



Control of Substances Hazardous to Health (COSHH) Policy

April 2021

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1. Introduction

- 1.1 NHS Greater Glasgow and Clyde (NHSGGC) recognises its legal and moral obligations relating to substances hazardous to health. This Policy establishes the framework within which such management can take place, and supports the general statements and principles as set out in the NHSGGC Health and Safety Policy.
- 1.2 The Control of Substances Hazardous to Health Regulations 2002 (as amended) provides a legal framework to protect people against health risks arising from hazardous substances used or encountered at work. COSHH sets eight basic measures that should be followed and control of exposure will only be regarded as adequate if these principles are followed. (Section 6).
- 1.3 The framework of accountability and responsibility for managers and staff on the implementation of this policy follow that laid out within the Health and Safety Policy. It is the responsibility of Local Managers and Head of Departments to ensure that actions are in place to implement this policy. In particular, the timely completion and review of COSHH risk assessments.
- 1.4 This policy and its procedures have been developed and agreed through the NHSGGC Health & Safety Forum.

2. Scope

This policy applies to all staff in NHSGGC. Temporary and agency staff, volunteers, contractors, students and work experience personnel will also be expected to follow the guidance contained within this Policy.

3. Policy Aims

NHSGGC acknowledges that no substance can be considered completely safe, however all reasonable steps will be taken to ensure that exposure of employees and others to substances hazardous to health is prevented, or at least controlled to within statutory limits.

This policy also aims to ensure that:

- The least hazardous substances are purchased and used within NHSGGC.
- Hazardous substances are procured through the approved purchasing process.
- COSHH Risk Assessments are carried out for all hazardous substances, or groups of substances, to which a person may be exposed. These assessments should be undertaken prior to NHSGGC commencing any work activities that might cause such exposure.
- Reasonable steps are taken to prevent or control hazardous substances.
- Employees exposed to substances with known adverse health effects are identified to the Occupational Health Service who will determine the requirement for health surveillance (Section 8).
- All employees be provided with suitable and sufficient information, instruction and training.

4. Definitions

4.1 Hazardous Substances

“A hazardous substance is any substance used at work or arising from a work process which is or has the potential to cause harm to people’s health....It may be in form of solid, liquid, powder, dust, aerosol, vapour, gas or micro-organism.”

There are a range of substances regarded as hazardous to health under COSHH, these will include:

- 1) Substances or mixtures of substances listed in Table 3.2 of part 3 of Annex VI of the new European Regulation (EC) No 1272/2008 on Classification, Labelling and Packaging of Substances and Mixtures (CLP Regulation) and for which an indication of danger specified for the substance is very toxic, toxic, harmful, corrosive or irritant.

This also applies to a very wide range of individual chemical substances such as paints, cleaning materials, metals, pesticides and insecticides etc and preparations (mixtures of two or more substances), micro-organisms or allergens with the potential to cause harm if they are inhaled, ingested or come into contact with or are absorbed through the skin.

Furthermore the CLP Regulation which was fully implemented on 1st June 2015 as part of the regulation introduces a Global approach to the classifications and labelling of substances. Guidance including links to amended pictograms can be found using hyperlinks below:

- <https://www.hse.gov.uk/chemical-classification/legal/clp-regulation.htm>
- <http://www.unece.org/trans/danger/publi/ghs/pictograms.html>

- 2) Substances with Workplace Exposure Limits. These are listed in the HSE publication EH40/2005 Workplace Exposure limits. A copy can be found here. <http://www.hse.gov.uk/pubns/books/eh40.htm> If you have a query on these please consult the Health and Safety Service.
- 3) Dust of any kind when present in concentrations determined by reference to EH40, for example, where the average concentration in the air exceeds the levels specified in COSHH, for example, 10 mg/m³ for dust that can be inhaled.
- 4) Biological agents (bacteria and other micro-organisms) capable of causing any infection, allergy, toxicity or other human health hazard (this is normally in the form of body fluids or from aerosol generating procedures). If they are directly connected with the work, such as with healthcare, sewage, or if the exposure is incidental to the work, e.g. exposure to bacteria from an air-conditioning system that is not properly maintained (Section 8).

Some chemicals that have a more specialised job are covered by more specific legislation. The CLP Regulation does not apply to the following chemicals: radioactive substances and mixtures, substances and mixtures for scientific research and development which are not placed on the market and are only used in controlled conditions, and waste.

The CLP Regulation does not apply to the following chemicals which are in the finished state intended for the final user; medicines, medical devices and food.

4.2 What is not a substance hazardous to health under COSHH?

COSHH applies to virtually **all** substances hazardous to health, except the following, which are dealt with by separate legislation.

- Asbestos and lead, which have their own regulations;
- Substances which are hazardous only because they are: radioactive; at high pressure; at extreme temperatures; or have explosive or flammable properties (again, these are covered by other regulations);
- Biological agents that are outside the employer's control, e.g. community social exposure to a pathogen.

4.3 Safety Data Sheet (SDS)

An SDS is also known as product safety sheet or material safety data sheet and suppliers of chemicals must by law provide an up to date safety data sheet if a substance is dangerous for supply. Safety data sheets are also needed if a chemical is not classified as dangerous but contains small amounts of a dangerous substance(s).

Where a customer re-orders substances or mixtures, then the supplier does not need to re-supply the SDS, unless the sheet's contents have changed.

The SDS is not a COSHH Risk Assessment, the risk assessment must reflect the local use and control of the substance and the SDS should form part of the COSHH Risk Assessment process.

In order to ensure the most up to date SDS is available, they must be obtained direct from the supplier.

5. Responsibilities

5.1 The Chief Executive and Director of Human Resource and Organisational Developments

General responsibilities relating to COSHH are described in the Board's Health and Safety Policy.

5.2 Directors / Partnership Management Team

Are responsible for ensuring that this policy is implemented within their respective Directorate / Partnership. They should provide sufficient resources to

departments and staff under their management to ensure compliance with this policy. This will include ensuring that;

- Employees under their management are given time to attend for any Health Surveillance and/or any appropriate training that may be required.
- Where health surveillance is indicated as necessary by the assessment, this is carried out and records maintained and kept for forty years from the date of the last entry. Advice should be obtained from the Occupational Health Service as to the form of health surveillance required.
- The appropriate Personal Protective Equipment is resourced.

5.3 Department Managers / Health & Safety Management Manual Holders

Must ensure that;

- All processes that involve or may involve exposure to substances hazardous to health are risk assessed (and reviewed) by 'competent persons' who are familiar task / environment and potential hazards present and recorded using the NHSGGC COSHH risk assessment form (available on HRConnect - [Link](#)) formally documenting how the risk assessment was communicated with staff
- Where possible, substances hazardous to health are eliminated or substituted for less hazardous ones or used in a less hazardous form.
- Where elimination or substitution is not possible, appropriate control measures, preferably engineering controls are in place and are used.
- Engineering controls, such as local exhaust ventilation, are properly maintained under planned preventative maintenance schedules and monitored to ensure their continued effectiveness. Performance monitoring must take place every fourteen months or earlier dependant on the manufacturer's operating guidance and the results of the examinations and tests and any repairs carried out as a result of them be clearly recorded. That record or a suitable summary must be kept available for at least five years from the date on which it was made.
- All employees who work in affected areas and others that may enter to work or complete other activities are informed of the purpose and safe operation of all engineering controls.
- Personal protective equipment (PPE) is only used as a last resort or as a back up during testing or modification of other controls. If it is to be used, an assessment must be made using the guidance and assessment form contained in the Personal Protective Equipment Policy. The specific requirements of this policy must be complied with, in terms of training staff in the correct use and fit of PPE including respiratory protective equipment.
- All employees are provided with comprehensive information, instruction and training, in order for them to know the health risks created by any exposure to substances hazardous to health and the preventative measures that must be taken, records should be held of such training.

- Suitable records are kept of any atmospheric monitoring, where the record is representative of personal exposure of identifiable employees, for at least forty years. In any other case, records should be kept for five years.
- Appropriate visual checks, observations and supervision of defined work methods and control measures are in place.
- The Health Surveillance Policy is implemented and the relevant associated documentation is completed annually where required.
- Staff are referred to the Occupational Health department for health surveillance where necessary
- The Facilities Directorate have specific statutory responsibilities regarding the selection and maintenance of control measures e.g. ventilation systems, this also includes the retention of associated records.

5.4 Employees

Must:

- Be aware of the contents of any COSHH Assessment relating to any substance that they may encounter in the workplace.
- Follow any safe systems of work that have been identified in the assessment.
- Take steps to minimise exposure to themselves and others.
- Make full and proper use of control measures including reporting any defects.
- Wear any PPE provided, including Respiratory Protective Equipment (RPE), correctly and in accordance with the manufacturers instructions;
- Co-operate with any Health Surveillance or Monitoring as requested.
- Promptly report all incidents concerning the use, storage, disposal or accidental release of hazardous substances in accordance with the NHSGGC Incident Management Policy.

5.5 The Health and Safety Service

- Provide competent advice, information and training on health & safety legislation relating to hazardous substances.
- Ensure that occupational hygiene monitoring arrangements are in place for identified staff & departments.
- Liaise with other departments e.g. Occupational Health, Infection Control as appropriate.
- Report any significant exposure to a substance to the Health & Safety Executive (HSE), as required under the Reporting of Incidents, Disease and Dangerous Occurrences Regulations (RIDDOR) 2013.

- Provide training for Face Fit testers and advice on Face Fit Testing for respiratory protective equipment
- Engage directly with Procurement to ensure adequate supply of suitable PPE
- Over sight of the provision of Face Fit Testing, qualitative and quantitative, within the Board.

5.6 The Occupational Health Service

- Provide a health surveillance service as set out in the Health Surveillance Policy and associated documentation and ensure that competent advice and support, in relation to health surveillance and ill-health issues arising from hazardous substances, are provided to all NHSGGC employees.
- Provide the collective results of health surveillance to the relevant manager by written report.
- Ensure that individuals are recalled for health surveillance as required.
- Keep clinical records of individual's undergoing individual health surveillance for 40 years.
- Will provide advice to managers regarding health surveillance outcomes so that controls and safe practice can be reviewed and amended
- Inform the Health and Safety Service of any identified RIDDOR reportable diseases, dangerous occurrences or ill- health.

5.7 Infection Control

- Ensure competent advice and support, in relation to control of infection arising from hazardous substances, are provided to employees.
- Ensure that Managers are made aware of any relevant advice required to enable continued safe working practice.
- On request, assist in investigating incidents relating to biological agents.
- Inform and liaise with appropriate Competent Advisers as necessary.

5.8 Pharmacy

- Ensure competent advice and support, in relation to health hazards arising from pharmaceutical substances, are provided to employees.
- Ensure Managers are made aware of any relevant advice required to enable continued safe working practice.
- On request, assist in investigating incidents relating to pharmaceutical substances.
- Inform and liaise with appropriate Competent Advisers/ Health and Safety Practitioners as necessary.

5.9 Procurement

- On request, supply copies of substance data sheets for products supplied to departments.

6. The Requirements of COSHH

Complying with COSHH involves applying the following principles of good practice:

- **Assessing the risks** to health arising from work activities or processes carried out by staff within NHSGGC.
- **Deciding what precautions are needed.** Any work which could expose employees to hazardous substances must not be carried out unless both the risks and the necessary control measures have been assessed and implemented.
- **Preventing or adequately controlling exposure**, by introducing appropriate measures.
- **Ensuring that control measures are used and maintained** properly, and that any safety procedures that have been laid down are followed (incl. PPE);
- **Monitoring exposure** of workers to hazardous substances and carrying out health surveillance, where necessary;
- **Carrying out appropriate health surveillance** where the assessment has shown this is necessary or where COSHH sets specific requirements.
- **Preparing plans and procedures to deal with accidents, incidents and emergencies.**
- **Informing, instructing, training and supervising** employees regarding the risks and the precautions to be taken.

7. COSHH Assessment

7.1 The Assessment is an evaluation of the risks to health from hazardous substances which are brought into the workplace. The assessment needs to take into account all users of the substance and anyone else who might be affected by the use of the substance (or how they are exposed to it), the volume or quantity of the substance used or stored, what they use it for, how long it is used as well as the hazards presented by the substance.

7.2 The systematic steps to be followed in making an assessment are:

- **Identify the hazardous substances** which are present or are likely to be present to which employees and others may be exposed. Start by recording substances on the List of Hazardous Substances Form (available on HRConnect - [Link](#)) and where required use the COSHH Risk Assessment Form (available on HRConnect - [Link](#)) to document your findings.
- **Identify the route by which the substances might enter the body.** Think whether each substance is in a form in which it could be;

Inhaled. Once breathed in, some substances can attack the respiratory system while others get into the body through the lungs and harm other parts of the body, eg the liver.

Swallowed. Either directly, or from settling on food etc. e.g. eating or smoking with contaminated fingers.

In contact with skin. Some substances damage skin, while others pass through it and damage other parts of the body. Skin gets contaminated by direct contact, by splashing, by substances landing on the skin, by contact with contaminated surfaces (including contact with contamination inside protective gloves).

In contact with the eyes. Some vapours, gases, dusts and liquids can damage the eyes.

Injected into the body or puncture the skin e.g. sharp objects or high pressure equipment.

Remember to check out all forms in which the substances may be present. Some substances can be virtually harmless in some forms (e.g. as a block of metal) while very hazardous in others (e.g. the same metal as a dust or fume).

- **Identify** the resulting effects. For instance;
 - could serious effects or death, either immediate or delayed, occur from a single exposure to the substance
 - could adverse effects or death result from repeated, even low level exposures over a long period of time
 - Could cancers occur
 - Could the substances cause sensitisation or allergic reactions
 - Could the substance be harmful to the human reproductive process
 - In the case of micro organisms, could they cause infection or could an infected individual infect others
 - Could there be any enhanced harmful effects from exposures to mixtures of substances
- **Examine** the working processes, practices and procedures which involve hazardous substances. It is important to know the potential impact / outcome of an incident involving hazardous substances in each area and identify how this can be removed / reduced. The resulting assessment will identify real solutions that work in practice for the potential problems in individual workplaces.
- **Estimate** current exposure levels and also those which might result from a planned or unplanned event such as an increase in levels of work or an accidental release of substances. Advice can be obtained from the Health and Safety Service.
- **Compare** the estimate against a valid exposure limit that represents adequate control, i.e. Workplace Exposure Limit (WEL). Personal exposure must be reduced as far as is reasonably practicable below this level for carcinogens mutagens and asthmagens, and in all cases must not be above this level.
- **Control Measures** are actions taken to reduce exposure to a hazardous substance. This may include elimination or replacement of the substance, safe systems of work, standard operating procedures, the cleaning of the

workplace, plant and equipment, the provision and use of engineering controls, supervision, training and personal protective equipment). If control is inadequate, decide on appropriate steps. Choose control measures In order of priority:

Eliminate the use of a harmful product or substance and use a safer one.

Use a **safer form** of the product, e.g. paste rather than powder.

Reduce - Change the process to emit less of the substance.

Enclose the process so that the product does not escape.

Extract emissions of the substance near the source.

Isolate - Have as few workers in harm's way as possible.

Provide **PPE** such as gloves and respirators that provide suitable, adequate protection and are specific to the task

- **Decide on additional precautions** to sustain adequacy of control and whether there is any need for exposure monitoring and/or health surveillance.

In gathering information for an assessment, expert advice may be required. Further information should be sought as necessary through the Health and Safety and Occupational Health Services.

8. Supplementary Guidance

8.1 Carcinogens and Mutagens

These are substances which may cause cancer or changes to cells in the body. Exposure to carcinogens or mutagens should always be prevented by using an alternative substance or process. However, if the assessment shows that this is not reasonably practicable, the following control measures must be considered:

- The first choice of control measure must be the total enclosure of the process and handling systems unless this is not reasonably practicable;
- Where this cannot be achieved; plant, processes or systems of work should be designed and operated to keep the formation of any carcinogenic or mutagenic substances to a minimum or suppress and contain them;
- Control measures inside the workplace must not be applied in ways which produce risks in other workplaces; eg. ventilation contaminating adjacent workspaces
- Any environmental legislation, for example, Special Waste;
- The limitation of the quantities of a carcinogen or mutagen at the place of work;

- The keeping of the number of persons who might be exposed to carcinogenic or mutagenic substances and the duration of their exposure to a minimum necessary for the work.
- The prohibition of eating, drinking and smoking in the areas that may be contaminated by carcinogens or mutagens;
- The provision of hygiene measures including adequate washing facilities and regular cleaning of walls, doors and other surfaces;
- The designation of those areas and installations which may be contaminated by carcinogens or mutagens, and the use of suitable and sufficient warning signs;
- The safe storage, handling and disposal of carcinogens or mutagens and the use of closed containers, clearly labelled and with clearly visible warning and hazard signs.

This means that whether or not it is reasonably practicable to enclose totally the process and handling systems, all the other measures are still required.

If, in spite of the above control measures, leaks, spills, or uncontrolled releases of a hazardous substance could still occur, means should be available for limiting the extent of risks to health and for regaining adequate control as soon as possible. The means should include, where appropriate, established emergency procedures, safe disposal of the substance and sufficient personal protective equipment to enable the source of the release to be safely identified and repairs to be made. All persons not concerned with the emergency action should be excluded from the area of contamination.

8.2 Biological Agents

Exposure to biological agents should be prevented but if it is not practicable to do so then it should be adequately controlled. Adequate control of exposure to the biological agent shall be achieved by the application of the following measures, in priority order:

- the design and use of appropriate work processes, systems and engineering controls and the provision and use of suitable work equipment and materials;
- the control of exposure at source, including adequate ventilation systems and appropriate organisational measures;
- where adequate control of exposure cannot be achieved by other means, the provision of suitable personal protective equipment in addition to the control measures required;
- arrangements for safe handling, storage and transport of substances hazardous to health and of waste containing such substances, at the workplace;
- the identification and implementation of suitable maintenance procedures;

- reducing, to the minimum the number of employees subject to exposure, the level and duration of exposure and the quantity of substances hazardous to health present at the workplace;
- displaying suitable and sufficient warning signs, including the biohazard signs;
- specifying appropriate decontamination and disinfection procedures;
- instituting means for the safe collection, storage and disposal of contaminated waste, including the use of secure and identifiable containers, after suitable treatment where appropriate;
- testing, where it is necessary and technically possible, for the presence, outside the primary physical confinement, of biological agents used at work;
- specifying procedures for working with, and transporting at the workplace, a biological agent or material that may contain such an agent;
- where appropriate, making available effective vaccines for those employees who are not already immune to the biological agent to which they are exposed or are liable to be exposed;
- instituting hygiene measures to ensure the prevention or reduction of accidental transfer or release of a biological agent from the workplace, including:
 - i. the provision of appropriate and adequate washing and toilet facilities, and
 - ii. where appropriate, the prohibition of eating, drinking, smoking and application of cosmetics in working areas where there is a risk of contamination by biological agents, and
- where there are human patients which are, or are suspected of being, infected with a Group 3 or 4 biological agent, the most suitable control and containment measures from these listed in Part 11 Schedule 3 of the ACoP with a view to controlling adequately the risk of infection. Classification of biological agents is also contained in Schedule 3.
- Written instructions should be available at the workplace outlining procedures to be followed in the event of:
 - an accident or incident, which has or may have resulted in the release of a biological agent, which could cause severe human disease;
 - the handling of a Group 4 biological agent or material that may contain such an agent;
 - any such accident or incident must be advised immediately to the employer, and reported using the Datix Incident Reporting system;
 - employees and others who may be affected should be advised of a release of a biological agent;
 - i. as soon as possible thereafter, and;
 - ii. the measures taken or to be taken to rectify the situation.

- An employer must keep a list of employees exposed to Group 3 or Group 4 biological agents, indicating the type of work done and where known the type of biological agent to which they have been exposed and records of exposures, accidents and incidents, as appropriate. The list should be kept in a suitable form for at least 40 years from the date of the last entry made in it.
- Guidance on notification of the use of and consignment of biological agents can be found in Schedule 3 Paragraph 6 and Appendix 2 of the COSHH Approved Code of Practice.
- Work with Gene Therapy should be approved by the Genetically Modified Organisms (GMO) Committee.

8.3 Personal Protective Equipment

The term “Personal Protective Equipment” includes respiratory protective equipment, protective clothing, gloves, footwear and equipment to protect the eyes. Any PPE used must provide suitable, adequate protection and be specific to the task.

PPE should only be used when all other methods of control have proved inadequate. The NHS GGC PPE Policy is available on StaffNet.

Throughout the period during which the personal protective equipment is necessary, it should adequately control exposure to those hazardous substances to which the wearer is exposed or is liable to be exposed.

Selection of protective clothing should take into account:

- The circumstances in which it will be used e.g. the substances to which it will be exposed for how long and the degree of protection necessary;
- The ability of the material from which it is made to resist penetration and permeation by the substance concerned indefinitely or for a specified or recommended period;
- The adequacy of the design of the clothing, whether it is suitable for the intended use and its compatibility with other PPE;
- The environment in which it will be worn;
- In the case of dust, the dust release characteristics of the material.
- If disposable, how to safely remove for destruction.

8.4 Respiratory Protective Equipment (RPE)

Where RPE is provided, it must be capable of adequately controlling the inhalation exposure and be suitable for the purpose. To be regarded as suitable, respiratory protective equipment must be correctly selected and used and must be ‘CE’ marked. It must be correctly matched to the job and the wearer.

The selection and provision of suitable RPE should be based on a number of factors:

- The level of protection claimed by manufacturers for different types of RPE and identification of those types that will provide a greater degree of protection than that required for likely or known exposure;
- The type of work to be done; the physical effort required to do it; the length of time the equipment will have to be worn; the requirements for visibility, comfort and the need for employees to communicate with one another, its compatibility with any other PPE that may be needed e.g. safety glasses;
- The different facial characteristics of the wearers, to ensure that the equipment has been face fit tested and is matched to the wearer. The equipment must also be matched to the job and the environment in which it is to be used;
- Employees should be properly trained in its use and supervised;
- If the RPE is designed to be reusable, It should be regularly cleaned and checked to ensure that it remains effective.
- If the RPE is designed to be reusable, ensure arrangements are in place for an adequate supply of filters.

8.5 Face Fit Testing of RPE

The performance of RPE with a tight fitting face piece depends on a good contact between the wearer's skin and the face seal of the mask. Managers should ensure the selected face piece is of the right size and can correctly fit each wearer. The test will assess the fit by determining face-seal leakage of a test agent while the RPE user is wearing the face piece under test.

Repeat fit testing will be needed when changing to a different model of RPE or a different sized face piece or if there have been significant changes to the facial characteristics of the individual wearer. Qualitative test methods use bitter or sweet tasting aerosols.

When the tests are carried out the face piece wearer will perform simple exercises as indicated by the competent person carrying out the test. The Health and Safety Service will provide training for Face Fit Testers and advice on Face Fit Testing for respiratory protective equipment.

Face Fit Testing should be refreshed at a frequency of 3 years or when changes to the supply of RPE occur.

8.6 Maintenance, Examination and Test of Control Measures

It is the responsibility of the Department Manager to ensure that all control measures, which have been provided, perform as originally intended, and thereby continue effectively to prevent or adequately control exposure of employees to substances hazardous to health. Any defect which could result in reduced efficiency or effectiveness and reduced levels of protection should be detected and remedied as soon as possible.

All engineering control measures in use should receive a visual check, where possible and without undue risk to maintenance personnel, at least once a week. The aim should be to ensure that all visible items are functioning correctly.

Preventative servicing procedures should specify which engineering control measures require servicing, the nature of the servicing that should be carried out to each of them, when the task should be carried out, the allocation of responsibility and how any defects disclosed should be put right.

Where engineering control measures are provided to control exposure, they must be thoroughly examined and tested at suitable or specified intervals. In the case of local exhaust ventilation (LEV) plant, this should be thoroughly examined and tested by a competent person at least once every fourteen months.

A record of each thorough examination and test of LEV should be maintained; the record should be kept available for at least 5 years from the date on which it was made.

Where respiratory protective equipment (RPE) is in use thorough examinations and where appropriate, tests of items of RPE, other than one shift disposable respirators, should be made at least every month, and more frequently where the health risks and conditions of exposure are particularly severe. However, in the case of relatively low toxicity, or in situations where respirators are used only occasionally longer intervals between examinations may be suitable (however the intervals should not exceed three months). A record of such examinations should be kept and should be available for inspection.

Sufficient information, instruction and training should be provided to allow employees to know the risks to health created by exposure to substances hazardous to health and the precautions which should be adopted including the use, decontamination etc. of PPE and RPE.

8.7 Monitoring Exposure at the Workplace

Monitoring, for the purpose of these regulations, means the use of valid and suitable occupational hygiene techniques to derive a quantitative estimate of the exposure of employees to substances hazardous to health. In the case of airborne contaminants monitoring involves the periodic or continuous sampling of the atmosphere at the workplace and will usually require sampling in the breathing zone by means of personal sampling equipment.

Monitoring of the exposure of workers is requisite when any of the following circumstances apply:

- When failure or deterioration of the control measures could result in a serious health effect, either because of the toxicity of the substance or because of the extent of potential exposure, or both;
- When measurement is necessary, so as to be sure that a workplace exposure limit or any self imposed working standard is not exceeded; or
- When necessary as an additional check on the effectiveness of any control measure;
- When any change occurs in the conditions affecting employees' exposure, which could mean that adequate control of exposure, is no longer being maintained e.g. an increase in the quantity of a substance used or changing systems of work or introducing new plant.

Monitoring records must be kept for at least 40 years if they record the personal exposure of identifiable employees; they must be kept for at least 5 years in all other cases from the date of the last entry.

Records should provide sufficient information to determine, the substances to which employees were exposed and were monitored and:

- When the monitoring was done and what the results were;
- What monitoring procedures were used, including the duration;
- The locations where samples were taken, the operations in progress at the time and, in the case of personal samples, the names of the individuals concerned;
- For each occasion that air monitoring is carried out, a record of the names of the sampler and analyst or the names of their organisations.

Equivalent records should be kept where a biological monitoring programme is in place.

Individual exposure and health records for employees should be kept where:

- Personal exposure monitoring is carried out for an identified employee;
- The employee concerned is also under health surveillance.

The records may be kept in any format but in all cases the information should be readily retrievable and in an easily understood form.

Records of monitoring should be available to employees or their representatives and in particular if the results of such monitoring show that the workplace exposure limit has been exceeded.

8.8 Health Surveillance

Is the assessment of the state of health of an employee, as related to exposure to substances hazardous to health, e.g. exposure to latex.

The objectives of health surveillance, where employees are exposed to substances hazardous to health in the course of their work, are:

- The protection of the health of individual employees by the detection, at as early a stage as possible, of adverse changes which may be attributed to exposure to these substances;
- To assist in the evaluation of the measures taken to control exposure;
- The collection, maintenance and use of data for the detection and evaluation of hazards to health;
- To assess, in relation to specific work activities involving biological agents, the immunity of employees.

Health surveillance is appropriate where the exposure of an employee to a hazardous substance is such that an identifiable disease or adverse health effect may be related to the exposure and there is a reasonable likelihood that the disease or effect may occur under the particular conditions of his work and there are valid techniques for detecting indications of the disease or the effect,

for instance substances known to cause occupational asthma or severe dermatitis. Where these criteria are met active health surveillance by the Occupational Health Service will take place. If exposure to a hazardous substance may occur but there is no valid technique for detecting indications of disease or health effect, a "health record" will be maintained by the line manager which will include details of the exposures that occur to the substance hazardous to health.

The results of any health surveillance should lead to action which will be of benefit to the health of employees. The options and criteria for action should be established before undertaking health surveillance as well as the method of recording, analysis and interpretation of the results of health surveillance.

Health surveillance will always include the keeping of an individual health record. The Occupational Health Service will be responsible for maintaining health records for those under active health surveillance and for performing the appropriate examinations, and investigations.

Employees' health records must be kept for 40 years from the last date of entry. On receiving reasonable notice, any employee must be allowed access to any health record which relates to him/her.

8.9 The Provision of Information, Instruction and Training for Employees

Wherever employees are exposed to hazardous substances, they must receive sufficient information, instruction and training to ensure that employees or other persons at work on the premises do not endanger themselves or others through exposure to substances hazardous to health. This may range from a simple instruction to regular formal training sessions as identified through the Health & Safety Management Manual Training Needs Assessment.

Following the completion of a COSHH risk assessment the Line Manager should ensure that appropriate arrangements are in place to provide persons at work on the premises with sufficient information, instruction and training on:

- The hazardous substances and the risks to health created by exposure;
- Control measures - their purpose and how to use them effectively, i.e. what they should do, what precautions they should take and when they should take them;
- The defined methods of work (e.g. standard operating procedures or safe system of work);
- Cleaning, storage and disposal procedures;
- Emergency procedures;
- How to use any personal protective equipment and clothing provided;
- Results of any exposure monitoring and health surveillance - anonymised where appropriate.

This information may also be made available to Safety Representatives in accordance with the Safety Representatives and Safety Committees

Regulations 1977 and Health & Safety (Consultation with Employees) Regulation 1996.

Information, instruction and training should be updated and adapted to take account of significant changes in the type of work carried out or work methods used.

Local Assessors must receive training for undertaking COSHH risk assessments - contact the Health & Safety Service for further guidance.

8.10 Disposal of Hazardous Substances

Hazardous substances should be disposed of according to the guidance provided in the relevant Manufacturers' Safety Data Sheet.

Where unwanted or date expired hazardous substances cannot be disposed of safely via the clinical or domestic waste streams a special waste uplift will be required. This should be arranged via the local site Facilities Management.

Further advice can be sought from the Waste Management Officer on 0141 451 3647.

8.11 Emergency Arrangements

Where the risks of a chemical escaping are high, or where a substance is especially hazardous i.e. mercury, Departmental Managers will ensure that emergency arrangements are known and in place as part of the risk assessment and contingency planning process. Details for appropriate emergency management can be found on the suppliers Material Safety Data Sheet. Emergency arrangements must include the reporting of incidents as explained in the Incident Management Policy.

Any significant exposure to a substance must be reported to the Health & Safety Executive (HSE), in accordance with the Reporting of Incidents, Disease and Dangerous Occurrences Regulations (RIDDOR) 2013.

9. Monitoring and review

The activities which result from the introduction of this policy will be examined and the activities of each component part monitored. This review process will lead to a regular revision of the policy. Locally, risk-assessments should be reviewed as a result of an annual inventory check or where there have been any changes to work practices or following a significant incident

10. Appendix - Collated list of Hyperlinks from within the policy

The GB CLP Regulation	http://www.hse.gov.uk/chemical-classification/legal/clp-regulation.htm
GHS pictograms	http://www.unece.org/trans/danger/publi/ghs/pictograms.html
EH40/2005 Workplace exposure limits	http://www.hse.gov.uk/pubns/books/eh40.htm
NHSGGC COSHH HR Connect	https://www.nhsggc.org.uk/working-with-us/hr-connect/health-safety/policies-guidance-documents-forms/control-of-substances-hazardous-to-health-coshh/