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8. Hazard Type

- Gas
- Vapour
- Mist
- Fume
- Dust
- Liquid
- Solid
- Other (State)

9. Route of Exposure

- Inhalation
- Skin
- Eyes
- Ingestion
- Other (State)

10. Workplace Exposure Limits (WELs) please indicate n/a where not applicable

Long-term exposure level (8hrTWA):

Short-term exposure level (15 mins):

11. State the Risks to Health from Identified Hazards

12. Control Measures: (for example extraction, ventilation, training, supervision). Include special measures for vulnerable groups, such as disabled people and pregnant workers. Take account of those substances that are produced from activities undertaken by another employer's employees e.g. contractors.

Is health surveillance or monitoring required? Yes ☐ No ☐

13. Personal Protective Equipment (state type and standard)

- Dust mask
- Respirator
- Gloves
- Footwear
- Visor
- Goggles
- Overalls
- Other

14. First Aid Measures
15. Storage

16. Disposal of Substances & Contaminated Containers

Hazardous Waste [ ] Skip [ ] Return to Depot [ ] Return to Supplier [ ] Other [ ]

(If Other Please State)

Is exposure adequately controlled? [ ] Yes [ ] No

17. Risk Rating Following Control Measures

High [ ] Medium [ ] Low [ ]

18. Assessed by: [ ] Date: [ ] Review Date: [ ]
Guidance on Completing the COSHH Risk Assessment Form

1. Enter a suitable identification number.

2. Enter the name of the Care Group

3. Enter the name of the area where the process is being carried out.

4. Give a simple description of what the process is, for example cleaning floors and walls. State any equipment used in carrying out the process/activity, for example cloth, spray etc.

5. Specify exactly where the process is carried out.

6. Give the name of the substance being used. In most cases there will only be one substance involved. Enter the name of the manufacturer of the substance. If more than one is involved, complete a separate assessment sheet with the same reference number and a suitable additional suffix, such as a, b, c etc.

Where the process involves more than one substance, verify that all substances are compatible with each other. Manufacturers should be consulted to verify that there will be no adverse reaction between the substances to be used in the process. In some cases it may not be acceptable even to store incompatible substances together.

A current up-to-date safety data sheet provides important information on many aspects of the substance in use. It is important that a current up-to-date version is attached to the risk assessment.

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<tbody>
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<td>8.</td>
<td>Identify the hazard types that will arise from use of the substance in the process it is being used. Check Container Label. Tick all boxes that apply.</td>
</tr>
<tr>
<td>9.</td>
<td>Indicate the route by which the substance could potentially enter the body.</td>
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</tbody>
</table>
| 10 | Workplace Exposure Limit. WELS are British Occupational Exposure limits and are set 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 time weighted average (TWA). Two time periods are used:  
- Long term (8) hours  
- Short Term (15 Minutes)  
Check the manufacturer’s safety data sheet to see if the substance has been assigned a WEL. If it has the limit should be stated. |
| 11 | Describe the risks to the health of staff when using the substance or when engaged in the process/activity, for example Irritant - irritating to the eyes, respiratory system and skin. Check container details. |
| 12 | All controls required to reduce the risks associated with the use of the substance (other than Personal Protective Equipment) should be identified here. The information stated should be very specific. If ventilation is required then the type of ventilation should be documented, for example local exhaust ventilation with partial enclosure. If training is identified as a control then the level or standard of training required should be stated. 
Where a WEL has been assigned then the method for monitoring that the levels are not exceeded should also be stated, for example personal monitoring. |
| 13 | The use of certain substances may require the persons using them to have their health monitored. This may take the form of simple observations made by a Supervisor, as is the case for monitoring dermatitis from using oil. Alternatively, it may require more complex monitoring by the Occupational Health Unit, for example lung function tests to check the effects of dust or fumes on the lungs. If there is any doubt over the requirements for health surveillance then the Occupational Health Unit, should be contacted. |
| 14 | Any PPE required for use with this substance should be identified. Tick all appropriate boxes and then specify the type and standard of equipment to be used, for example eye protection - goggles to BS EN 166 - 349B. |
| 15 | State what first aid equipment is available on site, for example first aid box, eye irrigation etc. |
| 16 | Indicate how and where the substance is stored. |
| 17 | Detail how the substance is to be disposed of and remember to consider the containers as well as these may contain hazardous residues. Ensure that risks to the environment are considered. |
| 18 | Having implemented the appropriate control measures, apply the risk rating to indicate whether the risks are high, medium or low. 
Enter the date when the assessment was carried out. Sign and date the risk assessment. Please ensure that the signature is legible. 
Enter the date when a re-assessment should be carried out. This will normally be one year after the first assessment. However, high-risk processes may need to be reassessed more frequently. In addition, if any of the elements of the process/activity alter then the re-assessment should be carried out immediately. |
USING GENERIC ASSESSMENTS

Generic or "family group" assessments are available for all materials commonly used in hospitals and available from many different suppliers. Materials such as anaesthetic gases, general-purpose cleaners, sterilising agents, solvents/solvent based paints, etc although supplied under many different trade names do, in numerous cases, pose very similar risk to health. Generic assessments can therefore be used to cover "family groups" of similar materials.

Using Generic assessments within a Department can drastically reduce the number of assessments required and also allows staff to become familiar with a general set of precautions to be followed. **Generic assessments may also be used as an interim measure, whilst awaiting a specific assessment for each product.**

Allocation of materials into Generic Categories

1. Obtain Material Safety Data Sheet for material to be allocated into a generic category.
2. Identify the "Keyword" or "family group" for the material, e.g. anaesthetic, Disinfectant, etc.
3. Identify the constituents of the material.
4. Place the material into the correct category, depending on keyword and contents.

Table of Examples

<table>
<thead>
<tr>
<th>Generic Category</th>
<th>Keyword</th>
<th>Constituents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetic gas</td>
<td>Anaesthetic</td>
<td>Nitrous Oxide</td>
</tr>
<tr>
<td>Disinfectant</td>
<td>Disinfectant</td>
<td>Phenol</td>
</tr>
<tr>
<td>Sterilising agent</td>
<td>Steriliser</td>
<td>Glutaraldehyde</td>
</tr>
<tr>
<td>Paint (solvent)</td>
<td>Paint</td>
<td>White spirit</td>
</tr>
</tbody>
</table>

5. Check any Occupational Exposure Standards from the data sheet against those quoted on the Generic. The data sheet standard must have a higher or equal numeric value to the Generic Assessment for the Generic to be applicable.

6. Check the assessment activity to make sure that it is suitable for the work to be carried out. If, for example, the material is to be sprayed then there should be a specific activity "SPRAY".

7. If 5 and 6 above match then the Generic Assessment can be used.

8. **If in doubt, contact the Trust Health and Safety Lead.**