

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH PROCEDURE

Introduction and Aim

The Control of Substances Hazardous to Health Procedure has been prepared in accordance with the Control of Substances Hazardous to Health Regulations 2002 (as amended), to ensure the continued Health and Safety of employees and others who may enter the workplace. This procedure outlines the health and safety arrangements, including the processes and systems in place for identifying any hazardous substances used and how they are used, the requirement for COSHH risk assessments to be undertaken and recorded, ensuring adequate control measures are in place, undertaking health surveillance and training for staff.

This procedure supports the Health and Safety Policy.

Supporting Procedures and Written Control Documents

[All corporate policies and procedures are available on the Public Health Wales website](#)

Control of Substances Hazardous to Health Guidance, Fire Safety Policy, Personal Protective Equipment Procedure, Asbestos Management Procedure, Water Management Policy and Procedure, Control of Contractors Procedure, Transport of Specimens Procedure, Health and Safety Policy.

Scope

This procedure and any arrangements made under it applies to:

- All persons employed or engaged by Public Health Wales, including hosted bodies, part time workers, temporary and agency workers, those holding honorary contracts and those engaged by the NHS Wales Health Collaborative and Finance Delivery Unit
- All contractors, service users, visitors and volunteers

Equality, Health Impact Assessment

An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.

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V2	12/09/23	02/02/24	22/04/24	Update scope, Roles and Responsibilities; definitions and added section on substances considered and not considered under COSHH; included Requirements under COSHH section; Updated Risk Assessment section; Included control measures section; Updated Information, Instruction and Training section; included exposure monitoring, health surveillance, Arrangements for incidents, accidents and emergencies, failure to comply section and guidance and references sections; included appendices of Hazard pictograms, Risk Assessment Form, COSHH Inventory Template
V1	2018	20/01/19	11/02/19	New Procedure

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1 Introduction

Public Health Wales NHS Trust provides a wide range of health-related services to the people in Wales. The Trust recognises its duties and legal responsibilities to ensure, as far as reasonably practicable, the health, safety and welfare of its employees and other people who may be affected by its activities and its duty to the environment in which it operates.

Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended), Public Health Wales is required to make an assessment of health risks created by work involving hazardous substances. Where risks are identified, all managers must carry out a risk assessment, take action to prevent or control exposure to those substances, monitor exposure and provide information, instruction and training for those who may be exposed. The Regulations apply to a wide range of substances and preparations (mixtures of two or more substances) with the potential to cause harm if they are inhaled, ingested, injected or absorbed through the skin or other body membrane.

The purpose of this Procedure is to enable Public Health Wales, as an organisation, to comply with the COSHH Regulations and imposes specific duties and responsibilities on all employees.

2 Definitions

Term	Definition
Hazardous Substance	Is any solid, liquid, dust, fume, vapour, gas or micro-organism that could be harmful to health.
Biological Agent	Any micro-organism, cell culture, bacteria, virus, fungus, parasite or infectious larvae with the ability to cause infection in humans.
Toxic/Very Toxic	Substances and preparations, which in low/very low quantities can cause death, acute or chronic damage to health when inhaled, ingested or absorbed through the skin
Harmful	Substances and preparations which if inhaled or ingested or penetrates the skin may involve limited health risks
Corrosive	Substances and preparations which may destroy living tissue on contact
Irritant	Non-corrosive substances and preparations which through immediate, prolonged or repeated contact with the skin or mucous membrane may cause inflammation

Carcinogenic	Substances or preparations which if they are inhaled, ingested or penetrates the skin may cause cancer or increase its incidence
Teratogenic	Substances or preparations which if they are inhaled, ingested or penetrates the skin may involve a risk of subsequent non-hereditary birth defects in offspring.
Mutagenic	Substances or preparations which if they are inhaled, ingested or penetrates the skin, may involve a risk of hereditary genetic defects.
Personal Protective Equipment (PPE)	Is equipment designed to give a measure of protection to an employee using or handling a hazardous substance. It includes head protection such as hard hats, through to foot protection such as safety boots. It also includes Respiratory Protective Equipment (RPE)
Respiratory Protective Equipment (RPE)	Is equipment designed to prevent or minimise the amount of hazardous substance to which the employee might be exposed from entering the lungs. It includes breathing apparatus used for full scale respiratory protection where there is no breathable atmosphere through to disposable face masks used to prevent an employee inhaling airborne particles
Workplace Exposure Limit (WEL)	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 generally used: <ul style="list-style-type: none"> ■ long-term (8 hours); and ■ short-term (15 minutes). Short-term exposure limits (STELs) are set to help prevent effects such as eye irritation, which may occur following exposure for a few minutes.
Competent Person	A competent person is someone who has sufficient training and experience or knowledge and other qualities that allow them to assist you properly. The level of competence required will depend on the complexity of the situation and the particular help you need.
Health Surveillance	The assessment of the state of health of an employee, as related to exposure to substances hazardous to health, and includes biological monitoring

Substances and Preparations covered by COSHH

Substances and preparations covered by COSHH include:

- Any material, mixture or compound used at work or arising from work activities, which is harmful to people's health in the form in which it occurs in the work activity (e.g., solid, liquid, dust, fume, vapour, gas or micro-organism)
Substances or preparations classified as dangerous by law (listed in table 3.2 of part 3, Annex VI of CLP Regulation). These can be identified by their statutory warning label which will have one or more hazard symbols (e.g., toxic, corrosive or health hazard) and the supplier is required by law to provide a safety data sheet for them.
- Substances with workplace exposure limits, which are listed in the HSE publication EH40
- Biological agents (bacteria and other micro-organisms) if they are directly connected with the work e.g., exposure to bodily fluids, or incidental to the work (e.g., exposure to bacteria from an air conditioning system that is not properly maintained).
- Any kind of dust if its average concentration in the air exceeds the levels specified in COSHH.
- Any other substance which creates a risk to health, but which for technical reasons are covered by different legislation including asphyxiates, pesticides, medicines, cosmetics or substances produced in chemical processes.

Substances not covered by COSHH

- Substances covered by their own regulations:
 - Asbestos: Control of Asbestos at Work Regulations 2002 (CAW) (as amended)
 - Lead: Control of Lead at Work Regulations 2002 (CLAW)
- Substances which are hazardous to health only because they are:
 - radioactive
 - at high pressure
 - at extreme temperatures
 - have explosive or flammable properties (other regulations apply to these risks e.g., DSEAR)
 - Biological agents that are outside the employer's control, e.g., catching an infection (flu) from a colleague

Routes of Entry

A substance may enter the body through:

- **inhalation** – substances may directly attack the lungs and could enter the blood stream.
- **absorption** – through the skin
- **ingestion** – through the mouth
- **injection or penetrations** – of the skin with a sharp object or wound which allows the substance to enter the blood supply

Potential Effects from Exposure

The effects of a substance can be:

- **acute** – immediate usually short-term effect from contact with a hazard to health
- **chronic** – effect built up from exposure over a period of time
- **local** – effect is at point of contact
- **systemic** – effect at some other part of the body other than point of contact
- **sensitisation** – particular organs become sensitised to a substance. A reaction to a very small concentration of the substance will then occur

3 Roles and Responsibilities

Chief Executive

The Chief Executive has specific accountability to ensure that responsibilities for Health and Safety, including the management of COSHH, is effectively assigned, accepted and managed at all levels in the Trust, consistent with good practice. This duty is delegated to the Deputy Chief Executive/Director of Operations and Finance.

Deputy Chief Executive/Director of Operations and Finance

The Deputy Chief Executive/Director of Operations and Finance has delegated responsibility for the successful implementation, management and monitoring of this procedure.

Health and Safety Advisor & Managers

The Health and Safety Advisor and Managers will:

- Provide advice to managers on completion of COSHH risk assessments

- Assist managers in the selection of appropriate exposure monitoring where required to ensure compliance with workplace exposure limits
- Liaise and consult with Occupational Health Department where required
- Ensure that relevant training programs are made available, including training for nominated assessors and any staff involved with the management or use of COSHH
- On request, assist with investigating incidents relating to COSHH
- Ensure there is a system in place to monitor and manage hazardous substances used across the Trust which includes:
 - COSHH inventory
 - Material Safety Data Sheets
 - COSHH risk assessments
 - Safe systems of work
 - Manufacturer's instructions for hazardous substances used across the Trust
- Report to the Health and Safety Group detailing any incidents relating to COSHH

Infection Prevention and Control Team

The infection Prevention and Control Team will:

- Provide advice and support, in relation to control of infection arising from hazardous substances
- Ensure relevant staff members are made aware of any relevant advice required to enable continued safe working practice
- On request, assist with investigating incidents relating to biological agents
- Inform and liaise with appropriate Manager, Health and Safety Managers and/or competent person as necessary

Managers

Managers have accountability and responsibility for all COSHH items in their work environment and ensuring the full scope of this procedure is being applied. Managers will:

- Develop an inventory of Hazardous Substances (Appendix C)
- Ensure that COSHH assessments are carried out by a competent person
- Ensure all COSHH assessments are collated in an accessible COSHH folder
- Ensure there is a register of employees exposed to any biological agent, indicating the type of work done and, where known, the biological agent to which they have been exposed
- Report COSHH exposures, accidents and incidents, through DATIX, in line with the Trusts reporting policy

- Ensure that the type and use of all PPE is assessed and maintained according to manufacturers' instructions. Ensure that the number of different types of PPE used is minimised, to prevent compatibility issues, or mistakes with servicing or replacement. Any staff using RPE must be trained in its safe use and correct fitment as per the PPE Procedure
- Carry out or arrange appropriate exposure monitoring, where required
- Liaise with the Health and Safety Advisor and Managers for advice where required
- Liaise with the Occupational Health Department where health surveillance may be required
- Ensure employees have appropriate information, instruction and training and are released for appropriate training sessions and appropriate records are kept of any information, instruction and training provided.
- If an identified exposure takes place, ensure that those affected, and their managers and representatives, are informed immediately. Inform the Occupational Health and Health and Safety Managers if there is a potential risk to health

All employees

All employees have a duty to take reasonable care for themselves and others as required by the Health and Safety at Work etc. Act 1974; this duty extends to the safe use of substances hazardous to health. All employees will:

- Comply with the COSHH Procedure and the control measures identified in COSHH risk assessments and safe systems of work.
- Comply with all Health Surveillance requirements as identified as part of the COSHH risk assessment process or where it's been deemed necessary by management
- Report any ill health effects immediately to their line manager and report the incident through DATIX in line with the Trust's reporting policy.
- Use PPE in accordance with the training they have been given and report any faults/defects or concerns regarding PPE to their Line manager.
- Not use any unauthorised product
- Not bring hazardous substances into the workplace

Contractors

All Contractors employed to work on PHW premises will:

- Attend a contract inaugural meeting to discuss all issues pertaining to safety, including compliance with the COSHH regulations and this procedure
- Supply PHW with sufficient information about any hazardous substance that may be brought onto the premise and the way in which the substance will be used
- Ensure that sufficient information about work to be carried out is given to PHW before commencing work
- Ensure that their employees, PHW staff and any others in the vicinity of the work are not significantly exposed to substances hazardous to health by their work activities or arising from materials which they use
- Ensure no hazardous substance will be brought to the premise by without the written consent of PHW

4 Requirements under COSHH

The COSHH Regulations outline eight measures that employers must take to ensure they comply with the regulations and protect both employees and others who may be exposed to hazardous substances. Employers must:

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

5 Risk Assessment

To comply with the COSHH Regulations the organisation is required to assess the risk from the use of chemicals and hazardous substances in the workplace where employees and others may be exposed. The COSHH risk assessment (Appendix B) must be undertaken by a competent person who is familiar with the systems of work within the area being assessed and has received the required training. It may be necessary to undertake

more than one assessment for each area e.g., an assessment for clinical activities and another for housekeeping activities.

The following factors must be taken into consideration when conducting a COSHH risk assessment:

- Possible harmful health effects (risk)
- Its form and quantity
- How it is stored and handled
- How it is used and transported
- Possible routes of entry into the body:
 - inhalation (breathing)
 - ingestion (through the mouth)
 - absorption (through the skin or mucus membranes)
 - injection, cut or abrasion
- Prevention and control measures to be implemented
- How it is to be disposed of (the substance)

It is the responsibility of managers to ensure that a COSHH risk assessment is undertaken for their respective areas of responsibility and that all their assessment documentation is kept up-to-date and is available for inspection during health and safety audits. Where there are no substances hazardous to health within this area this must be clearly noted.

Staff will be informed by their manager of any control measures required and provided with the necessary information, instruction and training to ensure they are made aware of any hazards and risks and what their duties are.

The Safety Data Sheets play a vital role when completing COSHH risk assessments as they provide key information on hazardous substances, which is used to help identify control measures required. It is important to understand that they are not a replacement for the risk assessment procedure.

6 Principles of Good Control Practice for the Control of Substances Hazardous to Health

The COSHH Regulations outline eight principles of good practice that must be adopted to ensure exposure to a substance hazardous to health will be considered to be adequately controlled. These principles are:

- design and operate processes to minimise emission, release and spread of all substances identified in COSHH regulations

- take into account all relevant routes of exposure – inhalation, skin absorption, injection and ingestion – when developing control measures
- control exposure by measures proportionate to the health risk
- choose the most effective and reliable control options which minimise escape and spread of contaminant from sources
- where adequate control is not reasonably practicable by other means, provide suitable Personal Protective Equipment (PPE) in combination with other measures as necessary
- check and review regularly, all elements of control measures for continuing effectiveness
- inform & train all employees on hazards and risks from substances and use of control measures
- ensure introduction of control measures does not increase overall risk

Managers are responsible for ensuring these principles are applied when determining adequate controls for exposure to substances hazardous to health.

For most commercial chemicals, the presence (or not) of a warning label (Appendix A) will indicate whether COSHH is relevant. For example, household washing up liquid doesn't have a warning label, but bleach does, so COSHH applies to bleach but not washing up liquid when used at work.

7 Control Measures

Where a risk from exposure from a hazardous substance exists, adequate control measures must be put in place to eliminate or control that risk. All control measures should be proportionate to the health risk presented where the more severe the potential health effect, and the greater the likelihood of it occurring, the stricter the measures required to control exposure should be.

The COSHH Regulations outlines the hierarchy of controls to both prevent and control exposure that must be considered when considering the control measures for risks that have been identified. The hierarchy of controls under Regulation 7 are:

- Eliminate the use of a harmful product or substance
- Substitute with a substance less hazardous to health
- Enclose the process, thereby eliminating exposure
- Limit the area of exposure
- Extract emissions of the substance near the source (LEV).
- Dilution Ventilation

- Reduce the periods of exposure
- Provide suitable Personal Protective Equipment (PPE) and/or Respiratory Protective Equipment (RPE)

When determining control measures the use of PPE and/or RPE should only be considered where adequate control of exposure to hazardous substances cannot be achieved by any other means.

The effectiveness of control measures should be reviewed regularly, where the frequency will depend on the specific control measures and the consequences if the measures fail or degrade significantly.

8 Safe Systems of Work

Safe systems of work shall be documented and implemented for all work activities and shall include good hygiene practice, safe handling and disposal procedures. Employees must be trained and supervised in the appropriate systems to maintain safety for themselves and others who may be affected by the work being undertaken. It is essential that all control measures must be followed as intended and any and all defects reported promptly to managers.

9 Training, Information and Instruction

There is a legal requirement under COSHH Regulations for the organisation to provide suitable and sufficient training, information and instruction:

- to all employees who use potentially hazardous substances and undertake COSHH risk assessments
- on storage and disposal procedures to be followed
- on any significant risks to health and the precautions which should be taken
- on monitoring of exposure
- on collective results of health surveillance
- on procedures for dealing with incidents and emergencies.

Following the completion of a COSHH risk assessment the need for information, instruction and training must be considered and appropriate arrangements made by the manager.

Information, instruction and training should be reviewed and updated whenever significant changes are made to the type of work carried out or to the work methods used. Significant changes might include:

- the number and volume of substances used or produced
- new control measures
- new substances brought into the workplace
- a change in the composition of a substance

- automation of certain processes
- an incident investigation which has identified a need
- observation that procedures are not being followed

Further information and training following a review of the assessment should cover why the assessment was reviewed, any changes to the way the work is to be done and the precautions the employees should take to protect themselves and others.

10 Monitoring Exposure

In certain circumstances it may be required to undertake exposure monitoring to assess the extent of employees' exposure to substances hazardous to health via all routes (inhalation, ingestion and/or skin). To make decisions about when to undertake exposure monitoring, the COSHH Approved Code of Practice (ACOP) recommends it where:

- Your risk assessment shows you need initial exploratory monitoring to reach an informed and valid judgement about the risks.
- Failure or deterioration of the control measures (e.g., a lack of containment, or LEV not performing as intended) could result in a serious health effect, either because of the toxicity of the substance or of the extent of potential exposure, or both.
- Measurement is required to ensure you are not exceeding a WEL or any self-imposed (in-house) exposure standard.
- Changes in conditions mean you are no longer maintaining adequate control of exposure e.g., an increase in the quantity of a substance used or from changing systems of work or introducing new plant.
- It is needed as an additional check on the effectiveness of any control measure.
- Your risk assessment shows it is needed to monitor for the presence of any biological agents outside the primary physical containment.

Managers must ensure exposure monitoring is undertaken by a competent person who can demonstrate:

- appropriate training and experience in monitoring exposure
- familiarity with relevant monitoring standards and methods published by HSE and professional bodies
- adequate knowledge of occupational exposure limits and monitoring strategies
- adequate continuing professional development
- commitment to providing sensible and proportionate advice.

11 Health Surveillance

Routine surveillance of an individual's health must be undertaken when and where it is warranted by the degree of exposure and the nature of the potential effects. Health surveillance for those regularly using substances that pose a risk to health should be undertaken by the Occupational Health service provider. Any health surveillance will be determined by the Risk Assessment and the responsible manager or supervisor should contact the Occupational Health Service provider.

Where there is substantial exposure to skin irritants, the regular checking of hands and forearms should be considered so as to inform the early detection of dermatitis. Where health surveillance is provided, records shall be kept in an appropriate format for at least 40 years, by the Occupational Health Service provider.

Where employees are exposed to materials with possible long-term effects (such as sensitisers or carcinogens), employees should be informed, and a note of the fact should be attached to their personnel records.

Where health surveillance is needed a health record must be established for each individual containing particulars approved by the Health and Safety Executive (HSE) and held for at least 40 years. Advice on all health surveillance matters should be sought from the appropriate Occupational Health Services provider.

12 Monitoring Compliance and Audits

The effectiveness of this Procedure will be monitored via the analysis of incidents and near misses relating to the use of substances hazardous to health, RIDDOR reported incidents, complaints and corporate claims, and reported through the Quarterly and Annual Health and Safety Reports.

Compliance with this procedure will be monitored through the annual Health and Safety audits, specifically the implementation of Risk Assessments across the estate as well as the regular reviews of these Risk Assessments. Managers will be required to provide a summary report on the status of COSHH assessments:

- confirming that all hazardous substances in current use cannot be replaced by less hazardous alternatives
- confirming the number of identified concerns in relation to occupational exposure to hazardous substances
- confirming that COSHH assessments have been either completed or reviewed and that all staff have been made aware of any associated risks
- detailing all reviews of current Safety Data sheets for all hazardous substances in use within their remit

- confirming that engineering controls such as Local Exhaust Ventilation (LEV) are inspected and maintained to schedule and that records are kept for the required 5 years.

This procedure will be subject to review in line with health and safety legislation or if there are changes to technology, processes or practice. This will also be based on the prioritisation of risk within the Trust and as a consequence of any serious incidents.

13 Arrangements to deal with Accidents, Incidents and Emergencies

Emergency Procedures must be put in place where any work activity presents a risk of an accident, incident or emergency which causes, or threatens to cause, any employee to be exposed to one or more hazardous substances on a scale, or to an extent, well beyond that associated with normal day-to-day activity. Emergency procedures must be updated where there is a significant risk of exposure to a hazardous substance and must include:

- the identity of hazardous substances present at the workplace, where they are stored, used, processed or produced, and an estimate of the amount in the workplace on an average day
- the foreseeable types of accidents, incidents or emergencies which might occur, and the hazards they could present. Consider where such incidents might occur, what effect they might have, the other areas that might be affected by the incident spreading, and any possible repercussions
- the special arrangements to deal with an emergency situation not covered by the general procedures, and the steps to be taken to mitigate the effects
- the safety equipment and PPE to be used in the event of an accident, incident or emergency, where it is stored, and who is authorised to use it
- first-aid facilities sufficient to deal with an incident until the emergency services arrive, where the facilities are located and stored, and the likely effects on the workforce of the accident, incident or emergency
- the role, responsibilities and authority of the people nominated to manage the accident, incident or emergency, and the individuals with specific duties in the event of an incident
- procedures for employees to follow and details of who should know these, how they should respond to an incident, what action they should take, and the roles of the people who have been assigned specific responsibilities

- procedures for clearing up and safely disposing of any substances hazardous to health that are damaged or 'contaminated' during the incident
- regular safety drills. The frequency of practising emergency procedures will depend on the complexity of the layout of the workplace, the activities carried out, the level of risk, the size of the workforce, the number of substances involved, and the success of each test
- the special needs of any disabled employees, e.g., assigning other employees to help them leave the workplace in an emergency.

General emergency procedures do not need to be extended to include arrangements for a hazardous substance where:

- the quantity and type of hazardous substance(s) at the workplace would either individually or cumulatively create no more than a slight risk because they have a low toxic effect
- existing control measures and emergency arrangements are sufficient to contain and control any risk to health that the substances might pose during an emergency, and that they are capable of quickly restoring the situation to normal

Where incidents could involve the release of a carcinogen, mutagen, sensitiser or biological agent into the workplace, appropriate emergency plans and procedures must be in place. Any equipment PHW provides must always include suitable PPE, including RPE, which can provide adequate control of exposure to any carcinogenic or mutagenic substance concerned.

14 Failure to comply with terms of the COSHH Procedure

Disciplinary action under the terms of Public Health Wales disciplinary policy will be taken against any member of staff, regardless of position, who shows wilful disregard with the terms of this procedure. Where a total disregard affects the health or safety of themselves or that of any other employees, the employee may be dismissed, following an investigation and disciplinary hearing, in line with the disciplinary policy.

15 Guidance and 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 (COSHH) Regulations 2002(as amended)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

- Personal Protective Equipment at Work (Amendment) Regulations 2022 (PPER 2022)
- The Dangerous Substances and Explosive Atmosphere Regulations (DSEAR) 2002
- EH40/2005 Workplace exposure limits
- Working with substances hazardous to health: A brief guide to COSHH INDG136(rev5)
- Control of substances hazardous to health - Approved Code of Practice (ACOP) L5 (Sixth Edition)
- Classification, Labelling and packaging (CLP) Regulation 2015

16 Appendix A - Hazard pictograms (symbols)

Hazard pictograms alert us to the presence of a hazardous chemical. The pictograms help us to know that the chemicals we are using might cause harm to people or the environment. The GB CLP hazard pictograms appear in the shape of a diamond with a distinctive red border and white background. One or more pictograms might appear on the labelling of a single chemical.

GHS Hazardous Substances Classification and Labelling				
Hazard	Label	What It Means in Practice, with Examples	Covered by COSHH ⁽¹⁾?	Covered by DSEAR ⁽²⁾?
(1) The Control of Substances Hazardous to Health Regulations 2002.				
(2) The Dangerous Substances and Explosive Atmospheres Regulations 2002.				
Corrosive		Risk of skin burns, serious eye damage and/or corrosion of metals. Examples: Drain cleaner, bleach, some dishwasher tabs, battery acid.	Yes	Yes
Toxic or very toxic		Serious and possible fatal risk to health. The more toxic the material, the less is needed to cause serious effects. Example: the solvent methanol.	Yes	No
Harmful or irritant		Lower degree of risk to health. This label is also used for skin	Yes	No

		<p>sensitisers such as nickel that carry a risk of allergic reaction by skin contact (see also below for respiratory sensitisers). Substances 'hazardous to the ozone layer' also carry this symbol.</p>		
Respiratory sensitiser		<p>Respiratory sensitisers create a risk of allergic reaction by inhalation. Example: flour. This label is also used for mutagens, carcinogens, reproductive toxicity, systemic target organ toxicity and aspiration hazards.</p>	Yes	No
Explosive		<p>Capable of detonation. Examples: industrial explosives used in mining quarrying, munitions, fireworks.</p>	Only if also hazardous to health.	Yes
Flammable		<p>Able to form a flammable atmosphere. Examples: methanol, ethanol, liquefied petroleum gas.</p>	Only if also hazardous to health.	Yes

Oxidising		Oxidisers are reactive chemicals that are able to supply oxygen to a reaction. They therefore increase the fire/explosion potential where flammable materials are also present. They must therefore be stored separately. Examples: sodium chlorate, chlorine, organic peroxides.	Only if also hazardous to health.	Yes
Hazardous to the Environment		These materials pose a special hazard to the environment so spills or releases must not be allowed to enter e.g., streams and rivers. Example: diesel fuel.	Only if also hazardous to health.	No
Gas under Pressure		Nitrogen, argon, helium.	Depends on the gas. Most will be asphyxiation hazards (covered by COSHH) even if the gas itself is non-toxic.	Yes

17 Appendix B – COSHH Risk Assessment Template

COSHH RISK ASSESSMENT TEMPLATE										
This assessment must be kept with the materials safety data sheet										
Name of Substance:		COSHH Reference:		Supplied by:		Date of Assessment:				
Persons at Risk:	Staff		Public		Visitors		Contractor		Young/ Pregnant Workers	Review Date:
Assessor:	Print name:			Supervisor:			Print name:			
	Signed:						Signed:			
Description of Substance:							Method of Use:			
Site and Location of Substance:							Department:			
Hazards Identification and PPE										
Routes of Entry:	Personal Protective Equipment (Tick Required Boxes):							Tick here for none		
Inhalation										
Absorption										
Ingestion										
Injection/ Penetration		Hand Protection	Protective Clothing	Protective Footwear	Safety Glasses	Face Shield	Face Mask	Respirator		
Location of PPE:										

Hazard & Precautionary Statements:		Occupational Exposure Standard (OES):		Maximum Exposure Limits (MEL):		Workplace Exposure Limits (WEL):			
Frequency and Duration of Exposure									
Amount Used: <ul style="list-style-type: none"> • Small (millilitres) • Medium (litres) • Large (cubic metres) 		How Many Times per Day: <ul style="list-style-type: none"> • 1-5 • 5-10 • More than 10 		Duration: <ul style="list-style-type: none"> • 1-5 minutes • 6- 0 minutes • 31- 60 minutes • 1 hour+ 					
Substance Properties (Tick all that apply)									
You should review the current MSDS for your product and ensure that the correct symbols are ticked.									
 Oxidising	 Explosive	 (Extremely) Flammable	 Toxic	 Harmful	 Corrosive	 Human Health	 Dangerous for environment	 Gas under pressure	
Control Measures									

General Precautions		First Aid Measures	
Further Controls Required	Responsibility	By When	Date Completed
Spillage Procedure		Fire and Explosion Prevention	
Handling and Storage		Disposal Considerations	
COSHH Assessment Comments			

Assessor Summary		
1. Has the assessment considered all factors pertinent to the use of the substance? If NO, please give details of further action required.		
2. Has the assessment considered the practicability of preventing exposure? If NO, please give details of further action required.		
3. Has the assessment considered the steps to be taken to achieve and maintain adequate control of exposure where prevention is not reasonably practicable? If NO, please give details of further action required.		
4. Has the assessment considered the need for monitoring exposure to the substance? If NO, please give details of further action required.		
5. Has the assessment identified all action required to comply with regulations? If NO, please give details of further action required.		
COSHH Assessment		
	Please tick	
The task is safe to be carried out with current control procedures.		Tick if no further action required.
The task is safe to be carried out subject to completion of actions listed.		Tick if use of the substance is not causing significant problems but requires some action to bring it within COSHH guidelines. Action should be prioritised, and specific dates set for completion.
Task/substance is unsafe with significant non-compliance with health & safety standards.		Tick if the task or substance has potential to cause significant problems to users; use of substance to be discontinued until problems have been rectified.

The task/process should be re-assessed on a regular basis either annually, or if there are significant changes to the task or process or if there is a significant change in personnel who carry it out e.g., young/inexperienced workers, pregnancy, workers with pre-existing conditions

Risk rating after the implementation of control measures

Risk Matrix

Impact	5	Critical	5	10	15	20	25
	4	Major	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Negligible	1	2	3	4	5
			Highly unlikely	Unlikely	Likely	Highly Likely	Almost certain
			1	2	3	4	5
Likelihood							

Risk scoring likelihood x impact = risk scoring	Total Score	
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Assessor Name:	Date:
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This Assessment has been discussed with the user and their line manager and action agreed.

Signed:

User:

Line Manager:

Date:

