

The Management and Use of Hazardous Substances (CoSHH) Policy

(HSP-10)

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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1. Introduction

- 1.1. This document forms the Policy Statement and aim of the Royal Cornwall Hospitals NHS Trust with regard to its duties under the Control of Substances Hazardous to Health Regulations 2002 (CoSHH) regarding the protection of its employees and others from the harmful effects of substances used in the workplace.
- 1.2. All managers and employees of the Trust are responsible for adhering to measures set out in this Policy and any associated information and guidance.
- 1.3. The Trust will provide initial and on-going training for managers and employees to assist it in fulfilling its duties.
- 1.4. The Trust utilises an externally supported CoSHH Management System (CMS) for risk assessment and datasheet monitoring. The system host provides additional advice and support in the assessment process as a specialist advisor to the Trust.
- 1.5. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

This document outlines the management arrangements within the Trust regarding the procurement, storage, transportation, usage and disposal of hazardous substances.

3. Scope

- 3.1. The CoSHH Regulations apply to staff who may use or be exposed to substances that may be hazardous to health whilst at work or when carrying out their duties for the Trust.

3.2. Exclusions

This document will not apply, beyond basic principles, to asbestos or materials containing asbestos; or to radioactive materials, including medication; or to lead, as specific legislation covers these areas.

3.3. Policy Statement

The Trust aims to secure the health and safety of its employees and others in so far as is reasonably practicable by:

- Avoiding the use of hazardous substances.
- Ensuring that where hazardous products are used they are of the lowest risk.
- Providing appropriate work processes, systems and engineering controls and the use of suitable work equipment and materials.
- Controlling the exposure at source, including adequate ventilation systems and appropriate organisational measures.

- Providing suitable Personal Protective Equipment (PPE) where a risk is still identified but cannot be reduced further.
- Taking all steps necessary to reduce or eliminate any risks found as a result of an assessment.
- Provide suitable and sufficient training in the use of substances and associated equipment.
- Advising existing employees and all prospective employees of the risks to health, particularly physical issues that may arise through the use of hazardous materials.
- Providing Occupational Health monitoring where the need has been identified by a risk assessment.

4. Definitions/Glossary

In addition to the definitions given in the Royal Cornwall Hospitals NHS Trust Health and Safety Policy the following terms shall apply within this document.

The Trust	The Royal Cornwall Hospitals NHS Trust.
CoSHH	The Control of Substances Hazardous to Health Regulations 2002 (amended).
Hazardous Substance	COSHH covers substances that are hazardous to health. Substances can take many forms and include: • Chemicals. • Products containing chemicals. • Fumes. • Dusts. • Vapours. • Mists. • Nanotechnology. • Gases and asphyxiating gases. • Biological agents (germs). If the packaging has any of the hazard symbols then it is classed as a hazardous substance. • Germs that cause diseases such as leptospirosis or legionnaires disease and germs used in laboratories.

CMS	CoSHH Management System – the system adopted by the Trust to conduct and hold all CoSHH assessments.
Risk/CoSHH Assessment	The process for identifying the level of risk associated with a product or substance.
Hazard	Any process, activity or physical aspect, with the potential to cause harm.
Harm	Injury or damage to persons (staff, patients, visitors, contractors, etc) and/or damage to the environment, and/or damage to the finances or reputation of the Trust.
Risk	The risk is the likelihood and consequence of a hazard being involved in a hazardous incident.
Control measure	The steps taken to minimise the risks associated with the area, activity or process being undertaken.
PPE	Personal Protective Equipment, including respiratory protective equipment (RPE).
MSDS/SDS	Manufacturer's Safety Data Sheet / Safety Data Sheet.
Datix	Electronic incident and risk assessment tool accessed via the Trust intranet site at (log in required to complete risk assessments). (Datix may be replaced by another suitable risk assessment tool by the Trust during the validity of this policy).
Risk Register	Details of risks with the potential to affect one or more areas of the Trust or have significant impact upon Trust activities.
Trust Premises	All premises under the control of the Trust, including but not exclusive to the Royal Cornwall Hospital, St Michaels Hospital and West Cornwall Hospital.
Staff	All persons who are employed by the Trust whether on permanent or temporary contracts (written or implied), paid or unpaid and shall include persons employed through recruitment and employment agency providers to assist the Trust in the delivery of services.
DSE	Display Screen Equipment (DSE) – Any alpha numeric or graphic display screen.
SME	Subject Matter Expert.

CoSHH Administrator

A nominated staff member from the department where they work, trained in the use of the CMS by the health and safety team and responsible for the CoSHH assessments and training.

5. Ownership and Responsibilities

Further to the general health and safety roles and responsibilities set out in the RCHT Health and Safety Policy, additional responsibilities exist and are described in this policy

5.1. Role of the Chief Executive Officer

The Chief Executive Officer is accountable for ensuring compliance with all health and safety matters within areas of the Trust. This includes the provision of resources to apply the requirements of this policy in a timely manner.

5.2. Role of the Chief Operating Officer

The Chief Operating Officer is the named Executive Director for all Health and Safety matters and supports the Chief Executive in ensuring and maintaining compliance across the organisation.

5.3. Role of Divisional and Corporate Management Teams

5.3.1. On a day-to-day basis, these Managers act on behalf of the Chief Executive Officer in discharging the responsibilities for the management of health and safety.

5.3.2. In particular Managers must ensure:

- Products, howsoever obtained, pose the lowest risk reasonably practicable to users and others who may be affected by the process or use.
- Suitable and sufficient risk assessments are carried out before a product is first used and the continued suitability of the product and the risk assessment are reviewed at regular intervals defined within the assessment.
- Staff are briefed and receive suitable information, instruction and training in the handling, transportation, storage and use of hazardous substances, including access to the risk assessment and current MSDS.
- Managers/Supervisors/Assessors nominated to carry out risk assessments have been trained appropriately in this task and are deemed competent to do so.
- All reasonably practicable control measures are provided and implemented to minimise the risk of harm to staff and others.

- As a last resort, provide suitable personal protective equipment for staff and others who may be exposed to hazardous substances; including appropriate storage and instruction and testing for the equipment.
- Provision of suitable storage facilities for materials, considering the particular requirements of the material and its security to prevent access to unauthorised or vulnerable persons.
- All incidents, regardless of severity, outcome or cause are fully reported and investigated using the Trust incident reporting system. Furthermore, ensure that recommendations and changes in practices are implemented to minimise the potential for the incident reoccurring.
- All reports of ill health or any adverse reaction to any substance is fully reported to the Trust Health, Safety, Moving and Handling Department and the individual is referred to the Trust Occupational Health Department – including where the individual is seeking or receiving treatment/advice from their GP or other practitioner. An incident report must be made on the Trust Incident reporting system.
- All ‘follow on/up’ risk assessments, reviews and/or recommendations by the Trusts specialist advisors are implemented in a timely manner.
- Where necessary departmental action plans will be produced.
- Where any new or additional equipment is procured (see [appendix 3](#) – Change of Substance Process) the risks associated with its operation and any substances used in the operation or user maintenance are fully assessed prior to procurement and commissioning of the equipment to confirm that:
 - It fully complies with the appropriate Regulations and Trust Policy.
 - Substances to be used with the equipment or process are of the lowest reasonably practicable risk.
 - Its installation is carried out in a manner ensuring it does not create problems for other users or contravene statutory requirements.
 - The appropriate on-going maintenance arrangement of the process and any ancillary plant/processes are arranged and maintained.

5.4. Role of Service and Ward/Department Managers

Service, Ward, or Department Managers will provide support to Divisional Directors and ensure compliance with this policy. In addition, they shall comply with the following standards:

- Supporting the Associate Director/Divisional Director (or equivalent) in meeting the obligations detailed in 5.3 above.
- Nominate a suitable member of staff from each department as a CoSHH Administrator and provide such support and resource as is required to enable them to complete their duties.
- Review risk assessments in order to reduce identified risks to the lowest level reasonably practicable, including the replacement or upgrading of non-compliant equipment or substances. In addition to escalating significant risks to Divisional Managers for further action, funding, remediation, etc.
- Ensure that when a new or updated MSDS is received it is uploaded to the CMS assessment.
- Ensure that if there is a change to the process it is uploaded to the CMS assessment.
- The most recent assessment and MSDS are available to all staff during operational times within the area where the relevant substances are used and stored.
- Ensure that all referrals to and appointments with the Occupational Health Service are attended and followed up.
- Ensure that unauthorized substances are not brought into, used or stored in the workplace.
- Update any copies of records risk assessments, action plans and reviews held outside of the CMS, in particular when notified of a change to the assessment or MSDS.
- Review where necessary, monitor sickness absence where it is suspected to be related to the use or exposure to a potentially hazardous substance or the associated with the working environment, and promptly bring this to the attention of the Occupational Health Department and Health, Safety, Moving and Handling Department.
- Ensure all staff, using or exposed to hazardous substances, are provided with appropriate training. The work is arranged in such a way as to ensure frequent work breaks away from direct use are incorporated into daily activities, to ensure that exposure levels are minimised.
- Ensure that all relevant staff are briefed on the risks in using a substance and the need to notify their line manager of any problems arising from or affecting their use of any substance.
- Ensure all mitigations required by the CMS assessment are resourced and implemented.

5.5. Roles of the CoSHH Administrator

- Coordinate their training in the use of the CMS with the health and safety department.
- Complete CoSHH audit of items used in their department.
- Complete CoSHH assessments on the CMS and make available to all departmental staff and visitors.
- Coordinate and/or deliver CoSHH toolbox talks to all staff within the department who use or are exposed to CoSHH.
- Maintain records of training to enable effective audit processes.
- Ensure any CoSHH related incidents are reported on the trust incident reporting system promptly and any remedial actions are implemented and communicated throughout the department.
- Attend the CoSHH safety group meetings and complete actions required as directed in the meeting.
- Advise the health and safety department of any concerns or risks that pose an unmitigated risk to staff or visitors.

5.6. Role of All Staff

The role of individual staff, using or exposed to a hazardous substance in the Trust is to:

- Participate in the risk assessment process, including reviews following any change to the process, equipment or substance. Furthermore, a re-assessment will be undertaken in the event of any incident of ill health or injury associated with the use of any substances or articles at work.
- Participate fully in training related to the handling or use of hazardous substances and PPE.
- Ensure that all incidents and episodes of ill health, skin condition, etc regardless of severity, are immediately and fully reported to the line manager/head of department.
- Attend occupational health, or other specialist clinic, for follow up after an incident and for health screening as appropriate, in addition to any treatment/advice sought from the General Practitioner or other professional.
- Employ all necessary controls identified in the risk assessment.
- Use and store appropriately all PPE provided.

5.7. Role of the Procurement Service

The Procurement Service will:

- 5.7.1. Ensure that all requests for the procurement of any material that is potentially hazardous is referred to the Trust Health, Safety, Moving and Handling team for approval; unless approval has been given in the previous 24 months, prior to placing any order. In addition, the Procurement Service will obtain and provide to the department making the request a copy of the current MSDS.
- 5.7.2. Remove or suspend, until otherwise advised, the availability of any item where the MSDS is invalid or an incident involving the substance is being investigated.

5.8. Role of Occupational Health Department

The Occupational Health Department will:

- Take the lead on ill health issues that have been identified by managers, users, or others that may be related to the use of hazardous substance at work following;
 - A risk assessment or review.
 - A report of work related ill health.
 - A period, or repeated period of sickness absence.
 - An ill health referral from an employee GP.
 - A work related accident or incident.
 - A disability or incapacity.
- Notify the Health, Safety, Moving and Handling Team of any suspected or confirmed diagnosis of an occupational injury or disease associated with a hazardous substance.
- Liaise with Health and Safety Advisors, Managers and employees, providing advice and guidance on good working practices and methods to prevent or alleviate identified ill-health problems.
- Participate in complex assessments for individual employees following the identification of issues that cannot be resolved at a local level or following injury or condition associated with or impacting upon the use of a hazardous substance.

5.9. Role of the Health, Safety, Moving and Handling Team

The Health, Safety, Moving and Handling Team will:

- Support Divisions in conducting or reviewing risk assessments regarding hazardous materials on the CMS.

- Ensure that, where appropriate, incidents involving the use of hazardous substances and cases of occupational disease are reported to the enforcement authority in accordance with the reporting of Injuries Diseases and Dangerous Occurrence Regulations 2013.
- Provide summary reports of key information to the Health and Safety Committee in accordance with the Terms of Reference for the committee.
- Provide periodic audits of CoSHH performance at Divisional and Departmental levels.
- Provide training for CoSHH administrators in the use of the Trust Syopol System.
- Provide SME support to incident managers in the event of an incident involving substances hazardous to health.

5.10. Role of the Health and Safety Committee

The Health and Safety Committee will:

- Review the effectiveness of the Health and Safety Policy for the use and management of substances hazardous to health in liaison with Managers through local, self-audit returns and Divisional Group reports to the Committee.
- Receive reports regarding adverse incidents and occasions of occupational illness associated with the use of hazardous substances.
- Provide direction and leadership to ensure the safe use of hazardous substances within the Trust.

5.11. Role of the CoSHH Safety Group

The CoSHH Safety Group will meet periodically to provide support to CoSHH Administrators in the completion of their duties.

The Group will consist of key stakeholders including but not limited to Health and Safety, Infection Prevention and Control, Occupational Health, Estates, Facilities and CoSHH Administrators to:

- Inform of the need for replacement of any existing CoSHH products.
- Inform of the need for introduction of any new CoSHH products.
- Instruct the CoSHH administrators on actions required before a new/replacement product is introduced.
- Agree the training requirements required before a new/replacement product is introduced.
- Discuss issues arising from the use of products within the Trust.

5.12. Role of Contractors, Third Parties, Invitees

This would include those organisations or individual who undertakes works or provide services with regard to the estate, infrastructure and/or equipment (including medical equipment), or on behalf of the Royal Cornwall Hospitals NHS Trust sites. It will also apply to persons who in partnership or with the permission of the Trust conduct work activities on Trust sites but outside the compass of the Trust's policies.

Whilst Contractors, etc. are not required to follow the Trust's policy they will be able to demonstrate they have the necessary controls and processes in place to meet their legal obligations and be equal to this policy.

6. Standards and Practice

6.1. Trust Procedure for Assessment and Reduction of Risks

- 6.1.1. To enable the Trust to comply with the requirements of the Regulations, all potentially hazardous substances must be assessed and regular reviews of assessments carried out.
- 6.1.2. Prior to undertaking or reviewing assessments, local and Divisional Group managers, must check to see if a safer, lower risk alternative substance is available and reasonably practicable to utilise.
- 6.1.3. The purpose of the assessment is to identify the risks to staff, which arise out of, or in connection with hazardous substances use and to eliminate, so far as is reasonably practicable, or to reduce any risks identified.
- 6.1.4. The provision of suitable information, instruction and training is critical in reducing the risks to individuals and all personnel must understand the risks associated with the hazardous substance.

6.2. The Assessment

- 6.2.1. Managers for individual areas will ensure that the CoSHH risk assessment is carried out for the substance, process and operations carried out in their area. All risk assessments will be held within the CMS and used to inform the local/Trust Risk Registers. Datix risk entries will be supplemented with additional information and evidence detailing controls and actions taken with reference to the relevant assessments within the CMS.
- 6.2.2. Assessments will be carried out by the departmental CoSHH Administrator in consultation with staff representatives, and Health and Safety Advisors as required involved in the process and in conjunction with the appropriate material safety data sheet(s).
- 6.2.3. The assessment will identify risks associated with the use of the product along with the associated handling and storage requirement. The assessment will include details of actions to be taken in the event of an emergency (i.e. spillage, fire, etc).

- 6.2.4. Control measures identified in the risk assessment will be prioritised in accordance with the HSE hierarchy of controls, within the confines of that which is reasonably practicable:
 - 6.2.4.1. Elimination – removal of the substance from the process.
 - 6.2.4.2. Substitution – replacing the substance for a lower risk equivalent.
 - 6.2.4.3. Enclosure – minimising exposure by enclosing the process.
 - 6.2.4.4. Local Exhaust Ventilation – direct extraction in the work area.
 - 6.2.4.5. Dilution ventilation – ventilation to reduce concentration of hazardous vapours etc.
 - 6.2.4.6. Reduced exposure – reducing time individuals are exposed to hazardous substance, and, as a last resort.
 - 6.2.4.7. Personal Protective Equipment - personal protection specific for the hazardous substance, and, as a last resort.
- 6.2.5. Once details for the assessment have been added to the CMS, the specialist Alcumus team will review and finalise the assessment. The assessor will be notified by email, usually within two – four days that the appropriate work area of the system.
- 6.2.6. The assessor should review the completed assessment and ensure that it is communicated with all relevant staff.
- 6.2.7. A copy of the completed assessment and the current manufacturer's safety data sheet shall be kept available at all times in the area where the product is used/stored/etc.

6.3. Personal Protective Equipment (PPE)

- 6.3.1. The Personal Protective Equipment will be provided as a last resort on an individual basis to staff using hazardous materials where exposure cannot be sufficiently controlled by other means. Where a standard for PPE is detailed in the CoSHH assessment, that standard must be adhered to by the Trust.
- 6.3.2. PPE in this context is all equipment which is intended to be worn or held by a person at work to protect them against one or more risks to THEIR health or safety, e.g. head protection, gloves, eye protection, cover-all, safety footwear etc.
- 6.3.3. Respiratory protective equipment, (RPE) may be required where the risk assessment and MSDS identifies a sufficient level or risk. Those identified as requiring RPE for a task or role MUST have an annual face-fit test to ensure the RPE is effective (refer to Health and Safety Policy Personal Protective Equipment document for more guidance.) A face-fit test is required for each different make or model for which they have been face-fit approved.

- 6.3.4. PPE will be selected to provide a suitable level of protection against the identified hazard and selected to suit the individual; instruction in correct fitting and use will be provided to all staff at risk.
- 6.3.5. Multi-use PPE, i.e. not single use/disposable, will be selected to fit the individual and in general use will not be shared with other staff.
- 6.3.6. Where eye protection is required, staff wearing prescription spectacles or other corrective aids will be provided with compatible protective equipment for the working environment. Where appropriate, the employee must notify the optician, or relevant specialist, of their PPE requirements to request a suitable level of protection is provided. Where the user is also identified as a DSE user (see Trust DSE Policy) the additional costs for PPE will be met by the Trust along with the cost of the eye test and basic frames and lenses. The Trust will also meet the additional costs for the PPE elements of spectacles for staff who are not DSE users, but not the cost of tests, frames or lenses.

6.4. Risk Assessment Reviews

Risk Assessment must be carried out and/or reviewed when any of the occur:

- 6.4.1. A major change to, process or replacement of equipment or substance/product used.
- 6.4.2. A change to, or replacement of the ventilation system or other mechanical control employed to reduce risk.
- 6.4.3. A change of location of use.
- 6.4.4. An increase in the amount of time spent in using the equipment or substance.
- 6.4.5. Change in the PPE used.
- 6.4.6. A change in the task.
- 6.4.7. A change in personnel or work group.
- 6.4.8. If the environment is changed, i.e., building modification or alteration.
- 6.4.9. If a person or user highlights a problem, or an episode of ill health occurs related to the use of the substance.
- 6.4.10. In the event of any incident, accident, spillage (including a site outside of this Trust), change in published best practice or notification from the equipment or product supplier.
- 6.4.11. If none of the above changes then, periodically at intervals not exceeding 12 months.

6.5. Procurement of Hazardous Substances

- 6.5.1. All requests for hazardous or potentially hazardous materials must be made through the Trust's procurement processes.

- 6.5.2. The procurement team will obtain the latest versions of Material Safety Data Sheets and other relevant data from the supplier.
- 6.5.3. Certain departments procure materials direct, in this instance they are also required to obtain the latest versions of Material Safety Data Sheets and other relevant data from the supplier.
- 6.5.4. All requests for potentially hazardous substances that have not been procured in the preceding 24 months will be referred to the Trust Health and safety, Moving and Handling Team for approval. This should be made by email to rch-tr.healthandsafety@nhs.net along with all supporting documentation. A decision would be made normally within 5 working days.
- 6.5.5. Approval will only be considered when the user has provided evidence of a current risk assessment for the process, CoSHH assessment for the use, including handling, storage, etc; of the product and confirmation that suitable control measures are in place.

6.6. Work Environment

- 6.6.1. The work environment will be designed or modified, so far as is reasonably practicable, to ensure the implementation of the control measures identified in the risk assessment(s) in accordance with the hierarchy of controls detailed above.
- 6.6.2. Mechanical control measures will be maintained in accordance with statutory obligations, manufacturers requirements and current best practice.
- 6.6.3. Equipment used in association with hazardous materials will also be maintained in accordance with statutory obligations, manufacturers' requirements and current best practice.

6.7. Welfare Provision

- 6.7.1. Suitable welfare provision, including but not restricted to, wash hand basins, showers, changing and storage facilities, will be provided as appropriate to the risks identified in the risk assessment process.
- 6.7.2. Wash hand basins will be provided with a compatible hand cleaning agent and provision for the drying of hands in a location close to the work or storage area.
- 6.7.3. Where a potential risk of significant contamination of one or more persons is identified through the risk assessment process eye wash stations, emergency showers or similar will be provided unless suitable provision exists within the immediate proximity.

6.8. Information, Consultation and Training

Users of hazardous substances are required to receive information and training on the measures taken by the Trust to protect them from, or to reduce the risks associated with the use of hazardous substances; these provisions are met within the Trust by:

- 6.8.1. Targeted Training courses.
- 6.8.2. Health and Safety for Leaders Training.
- 6.8.3. CMS user training.
- 6.8.4. Toolbox talks.
- 6.8.5. Relevant information, Risk Assessment and Material Safety Data Sheets supplied for display/available in hazardous substance storage and use areas.
- 6.8.6. Local briefings to substance end users.
- 6.8.7. Signage.

6.9. Vulnerable Persons

Due to the nature of the Trusts activities, managers must ensure they users of hazardous substances are made aware that there are vulnerable patients who may access cleaning chemicals left unattended or unsecured. To minimise this risk:

- 6.9.1. Hazardous substances must be safely and securely stored at all times.
- 6.9.2. Cleaning chemicals must not be left unattended or in unlocked/unsecured areas/trolleys or cupboards.
- 6.9.3. The manufacturers' instructions on decanting and dilution must be followed. Secondary containers used for decanting or dilution must be clearly labelled and must not be used for any other purpose.
- 6.9.4. The measures to prevent or limit access/exposure of patients and staff must be maintained in good working order and used. Locks securing trolleys must always work and be fit for purpose with keys removed when not in use.
- 6.9.5. Working methods must be followed that avoid or minimise personal contact with hazardous cleaning chemicals and minimise leaks and spills.
- 6.9.6. Managers must be satisfied that persons using cleaning chemicals have all necessary information, training and instruction for their safe use and that all safeguards are in place.

6.10. Reporting Adverse Effects from Work with Hazardous Substances

- 6.10.1. Users of hazardous substances who feel they are suffering from any adverse effects from their work, either from health, or from a safety viewpoint may have the cause investigated, substantiated and remedial action carried out as required.
- 6.10.2. The first stage in the process of having adverse Health or Safety issues rectified is to ensure that these instances are reported by:

- 6.10.2.1. Reporting the problem to their line manager in the first instance who will review the Risk Assessment and investigate any safety issues calling upon the Health, Safety, Moving and Handling Department for advice and guidance as necessary.
- 6.10.2.2. The Manager must refer the user to the Occupational Health Department, who will contact the person to see them and investigate any health issues and provide or arrange treatment and/or advice to the manager and user.
- 6.10.2.3. In all cases a DATIX Incident Report must be created for every adverse instance.
- 6.10.3. Where it is established or suspected that work with hazardous substances is the cause of any adverse effects then, dependent on cause and recommended action, either the Health, Safety, Moving and Handling Team or the Occupational Health Department will liaise with the Manager to affect remedial action.
- 6.10.4. Where a staff member decides to seek help from their GP, the employee must notify the line manager and the Occupational Health Department of that intention.
- 6.10.5. The Occupational Health Consultant will notify the health and safety manager of any incident or diagnosis that may require reporting to the enforcement authority under the requirements of current legislation.
- 6.10.6. Medical confidentiality will be observed by all concerned. Note that the report(s) will be held on that employee record for a period of 40 years and be visible to the enforcement authority at any time.

6.11. Records

- 6.11.1. Records of all Risk Assessments, Action Plans and reviews should be kept until all the identified risks have been rectified or superseded by a new risk assessment. Risk assessments should be used to compile the Risk Registers. Datix risk entries will be supplemented with additional information and evidence detailing the controls and actions taken. Complex entries will also include breakdown of assessments using the Trust Risk assessment Templates. These should be freely available to all staff concerned with the use and storage of the substance/article.
- 6.11.2. Each area will be provided with a generic “read-only” access to the CMS to facilitate any member of staff accessing the information contained within the assessment at any time. Departmental CoSHH folders will be available in all departments where CoSHH assessments are held. Folders will contain live CoSHH assessments, toolbox talks and signature sheets where staff will confirm understanding of the risk assessments.

7. Dissemination and Implementation

- 7.1. This policy shall be published on the Trust internet Documents Library site once approved by the trust Health and Safety Committee and signed by the Executive Director with responsibility for health and safety matters.
- 7.2. The membership of the Health and Safety Committee shall assist in the distribution and dissemination of the policy by communication at both Divisional and local levels.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with the undertaking of self-assessment requirement.
Lead	Health and Safety Committee.
Tool	Periodic returns and self-audits reported to the Health and Safety Committee.
Frequency	Health and Safety Advisors periodic reports and Divisional reports to the Health and safety Committee.
Reporting arrangements	Reports received by the Health and Safety Committee as detailed above and reported in accordance with the Committee Terms of Reference.
Acting on recommendations and Lead(s)	The Health and Safety Committee, supported by the specialist advisors, shall make recommendations as appropriate.
Change in practice and lessons to be shared	Where issues are identified within reports; all such comments will be fed back to the relevant area by the appropriate representative on the committee within a timeframe identified by the Committee.

9. Updating and Review

- 9.1. This policy has been agreed by Trust management and the staff and management side of the Health and Safety Committee.
- 9.2. This policy will be reviewed every three years or earlier in view of developments which may include legislative changes, national policy instruction (NHS or Department of Health and Social Care) or Trust Board decision. This will be carried out by the Health and Safety Committee assisted by the Trust Health and Safety Advisors.
- 9.3. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the document will be subject to consultation with the Health and Safety Committee.

- 9.4. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval can be sought from the Chair or Vice Chair of the health and Safety Committee, and can be re-published accordingly without having gone through the full consultation and ratification process.
- 9.5. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	The Management and use of Substances Hazardous to Health (CoSHH) Policy V7.0
This document replaces (exact title of previous version):	The Management and Use of Substances Hazardous to Health (CoSHH) Policy V6.0.
Date Issued/Approved:	June 2026
Date Valid From:	June 2026
Date Valid To:	June 2029
Author/Owner:	Gavin Griffiths, Head of Health, Safety, Moving and Handling
Contact details:	01872 25 2266
Brief summary of contents:	The purpose of this policy is to clarify the trusts position on the management of the use of hazardous substances.
Suggested Keywords:	Hazardous substances, CoSHH, Chemicals, Gas, Safety, Toxic, HSP09.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Operating Officer
Approval route for consultation and ratification:	Health and Safety Committee. Health and Safety Leadership Team.
Manager confirming approval processes:	Gavin Griffiths, Head of Health, Safety, Moving and Handling
Name of Governance Lead confirming consultation and ratification:	Jemma Dunstan, Senior Health and Business Support Advisor
Links to key external standards:	Control of Substances Hazardous to health Regulations 2002 (as amended). HSE guidance notes (various) see http://www.hse.gov.uk/coshh/index.htm

Information Category	Detailed Information
Related Documents:	Health and Safety General Policy Patient Safety Incident Response Policy Risk Assessment and Management Strategy and Policy Procurement Policy
Training Need Identified:	Yes – incorporate update into induction and existing Health and Safety Training.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Chief Operating Officer / Health and Safety

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
March 2006	V1.0	Original	Len Welsh, Health and Safety Advisor
March 2010	V2.0	Minor changes to sentences to add clarity and change from directorate to divisional structure. Change of Legislation to include the addition of Workplace Exposure Limits and the deletion of previous exposure limits. Removal of the paper system of risk assessment and the inclusion of the DATIX risk module.	Len Welsh, Health and Safety Advisor
January 2012	V3.0	Total revision of document.	J. Robin Gatenby, Health and Safety Manager
December 2015	V4.0	Minor changes to sentences to add clarity. Relevant legislation up-issued.	Paul Freeman, H and S Auditor J. Robin Gatenby, Health and Safety Manager
September 2016	V4.1	Minor changes to update and incorporate the CMS system.	J. Robin Gatenby, Health and Safety Manager
September 2019	V5.0	Minor changes to add clarity and the inclusion on section for the protection of	Malcolm Irving, Health and Safety Auditor

Date	Version Number	Summary of Changes	Changes Made by
		vulnerable persons from cleaning materials. Changes required by corporate formatting.	
September 2022	V6.0	Full review - Minor changes to reflect current practice and training detail and changes required by corporate formatting.	Malcolm Irving, Senior safety Advisor Rob Harris, Senior Safety Advisor
April 2026	V7.0	Full review – Introducing the role of the CoSHH Administrator, CoSHH Safety Group and the CoSHH Change Process. Policy updated into corporate templates and updated for organisational change.	Gavin Griffiths, Head of Health and Safety

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus six years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Quality and Equality Impact Assessment (QEIA) Form

The QEIA process allows RCHT to monitor the impact of changes to its policies and services, ensuring that nobody is unduly disadvantaged.

Please ensure you have completed a Quality and Equality Impact Assessment (QEIA) using this link to complete the form:

[E11 QEIA Policy](#)

For guidance, please see the [QEIA Essentials – Quick Reference Guide](#) or contact as required below:

Equality, Diversity and Inclusion guidance, please contact: richt.inclusion@nhs.net

Quality Governance guidance, please contact Jillian Tozer: jillian.tozer3@nhs.net

Appendix 3. CoSHH Product Change Process

The introduction or replacement of CoSHH products can introduce serious and unmitigated risks to staff and patients unless a thorough process is followed. All products must be approved by the Head of Health and Safety. Having followed the following process:

