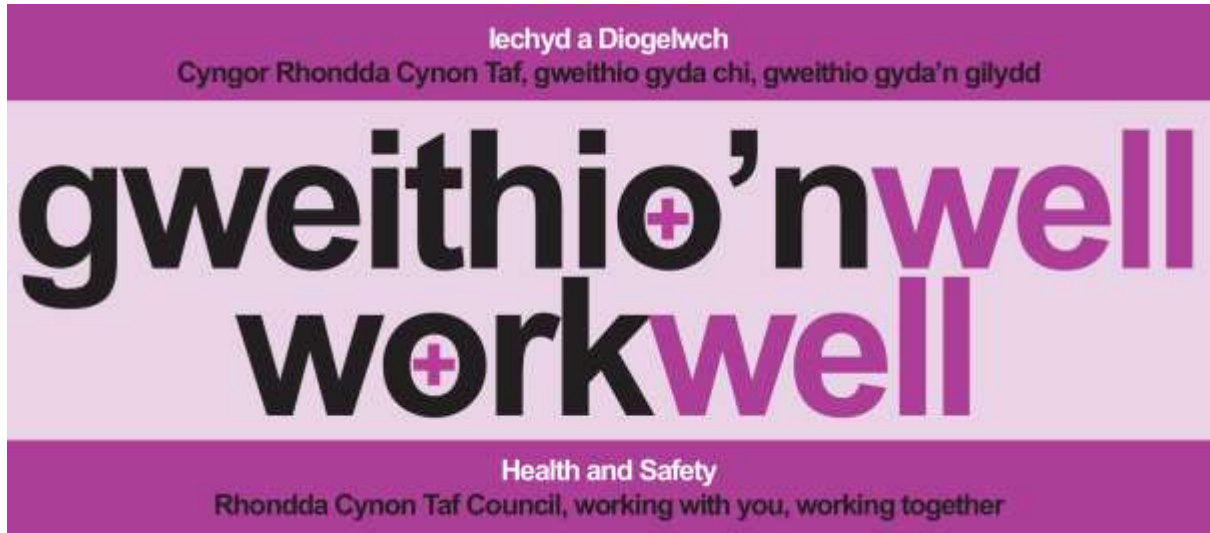


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HS 3

Control of Substances Hazardous to Health **Policy**

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1. INTRODUCTION

- 1.1 This policy statement has been produced in response to the Control of Substances Hazardous to Health Regulations (COSHH).

2. POLICY STATEMENT

- 2.1 All reasonable steps will be taken to ensure that the exposure of employees to substances hazardous to health is prevented, or at least controlled to within statutory limits.
- 2.2 Where exposure cannot be adequately controlled by engineering means, appropriate personal protective equipment (PPE) will be provided free of charge after consultation with employees and/or their representatives.
- 2.3 All employees will be provided with comprehensive information and instruction on the nature and likelihood of their exposure to substances hazardous to health.
- 2.4 Specific guidance dealing with the use of hazardous substances is attached to this policy statement.
- 2.5 The responsibility for implementing the requirements of this policy and the preparation of an implementation strategy rests with each Director or Head of Service.

POLICY GUIDANCE

3. WHAT ARE HAZARDOUS SUBSTANCES?

- 3.1 Hazardous substances are anything that can harm employees whilst working if the substances are not properly controlled. They can be found in nearly all workplaces and can include:
- substances used directly in work activities, e.g. glues, paints and cleaning agents;
 - substances generated during work activities, e.g. fumes from soldering and welding;
 - naturally occurring substances, e.g. blood, bacteria and wood dust.
- 3.2 For the vast majority of commercial chemicals, the presence (or not) of a warning label will indicate whether COSHH is relevant.
- 3.3 Asbestos and lead are covered by separate legislation and not by COSHH.

4. COSHH RISK ASSESSMENT

- 4.1 This is the cornerstone of the COSHH Regulations and this requirement is mirrored in the wording of the risk assessment requirements of The Management of Health and Safety at Work Regulations.

The principle is that employers must not carry out any work which can expose any of their employees to any substance hazardous to health until:

- a suitable and sufficient assessment of the risks to employees' health created by that work has been carried out; and
 - the steps needed to comply with the Regulations have been identified; and
 - those steps have been implemented.
- 4.2 The steps to be followed will include:
- identifying jobs, working processes and procedures which involve the use of or generation of substances that are hazardous to health;

- identifying all the hazardous substances involved;
- identifying how the hazardous substances are stored and used;
- identifying the route by which the hazardous substances might enter the body;
- identifying the likely degree of exposure;
- identifying the resultant harmful effects or ill-health problems;
- identifying the people who will be at risk, e.g., employees, sub contractors, visitors;
- identifying the effectiveness of existing control measures;
- identifying the risk to personnel if control measures deteriorate or fail or if an emergency occurs;
- deciding whether the exposure represents a health risk or not;
- finally, apart from simple assessments which can be easily explained as and when required, all assessments should be in writing and kept readily available.

4.3 Competent persons must be appointed to carry out a COSHH risk assessment. Those appointed must have the expertise commensurate with the risk.

5. PREVENTION OR CONTROL MEASURES

5.1 The measures that can be taken to prevent or control the risks are:

- question the need to use a substance which is identified as being a serious hazard to health i.e. if possible eliminate it;
- where the hazardous substance cannot be eliminated, substitute in a less hazardous form, or less hazardous substance, if available;
- use of plant or systems of work to minimise, suppress or contain the generation of the hazardous substance;
- removal of air-borne contaminants by either:
 - a) partial enclosure with local exhaust ventilation;
 - b) local exhaust ventilation;
 - c) sufficient general ventilation.

- removal and prevention of contamination by:
 - a) safe storage and disposal of substances;
 - b) safe disposal of contaminated clothing;
 - c) provision of adequate washing facilities.
- exclusion of non-essential personnel from contaminated areas, including members of the public;
- reduction of the period of exposure by employees;
- prohibit eating, drinking and smoking in contaminated areas;
- provision and maintenance of adequate welfare facilities;
- provision of suitable personal protective equipment as a last resort.

6. PERSONAL PROTECTIVE EQUIPMENT

- 6.1 Where adequate control of exposure cannot be achieved by other means, suitable personal protective equipment (PPE) must be used.
- 6.2 The PPE should adequately control the exposure of the wearer to the hazardous substance.
- 6.3 Personal protective equipment includes:
- respiratory protective equipment;
 - protective clothing;
 - protective footwear;
 - eye protection.
- 6.4 Selection of the equipment should take the following points into consideration:
- ability of material to resist penetration by the hazardous substance;
 - design adequacy and suitability;
 - environment in which it is to be used;
 - any dust-release characteristics.

7. EMERGENCIES

7.1 Where, despite control measures, accidental releases or leakages of a hazardous substance well beyond that associated with normal day to day activity are possible, an emergency plan for achieving control and safeguarding the health of personnel must be available.

8. MONITORING

8.1 So far as reasonably practicable, a competent person in each division should monitor the exposure of employees to hazardous substances.

8.2 Monitoring is required, for example, in the following circumstances:

- where a serious health hazard could arise because of failure or deterioration of the control measures;
- where it is necessary to ensure that a workplace exposure limit (WEL) or occupational exposure limit (OEL) is not exceeded;
- when it is necessary to carry out an additional check on the effectiveness of any control measure;
- where work involves the use of any carcinogen and any work with substances or processes listed in Schedule 5 of the COSHH regulations.

9. HEALTH SURVEILLANCE

9.1 Health surveillance will be provided to employees when appropriate in accordance with the requirements of the COSHH regulations.

9.2 It is the responsibility of the relevant manager, in consultation with the Occupational Health and Wellbeing Unit when necessary, to determine which, if any, employees need to be referred to that Unit for health surveillance, and to arrange for the referrals to be made.

9.3 The objectives of health surveillance are to:

- check the health of individual employees by detecting, as early as possible, adverse changes which may be caused by exposure to substances hazardous to health;
- collect, keep up to date and use data and information for determining and evaluating hazards to health so that action can be taken to prevent more serious disease from developing;

- check control measures are working effectively by providing feedback on the accuracy of the risk assessment and the effectiveness of control measures to identify where further steps to manage risk are needed.

Where health surveillance shows that an employee's health is being adversely affected by their work, managers will need to take action to protect that employee's health.

9.4 Before health surveillance takes place, managers should decide:

- the criteria that should trigger action;
- the options for action, e.g. reassess the risk, improve controls, refer individuals for diagnosis/treatment, reassign individuals;
- how to keep health records and how to analyse and interpret the results of health surveillance.

9.5 Health surveillance should be undertaken when:

- the risk assessment shows there is a need;
- an employee is liable to be exposed to one of the substances and working in the processes listed in Schedule 6 of the COSHH regulations if the specific conditions laid down in regulation 11 (2) (a) apply;
- an employee is exposed to residual risk of harm from hazardous substances, following all appropriate means of control, and when the three requirements of regulation 11 (2) (b) are satisfied.

9.6 As a minimum, suitable health surveillance could involve the keeping of an individual health record, e.g. for known or suspected carcinogens (except those listed in Schedule 6 of the COSHH regulations).

However in most circumstances, there is more to health surveillance than this. It will involve developing a suitable ongoing system to detect early signs of work-related ill health and check that controls are protective. This means selecting from a range of activities that may include some or all of the following:

- a review of information on exposure, e.g. the results of air monitoring or biological monitoring and any related ill health;

- a review of the risk assessment and any modifications made when necessary;
- checks by a responsible person such as a supervisor or manager, e.g. skin checks for dermatitis;
- enquiries about symptoms, inspection or examination by a suitably qualified person, e.g. an occupational health professional. This may involve simple steps such as employees completing symptom questionnaires, or can include clinical examinations to assess early biological effects, e.g. lung function tests for asthma;
- medical surveillance, i.e. a specific type of health surveillance under the supervision of an appointed doctor for the purpose of regulation 11 (5) of the COSHH regulations. This may include clinical examination.

9.7 Health surveillance records must be kept at least 40 years from the date of the last entry.

9.8 The health surveillance programme will be managed by the Occupational Health and Wellbeing Unit, with the assistance of relevant managers, as required.

The Occupational Health and Wellbeing Unit and/or relevant managers, as necessary and as appropriate, are to develop and implement any and all procedures necessary to ensure the proper management of the health surveillance programme.

10. TRAINING

10.1 Sufficient information, instruction and training must be provided to ensure a full understanding of the hazards to health posed by substances in the workplace and the importance of the control measures provided. Information must also be provided to others who may be affected, such as contractors, temporary employees and visitors.

10.2 Managers of employees that use substances hazardous to health should be given additional training to ensure the proper management of the risks.

11. RECORDS TO BE KEPT

11.1 Under the provisions of COSHH, the following records must be kept:

- inventory of hazardous substances;
- assessment of risks of exposure;
- control measures provided;
- methods of use of control measures and defect/fault reporting;
- maintenance, examination, testing and repair of control measures. Either the record itself, or a summary, must be kept for a minimum of five years;
- exposure monitoring for five years if a record of background exposure or control proving record, and for 40 years if a record of exposure of an identifiable employee;
- individual health record of exposure or potential exposure for 40 years from date of last entry;
- training given to employees;
- where it is possible for an employee to be exposed to one or more hazardous substances well beyond that associated with normal day to day activity, the arrangements to deal with accidents, incidents and emergencies.

12. CHECKLIST

12.1 The seven most important steps to consider under COSHH are:

- identify the hazard;
- assess the risk;
- eliminate, prevent or control the risk;
- maintain and monitor the controls;
- monitor the health of the workforce;
- ensure assessments and controls are up to date;
- inform and train employees.

13. PURCHASING

13.1 A list of approved substances assessed under the COSHH regulations and where these products can be obtained must be maintained. This must be made available to those employees who purchase products for use in the Council's work activities.

14. ADVICE

14.1 Advice on the implementation of this policy can be obtained from the Health and Safety Team, Human Resources, Ty Elai, Williamstown, CF40 1NY, telephone 01443 425531.

Mae croeso i chi gyfathrebu â ni yn y Gymraeg /
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MANAGERS CHECKLIST

		✓ As Appropriate		
		N/A	Yes	No
•	Has an inventory been prepared of all hazardous substances used or stored in the workplace?			
•	Has a COSHH risk assessment been carried out at all premises where hazardous substances are being used?			
•	Are there procedures in place to ensure new substances are assessed prior to being used?			
•	Has action been taken as a result of the assessment to prevent or control the risk?			
•	Is all necessary personal protective equipment (PPE) available to all employees who use or come into contact with hazardous substances?			
•	Has information been given to employees on hazardous substances they use or come into contact with and the risks that are associated with them?			
•	Where appropriate, is health surveillance being carried out?			
•	Has information, instruction and training been provided for employees who may be exposed to hazardous substances?			
•	Are there procedures in place, where necessary, for the safe removal of used hazardous substances?			
•	Are plans in place for the phased changes or removal of environmentally harmful substances that may be in-situ (e.g. halon, chlorofluorocarbons (CFCs) etc)?			
•	Are all vessels, bags and wrappings etc. that contain hazardous substances clearly marked?			
•	Where appropriate, are monitoring procedures in place to monitor exposure of employees to hazardous substances?			
•	Are appropriate records being kept?			
•	Are there monitoring procedures in place to ensure that the requirements of the policy are being met?			

Completed by: _____
(Signature)

Confirmed by: _____
(Signature)

Name: _____
(Print)

Name: _____
(Print)

Designation: _____

Designation: _____

Date: _____

Date: _____