Leicestershire Partnership NHS Trust

Control of Substances Hazardous to Health (COSHH) Policy

This policy sets out the Trusts arrangements to comply with the COSHH Regulations 2002 and imposes specific duties and responsibilities on all employees.

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Contents

Policy on a page

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy. Please include details using the headings below:

Summary and aim

The purpose of this policy is to set out the Trust arrangements to comply with the COSHH Regulations 2002 and imposes specific duties and responsibilities for all employees.

Target audience

All Staff

Training

The Health, Safety and Welfare eLearning course is mandatory training at induction with a three yearly refresher via uLearn. This includes COSHH awareness training,

COSHH risk assessment developmental training and update training every three years to refresh their knowledge.

Managers will ensure local Induction developmental training and instruction will be provided for every new member of staff and include local COSHH safe systems of work

Key requirements

Staff will adhere to this COSHH Policy and the control measures identified in individual task based COSHH assessments.

Staff will comply with all Health Surveillance requirements as identified as part of the task based COSHH assessment process

Ensure the service/team have a COSHH assessor in-place to undertake and review their COSHH inventory, COSHH risk assessments and material safety data sheet information.

COSHH documentation and safe systems of work are in place and shared with the relevant colleagues at local induction and refreshed as required.

All purchases of COSHH products/hazardous substances must be procured via the approved purchasing process.

Staff will not bring products into work or buy via petty cash

Staff will not use any unauthorised product and/or a product that has not been risk assessed

Staff will report any ill health effects immediately to their line manager and complete an incident form in line with the Trust's reporting policy.

Employees are required to use PPE in accordance with the training they have been given and report any hazards/faults/defects or concerns regarding PPE to their manager.

All staff who use a COSHH substance as part of their work activity who become pregnant or who are nursing mothers should inform their manager of their status

Introduction and Purpose

The Control of Substances Hazardous to Health (COSHH) Policy applies to all employees of the Leicestershire Partnership NHS Trust referred to throughout this policy as 'the Trust', who may be required to use or handle substances hazardous to health during the course of their work as well as other staff including temporary employees (e.g. agency/bank, contractors/students) and any other people who may be affected by the Trust's activities.

This policy forms part of the suite of policies which contribute to the overall objectives of the Trust Health & Safety Policy.

Policy Requirements and Objectives

Details of the principles and core standards relating to the policy, and the objectives.

Process

The Trust has a duty to ensure, so far as is reasonably practicable, the health, safety and welfare of all its employees and other persons with regards to the use of hazardous substances and to reduce and control the risks from respiratory sensitisers. Where reasonably practicable exposure to substances should be prevented, where this is not possible, the exposure will be controlled to prevent injury or ill health at work.

In line with the COSHH Regulations and Trust Policy, all substances deemed to be hazardous to health arising out of a work activity will be assessed to protect employees and other persons against risks to their health, (acute or chronic).

Arrangements

This policy and arrangements are to be applied throughout the Trust and will extend to encompass the full range of the Trust's work and undertakings. This will include:

Premises

- All Trust premises
- Shared premises where Trust staff work
- All places where staff undertake their duties

Substances Hazardous to Health covered by COSHH Regulations

Substances hazardous to health include:

- Any material, mixture or compound used at work or arising from work activities, which is harmful to people's health in the form in which it occurs in the work activity

(e.g. solid, liquid, dust, fume, vapour, gas or micro-organism)

- All substances or mixture of substances classified as being toxic, very toxic, harmful, corrosive, or irritant under GB Classification, Labelling and Packaging Regulation, known as GB CLP. For all commercially available substances and preparations, this information is given on statutory warning labels on their containers. Suppliers must also provide (by law) safety chemical hazard data sheets for these substances
- A substance for which the Health and Safety Commission has approved a Workplace Exposure Limit (WEL). WEL's apply to airborne contamination. Exposure limits can be found in the HSE publication EH40 (revised annually)
- A biological agent (bacteria and other micro-organisms) defined as any microorganism, cell culture, or human endoparasite and body fluids, including any which have been genetically modified, which may cause any infection, allergy, and toxicity or otherwise create a risk to human health
- Dust of any kind if its average concentration in the air exceeds the levels specified in the COSHH Regulations
- Any other substance, which creates a risk to health but which for technical reasons, may not be specifically covered by the GB CLP Regulations
- The Regulations apply to all substances from the time of receipt in Trust premises to their internal transportation, storage, use and disposal. This includes substances transported by or on behalf of the Trust

Substances not covered by the COSHH Regulations

Exceptions to the Regulations include:

- Health risks to patients arising from the substance being administered in the course of medical treatment[1] to them. Certain drugs will, however, require task based COSHH risk assessment because of the potential risks to others involved in their administration and disposal. This is particularly the case with cytotoxic drugs (any drug with a toxic effect on cells such as some cancer treatment drugs)
- Substances already covered by their own regulations
  - Lead: Control of Lead at Work Regulations 2002 (CLAW)
  - Asbestos: Control of Asbestos at Work Regulations 2002 (CAW) (as amended)
  - Substances, which are hazardous only because they are:
    - radioactive
    - at extreme temperatures
    - asphyxiants
    - have explosive or flammable properties
    - at high pressure
    - Medicines are also excluded from this Policy as the COSHH requirements of these substances are covered under the Medicines Management Policy

Respiratory Sensitisers

It is recognised that exposure to certain materials used in the workplace can result in respiratory sensitisation in certain individuals which may result in ill health and potentially long term disability.

[1] [1]Nb: 'medical treatment' means medical or dental treatment which is conducted by, or under the direction of, a registered medical practitioner, registered dentist or non-medical prescriber)

Respiratory sensitisation is the process by which an individual develops an allergic response to an antigenic substance to which they are exposed in their environment, whether at work or home. Clinical manifestations may include nasal stuffiness, rhinitis, watering or irritable eyes, cough, wheeze, shortness of breath.

Once this sensitisation reaction has taken place, further exposure to the substance, even to the tiniest trace, will produce symptoms. Sensitisation does not usually take place right away. It generally happens after several months or even years of breathing in the sensitiser.

Once a person is sensitised, continued exposure can result in

- permanent damage to their lungs and increasingly severe symptoms.
- people with rhinitis may go on to develop asthma.
- asthma attacks are likely to become worse and can be triggered by other things such as tobacco smoke, general air pollution or even cold air. These attacks often continue for years after exposure to the sensitiser has stopped.

Symptom enquiry may be used to detect early symptoms and lung function testing (spirometry) may show evidence of airways obstruction before lower respiratory symptoms become apparent. Once this sensitisation reaction has taken place, further exposure to the substance, even to the tiniest trace, will produce symptoms.

Once a person is sensitised, symptoms can occur either immediately they are exposed to the sensitiser or several hours later. If the symptoms are delayed, they are often most severe in the evenings or during the night, so workers may not realise it is work that is causing the problem.

Wherever it is reasonably practicable, exposure to substances at work that can cause occupational asthma should be prevented. Where this is not possible, the primary aim is to apply adequate standards of control to prevent workers from becoming hyper- responsive. For substances that can cause occupational asthma, COSHH requires that exposure be reduced as low as is reasonably practicable.

Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.

Common Respirator Sensitisers within Healthcare

The most common respiratory sensitisers encountered within Healthcare and those persons likely to be exposed are listed within Appendix 5. This is not a comprehensive list and a more comprehensive list can be found in Health and Safety Executive (HSE)

Managing the Risk

COSHH risk assessments are undertaken that identify the risks from using chemicals or other hazardous substances at work that can put people’s health at risk will be managed

to the lowest level that is reasonably practicable following the hierarchy of controls in COSHH Legislation. Staff will be informed by their line manager(s) of any control measures required and provided with information, instruction and training to ensure they are made aware of the hazards and risks and their duties.

The following factors must be taken in to consideration when conducting a COSHH risk assessment:-

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

Latex and other skin irritants & sensitisers will be included as part of the COSHH and risk assessment procedure.

Control Measures

Control measures must be determined by the level of risk to health and must take in to account:

- Elimination and /or use of alternative/less hazardous substances where possible
- Modification of the use or process to eliminate, isolate or reduce exposure
- Elimination and/or reduction of the number of people exposed to the hazardous substance
- The outcome of any environmental monitoring, as appropriate, which has been undertaken by competent person
- The provision, maintenance and use of any control equipment required
- Safe systems of work including documented standard operating procedures must be in place e.g. permits to work. These must be documented and easily accessible to staff in the area where the work is being carried out.
- The use of personal protective equipment/respiratory protective equipment (PPE/RPE) should be regarded as a “last resort” in providing protection from exposure to substances hazardous to health
- Cleaning chemicals must be safely and securely stored considering vulnerable patient groups who may access such products. At LPT the requirement is for COSHH items to be secured behind locked door and with a lockable cabinet (preferably metal cabinet if flammables stored)
- Cleaning chemicals must not be left unattended or in unlocked/unsecured areas/trolleys/cupboards where they may be accessed by vulnerable patients
- Guidance on decanting and dilution of cleaning chemicals must be followed, for example only using a labelled secondary container expressly used for that purpose and not using drinking or other vessels intended for patient or staff use

- Measures to limit/prevent the exposure of patients and staff to ingestion of cleaning products, etc. must be in good working order; for example, locks on cleaning trollies must always work and be fit for purpose with keys removed when not in use
- Work techniques must be followed that avoid or minimise contact with harmful cleaning chemicals and minimise leaks and spills for staff and patients
- Provide information, training and instruction for employees must be provided appropriate to their job role and in a suitable style of delivery and language

Any physical control measures put in place as a result of assessments e.g. local exhaust ventilation (LEV) systems must be inspected and maintained to ensure their effectiveness.

Where health surveillance monitoring is identified as a requirement, records of monitoring will be kept. Where a monitoring record contains personal exposure of identifiable staff then these records will be retained in the staff member's Occupational Health record and must be kept for 40 years from the last date of entry. All managers must ensure that monitoring is forwarded to the Occupational Health Service and the Health and Safety Team.

Roles and Responsibilities

Roles and responsibilities including duties of relevant individuals and groups.

The Trust

- Where possible, eliminate substances hazardous to health.
- Where substances cannot be eliminated, identify if a suitable alternative is available (substitute)
- reduce the number of people exposed to the substance and the period of time that people are exposed.
- Isolate the substance and its use where possible.
- Adequately control the substance.
- Ensure the provision of adequate health surveillance where identified as part of the risk assessment process.
- Ensure a suitable and sufficient assessment of the risks of exposure and Protection required including any monitoring and the recording of these findings will be put in writing and shared with relevant staff.

Chief Executive

- Responsible for ensuring the effective implementation of this Policy
- Monitoring the overall effectiveness of this Policy

Director with Responsibility for Health and Safety

- Has been designated as the lead Board member with the responsibility for Health and Safety and as such will ensure that robust management systems exist to reasonably minimise and or adequately control risks to patients, staff and others from substances hazardous to health
- Advising the Board on the review of existing policy arrangements

- Advising the Board on the allocation of resources to implement health and safety procedures
- Referring matters of a critical nature to the Board for resolution
- Ensuring adequate safety arrangements exist within the Trust

Directors

- Must implement this policy and any associated guidance on COSHH and task based COSHH assessments within their areas of responsibility
- Must ensure arrangements are in place for the monitoring of (and compliance with) this policy
- This includes identifying who is responsible for doing what, together with identifying the name, number and location of people delegated to undertake task based COSHH assessments within the Directorate/Corporate Services
- Ensure there are suitable resources available for the implementation of this policy

Line Managers

Line Managers have accountability and responsibility for all COSHH items in their environment ensuring COSHH inventories (Appendix 2) and risk assessments are in place, maintained shared with staff. The Health and Safety Compliance Team must be notified of any new products to be introduced or changes to existing products included in the centralised COSHH inventory.

Managers are responsible for ensuring that PPE, as required, is suitable for its intended purpose, appropriately maintained, cleaned, inspected, stored and replaced as required.

As part of the COSHH risk assessment, will identify risks in areas their services operate within or use to deliver care where patients are admitted, assessed or receive treatment. The risk assessment should take account of multiple environmental, clinical, and operational health and safety factors, including but not limited to:

- equipment and therapeutic environment needs of the room/space
- operation and services undertaken in the room/space
- staff resource and ability to observe a patient in the room/space
- patient population risk especially vulnerable groups such as dementia, mental health, children, etc.
- type of healthcare facility
- Provide information, training and instruction for employees must be provided appropriate to their job role and in a suitable style of delivery and language
- Will communicate information to staff about all COSHH identified products including respiratory sensitising agents used in their area of work and share with them the associated task based COSHH risk assessments
- Must complete COSHH inventories and ensure that these are regularly reviewed and updated.
- They will ensure that, following completion of the task based COSHH risk assessment staff training in relation to COSHH products is adequate and appropriate to the individuals use and contact with the COSHH product. Staff training records relating to COSHH must be retained locally for five years from the date training took place.

- If Line Managers delegate the task of COSHH risk assessments to a COSHH Assessor, each service does not necessarily require a COSHH assessor at each site. For example, in District Nursing there could be one assessor in each hub/service. The assessor would be responsible for ensuring all substances used and operations/procedures in District nursing in that hub/service are assessed and all staff in the hub are trained and aware of the task based COSHH risk assessment. This approach to appointing assessors is to be adopted across a range of services to ensure each site is not unduly duplicating the assessment procedures.
- Managers must ensure that employees who require health surveillance are known to the Occupational Health Service so a baseline assessment can be carried out
- Managers will ensure local Induction developmental training and instruction will be provided for every new member of staff, providing details of local COSHH risk assessments and the safe systems of work in place that they will be required to work to.
- Managers will ensure young people (as identified by legislation) who are required to use COSHH products will be identified on the task based COSHH assessment and will be given training suitable and sufficient to their needs

COSHH Assessor

- attending COSHH risk assessment developmental training and update training every three years to refresh their knowledge.
- Completing or updating an inventory (Appendix 4) of all hazardous substances within their area of responsibility and reviewing and revising as necessary (at least annually, but following any change, whichever is sooner).
- Collating relevant generic task based COSHH risk assessments and COSHH documentation identified on their inventory, from the LPT Staffnet centralised system.
- Reviewing and amending risk assessments to fit their working environments and site specific processes.
- Conducting suitable and sufficient task based COSHH risk assessments not on the LPT Staffnet centralised system with support from the Safety and EPPR Team.
- Issuing a copy of the inventory, any local additional COSHH risk assessments and associated MSDS not included on the LPT Staffnet centralised system, to the Safety and EPPR Team.
- Reviewing COSHH risk assessments at least every two years or whenever there have been any significant changes in product(s) or process or there is a reason to suspect that they are no longer valid.
- Ensuring the COSHH risk assessments are available locally, including the inventory and safe systems of work documentation.
- Escalate any risks that cannot be managed locally and document on to the risk register.
- Assisting in the development of safe systems of working
- Liaising with the Safety and EPPR Team, Infection Prevention and Control Team or Occupational Health Service, and other specialist advisors as required

All Employees

- Will adhere to this COSHH Policy and the control measures identified in individual task based COSHH assessments.

- Will comply with all Health Surveillance requirements as identified as part of the task based COSHH assessment process.
- Will report any ill health effects immediately to their line manager and complete an incident form in line with the Trust's reporting policy.
- Will not use any unauthorised product and/or a product that has not been risk assessed.
- Will not bring products into work or buy via petty cash
- Employees are required to use PPE in accordance with the training they have been given and report any faults/defects or concerns regarding PPE to their manager. For further guidance please refer to the Health and Safety PPE Policy.
- Failure to comply with the identified control measures may result in disciplinary action.
- All staff who use a COSHH substance as part of their work activity who become pregnant or who are nursing mothers should inform their manager of their status so that the task based COSHH assessment can be reviewed for any contraindications of that product for new and expectant mothers and their baby.

Safety and EPRR Team

- Will provide specialist advice and guidance
- Advise on occupational hygiene monitoring services to ensure effectiveness of control measures and compliance with workplace exposure limits
- Will provide specialist advice and guidance where substances have an EH40 classification as indicated on the manufacturer's safety data sheet or are classified as WEL/health hazard H351 (Carcinogen) H334 (respiratory) H315 (skin irritation), specific specialist task based COSHH assessments.
- Provide COSHH training for COSHH assessors
- Provide additional support with locally based task based COSHH risk assessments
- Liaise with other Specialist Advisors e.g. infection control, pharmacists, clinical leads or medical physics to ensure that products are carefully evaluated before being introduced into the workplace.
- Will manage the centralised COSHH system for hazardous substances used across the Trust including:
    - COSHH inventory
    - Material Safety Data Sheets
    - Generic substance COSHH risk assessments
    - Task based COSHH risk assessment
    - Safe systems of work
    - Manufacturer's instructions for hazardous substances used across the Trust.

Infection Prevention and Control Team

- Will provide expert advice on the risk from microbiological agents
- Provide policies and procedures to ensure safe practices are in place to limit the risk and spread of micro-organisms
- Education and training of staff with regard to infection control policies and procedures
- Provide a report to the Health and Safety Committee detailing any incident relating to COSHH

Estates and Facilities Team and Contractors

- Provide expert advice on LEV
- Provide maintenance of equipment
- Provide the Trust with records of testing and any monitoring undertaken
- Ensure any deterioration is reported without delay to the appropriate manager and specialist advisors for action to be taken
- To adhere to Trust policies and procedures relating to COSHH
- When undertaking work within the Trust will be expected to undertake COSHH assessments prior to using products on site that fall within the Regulations
- Contractors must have a documented record of their COSHH assessments and share this information with the Trust Estates and Facilities
- Sharing relevant documentation and records as required by the Trust to ensure staff and patient safety
- Estates and Facilities to undertake and review their COSHH product inventory, material safety data sheets and COSHH risk assessments.
- Provide training and toolbox talks to their staff re: COSHH products, safe systems of work, health surveillance and appropriate use of PPE / RPE

Occupational Health Service (External Provider)

- Under the service level arrangement the service must ensure the following are provided
- Post-employment check for all clinical staff and all Estates and Facilities staff
- Any staff at interview who declare a Health problem may be seen prior to employment if the preferred candidate
- Advise Line Managers and employees of any necessary adjustment of restriction to their work activities
- Provide health surveillance (including follow-up) if required i.e. legal requirements, good practice or as identified following risk assessment
- Provide activity reports on quarterly basis to the Health and Safety Committee and Infection Prevention and Control Group
- Attend Trust meetings as required
- Will assist promote staff wellbeing in relation to any COSHH products used
- The Occupational Health Service will advise on routine surveillance of individual health to be undertaken following consideration of the degree of exposure and the nature of the effects, i.e. exposure to latex etc. This must be recorded on the relevant COSHH risk assessment
- The Occupational Health Service will undertake health surveillance procedures and maintain the records as required by legislation
- Provide an early warning mechanism to any sensitisers

Procurement/Purchasing Procedures

- All purchases of goods including hazardous substances must be procured via the approved purchasing process. No other purchasing mechanism should be adopted. All substances/products must be COSHH assessed prior to use to ensure products/substances chosen have the least potential to cause any ill- health

- Non authorised products will be subject to masking prior to assessment and being made available to order. Requests for purchases of COSHH products will be monitored.

Health Surveillance

- Due to the nature of some substances, health surveillance may be required. The Trust will provide suitable health surveillance.
- Managers must ensure that employees who require health surveillance are known to the Occupational Health Service so a baseline assessment can be carried out.
- Health Surveillance may involve tests such as lung peak flow, skin checks, blood tests, which are carried out at regular intervals to minimise the risk of potential ill health effects.
- The Occupational Health Service will undertake health surveillance procedures and maintain the records as required by legislation (minimum 40 years).
- Individual health surveillance health records will be made available to the individual employee should they wish to access them in accordance legislation and Trust policies.
- The effects of some substances on the body cannot be measured by health surveillance and it is the manager and the employee's responsibility to be aware of this and monitor potential side effects and report them promptly.
- Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.

Review

The Health and Safety Committee will review the policy every three years or sooner where a change to legislation, national policy or guidance occurs.

Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered

Appendix 1 – Definitions

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Asthma: Asthma is a condition in which inflammation of the lining of the small airways of the lung together with spasms of the muscles around the airways, cause these airways to narrow and reduce airflow both into and out of the lungs. This produces wheezing, shortness of breath, chest tightness, and coughing. Most people with asthma have periodic attacks of symptoms separated by symptom-free periods.

Symptoms can be aggravated by cold air and cigarette smoke and are often worse at night or early in the morning.

Biological Agent: Any micro-organism, cell culture, bacteria, virus, fungus, parasite or infectious larvae with the ability to cause infection in humans.

Carcinogenic: A substance which if it is inhaled or ingested or penetrates the skin may induce cancer or increase its incidence.

Contractor: Anyone brought in by an organisation to work at or on the premises who is not an employee of the Trust. It includes any individuals or company who come onto site to fulfil a contractual obligation between the site and a third party.

Corrosive: Substances that may on contact with living tissue destroy them.

Harmful: A substance which if it is inhaled or ingested or penetrates the skin may involve limited health risks.

Hazard: Presented by a substance is its "potential to cause harm".

Hazard Substance: Is any solid, liquid, dust, fume, vapour, gas or micro-organism that could be harmful to health.

Health Surveillance: The examination of the health and wellbeing of a person who is, or is liable to be, exposed to substances hazardous to health and where there is a valid and suitable technique for measuring the adverse effects on health.

Irritant: A non-corrosive substance that, through brief, prolonged or repeated contact with the skin or mucous membrane can cause inflammation.

Local Exhaust Ventilation (LEV): Local Exhaust ventilation (LEV) is an extraction system to remove airborne contaminants (dust, fumes, vapours) before they can be inhaled. LEV needs to be thoroughly tested and examined at least every 14 months by a competent person to ensure it is effective.

Monitoring: In the context of hazardous substances is the use of valid and suitable techniques to derive an estimate of the exposure of staff to substances hazardous to health. Personal and environmental monitoring techniques can be used.

Mutagenic: A substance that if it is inhaled or ingested or it penetrates the skin, may involve a risk of hereditable genetic defects.

Personal Protective Equipment (PPE): Is equipment designed to give a measure of protection to an employee using or handling a hazardous substance. It includes head protection such as hard hats, through to foot protection such as safety boots. It also includes Respiratory Protective Equipment (RPE)

Respiratory Sensitisers: A respiratory sensitiser is a substance which when inhaled it can trigger an irreversible allergic reaction in the respiratory system. Once this sensitisation reaction has taken place, further exposure to the substance, even the tiniest trace, will produce symptoms.
Sensitisation does not usually take place right away. It generally happens after several months or even years of breathing in the sensitiser.

Respiratory sensitisers are subject to the Control of Substances Hazardous to Health Regulations (COSHH) 2002 (as amended).

Respiratory Sensitisation: The process by which an individual develops an allergic response to an antigenic substance to which they are exposed in their environment whether at work or home.

Respiratory Protective Equipment (RPE): Is equipment designed to prevent or minimise the amount of hazardous substance to which the employee might be exposed from entering the lungs. It includes breathing apparatus used for full- scale respiratory protection where there is no breathable atmosphere; through to disposable face masks used to prevent an employee inhaling dust particles.

Risk: The likelihood of harm occurring in the actual circumstances of using identified substances hazardous to health.

Material Safety Data Sheet (MSDS): MSDS are important documents in the safe supply, handling and use of chemicals. They help ensure that those who use chemicals in the workplace use them safely without risk of harm to users or the environment.
The MSDS will contain the information necessary to allow employers to complete a risk assessment as required by the Control of Substances Hazardous to Health Regulations (COSHH)

Substances hazardous to health:

- Substances labelled as toxic, corrosive, irritant, harmful
- Substances with workplace exposure limits (WELs)
- Biological agents (e.g. micro-organisms)

- Dusts of any kind in substantial concentrations
- Carcinogenic substances
- Any other substance that can be harmful to health

Teratogenic: A substance which if it is inhaled or ingested or penetrates the skin, may involve a risk of subsequent non-hereditable birth defects in offspring.

Very Toxic/Toxic: A substance which if inhaled or ingested or penetrates the skin, may involve extremely serious / serious acute or chronic harm or death.

Work Related Asthma: Asthma is work-related when there is an association between symptoms and work, and can be divided into the following categories:

- **Work aggravated asthma**: pre-existing or new onset asthma worsened by workplace exposure
- **Occupational asthma**: asthma caused by substances inhaled at work, which can be typed as:
- **Allergic**: where the immune system becomes sensitised to a substance at work. There is a gap between exposure, becoming sensitised and then developing symptoms.
- **Irritant**: airway dysfunction caused by a reaction to an irritant substance which does not involve the immune system, symptoms develop within a few hours of exposure.

Workplace Exposure Limits (WELs): WELs are concentrations of hazardous substances in the air.

WELs are legal limits of exposure, averaged over a specified timeframe (long term exposure limits which cover exposure over eight hours and short-term exposure limits, which is a limit over 15 minutes).

WELs are British occupational exposure limits, approved and enforced by the Health and Safety Executive (HSE).

You can find the full list in EH40/2005 Workplace Exposure Limits.

Appendix 2: Governance

Version control and summary of changes

Version number	Date	Description of key change
1.0		Harmonised document
2.0	January 2014	Facilities Consortium amended to NHS Horizons throughout Health and Safety Team amended to Health and Safety Compliance Team throughout
3.0	December 2016	Revised to reflect organisational changes
3.1	May 2018	Revised to reflect organisational changes regarding new documentation. CHIP Regulation revoked 01/06/15.
3.2	April 2019	Amendment to section 6.4 Line Managers following receipt of Alert EFA 2019/002
4	March 2021	Definition of Personal Protective Equipment (PPE) amended to include Respiratory Protective Equipment (RPE) Definition of risk reviewed and updated Definition of Material Safety Data Sheets (MSDS) updated Definition of Workplace Exposure Limits (WELs) reviewed and updated *Reviewed Policy* reflecting changes to GB Classification, Labelling and Packaging Regulation)GB CLP) legalisation Requirement to attend COSHH risk assessment refresher training Appendix 2 COSHH Inventory reviewed and updated Inventory to reflect products currently in use
5	November 2022	Policy reviewed to reflect regulation changes Personal Protective Equipment at Work Regulations 1992 as amended by the Personal Protective Equipment at Work (Amendment) Regulations 2022. Policy merge undertaken and now includes the organisational arrangements for the management of respiratory sensitisation including health surveillance.
6	July 2025	Review of policy undertaken including training requirements, Health and Safety Team name change and

Responsibilities

Responsibility	Title
Executive Lead	Managing Director/Deputy CEO
Policy Author	Health and Safety Advisor
Advisors	Members of the Trust Health and Safety Committee as stated in the Terms of Reference
Policy Expert Group	Members of the Trust Policy Expert Group

Governance

Governance Level	Name
Level 1 Assurance Oversight	Quality and Safe Committee
Level 2 Delivery Group for policy approval and compliance monitoring	Health and Safety Committee

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Annual check of team/service COSHH arrangements including COSHH folder, inventory, MSDS and risk assessments. COSHH Assessor training, storage of chemicals and signage as part of Safety Support Visit process	Overview of Safety Support Visit information , trends and themes in Bi-Monthly Staff Safety report to the H&S Committee. COSHH related actions recorded on AMaT and Bi-monthly Directorate Briefing Pack and/or at Directorate H&S Action Groups.

Training Requirements

The Health, Safety and Welfare eLearning course via uLearn includes COSHH awareness training. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory training and is delivered as part of the Trust Induction and Core Mandatory programme refreshed every three years.

In addition, staff identified to undertake work activities where COSHH is applicable will have the task based COSHH risk assessment shared with them including receiving information and instruction. This will include guidance on the COSHH assessment process (see Appendix 1 and 3).

In addition, staff identified as COSHH Assessors to undertake task based COSHH assessments will receive information and undertake suitable and sufficient developmental training to carry out this role together with written guidance by the Safety and EPPR Team

Managers will ensure all staff required to use a COSHH substance as part of their work activity will be given local induction training and instruction for the correct and safe use of the product and all associated personal protective equipment (PPE).

Managers will, (within their areas of control) ensure that all staff who use a COSHH substance which requires health surveillance as part of their work activity, are informed of the need to have regular health surveillance checks and are referred to occupational health service.

Managers must ensure adequate supervision is given to employees where indicated until a satisfactory level is reached. Update training will be provided as identified.
Records of all training given must be kept.

Staff are responsible for ensuring that they attend and receive such training to enable them to undertake their duties in a safe manner.

The governance group responsible for monitoring the training is the Health and Safety Committee.

References

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health Regulations 2002(as amended)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Personal Protective Equipment at Work (Amendment) Regulations 2022
- GB Classification, Labelling and Packaging Regulation, known as GB CLP
- Health and Safety Policy
- Health and Safety Personal Protective Equipment Policy
- Prevention and Management of Occupational Dermatitis (inc Latex) Policy
- Glove Policy
- Risk Management Policy
- Infection Control Policies including Personal Protective Equipment for the use in Healthcare Policy, Management of Latex and Occupational Dermatitis Policy
- Associated Occupational Health Service Policies and Procedures

Further guidance is available from the Health and Safety Executive -
http://www.hse.gov.uk/
https://www.hse.gov.uk/asthma/

HSE Guidance EH40/2005 Workplace Exposure Limits
https://www.hse.gov.uk/pubns/books/eh40.htm

Labelling and Packaging Hazard and Precautionary Phrases
http://www.hse.gov.uk/chemical-classification/labelling-packaging/index.htm

Appendix 3 – Guidance for Completing the task based COSHH Assessment Tool

The task-based COSHH assessment tool is designed to enable you to assess the hazards associated with using substances as part of a task or process, rather than assessing substances as individual stand-alone items.

This improves the assessment by focusing on what the substance is being used for, what other substances may be used in undertaking the same task, and how those substances are used.

This means fewer actual assessments being undertaken as each designated task may use several substances.

There are two parts to COSHH management, the substance inventory, and the assessment.

The LPT COSHH Substance Inventory (Appendix 2)

This acts as a comprehensive reference of all substances used with the workplace, whether hazardous or not. A comprehensive audit should be carried out regularly to ensure all substances in the workplace are accounted for and appropriately managed. This form is an integral part of this management process.

List all products, the name of the manufacturer, and all the tasks in which the product is used.

Next answer Yes/No as to whether or not you hold a Materials Safety Data Sheet *(MSDS)* for this product, if not you must obtain one from the manufacturer.

The safety data sheet tells you whether the substance is classified as hazardous under the GB Classification, Labelling and Packaging Regulation, known as GB CLP. Further details will be required for the assessment.

The Task based COSHH Risk Assessment Template (Appendix 3)

You can generate the *Assessment Title* and *Reference Number* for your own local reference. The form allows you to enter different *locations* where this task is performed.

Activity or Process - This section should include the equipment/tools needed e.g. mop and bucket, brush/roller, description on how to undertake the task, frequency and quantity.

Persons at risk - How *many people are likely to be exposed* make sure you consider anyone who might be in the area such as vulnerable persons, visitors, contractors/estates or other employees.

This assessment needs to also consider if any additional risks to a new or expectant mother or young person.

Hazard Identification – identify the substance classification, label elements and hazard statements.

First aid measures; will be listed on the MSDS in section 4 along with routes of entry.

Firefighting measures – this will be listed in section 5 of the MSDS. Emergency measures – this will be listed in section 6 of the MSDS. Handling and storage – this will be listed in section 7 of the MSDS.

Exposure controls/ personal protection – this will be listed in section 8 of the MSDS.

Examples of hazardous substances or chemicals used in healthcare work situations that can put people's health at risk may involve the following:-

Office environments

- photocopier toner
- cleaning materials including furniture polish, window cleaner, hard surface floor cleaner, toilet cleaner, air freshener

Healthcare environments

- pathology specimens and body fluids e.g. infections via blood and bodily fluids e.g. saliva, vomit, urine and faeces
- cleaning products e.g. disinfectants, solvents etc. (see Occupational Asthma Policy)
- biological agents such as bacteria, viruses, cell cultures
- substances generated by work activities including dust, fumes, chemical reaction products
- drugs that may be harmful to staff, other patients of visitors due to handling or excretion e.g. cytotoxic drugs
- anaesthetic gases
- naturally occurring substances to which staff are accidentally exposed
- latex (especially latex gloves- see Glove Policy)
- wet work Prevention and Management of Occupational Dermatitis (including Latex) Policy~~)~~

Maintenance/workshop areas

- wood dust
- welding fumes
- varnish, paint and solvents
- adhesives
- medium density fibre board (MDF)
- metal cutting fluids
- timber/metal treatments

External work environments

- contaminated water supplies e.g. sewage, bacteria
- animal or bird borne diseases e.g. Weils disease, Ring Worm,
- pollen
- dust
- fuels and liquid petroleum gas
- wood preservatives or other wood finishes
- pesticides
- substances used in road surfacing

Controls Measures

Information, Instruction and Training must be provided to all staff and recorded who undertake this task. This includes informing them of the associated hazards and risks identified in the assessment, as well as how to undertake the task itself safely.

NB: This also applies to bank and agency staff.

Routine monitoring/supervision should be employed where tasks are complex or involve significant risk, or where staff turnover is high.

The Statutory or other test section refers to any mandatory testing listed in the MSDS such as air sampling.

Health surveillance – see Annex 1 for when Health Surveillance may be required and advice from Occupational Health must be sought.

Risk rating after the implementation of control measures

The COSHH regulations stipulate that hazardous substances must be eliminated or substituted wherever possible. If such substances are used then the line manager/COSHH Assessor must decide if it would be possible to undertake this task equally well without it or with another substance/product which is not classified as hazardous.

If the assessment concludes that the risks are anything other than insignificant or controlled then the action plan must be completed to address this.

The Trusts standard 5 x 5 risk matrix must also be completed to address the COSHH risks arising out of the task.

Checkpoint

Once you have completed a task based assessment for each individual task under your control ensure that you haven't missed anything out by double-checking against the Ward/Department/Service Substance Inventory to ensure you have accounted for all substances. Ensure all substances used are accounted for on the inventory and task based risk assessments, safety data sheets and safe systems of work/manufacture's guidance are available in the COSHH folder.

All task based COSHH assessments will be reviewed every two years (minimum requirement), or sooner where there are changes to the task being undertaken or where COSHH substances are being introduced to or removed from the task or if there is reason to suspect that health is being adversely affected or if monitoring results deteriorate.

The COSHH Folder

The COSHH folder must contain three sections

- LPT COSHH Inventory document must list all substances within the area/department.
- Colour printed copies of task based COSHH assessments and associated data sheets

- Data sheets for substances used in each task should be filed with that task's assessment.
- Any relevant safe systems of work/manufacturer's instructions documents used for the product.
- The folder must be easily accessible to staff and contents explained during the site induction process. Training to be refreshed as required.
- COSHH Policy

Task based COSHH assessments must be retained as long as substance is in use. Obsolete Task based COSHH assessments (for substances no longer in use) must be retained locally for five years from the date the substances was removed from use.

Annex 1. Health surveillance requirements

*Health surveillance shall be treated as being appropriate where –

a) the exposure of the employee to a substance hazardous to health is such that-
(i) an identifiable disease or adverse health effect may be related to the exposure,
(ii) there is a reasonable likelihood that the disease or effect may occur under the particular conditions of his work, and
(iii) there are valid techniques for detecting indications of the disease or effect, and the technique of investigation is of low risk to the employee.

*Information direct extract from Regulation 11 Health Surveillance in Control of Substances Hazardous to Health Regulations 2002

Appendix 4 – COSHH Inventory Document July 2025

Generic No	Name of Substance or Product	Summary of Work Activity	COSHH RA	Safety Data Sheet	Safe System (s) of Work	Used in area/department
1	CHLOR CLEAN TABLETS	Disinfection and deep cleaning of bodily fluids (not blood spillages)	✓	✓	✓	
2	Biohazard Wipes – (formally CHLOR CLEAN wipes)	Disinfection and deep cleaning of bodily fluids and blood borne viruses	✓	✓	✓	
3 & 3A	CUTAN Lotion Gentle wash	Frequent washing and hand hygiene	✓	✓		
4	CUTAN moisturising cream	Emollient rich skin moisturising cream	✓	✓		
5	CUTAN Instant Foam hand sanitiser	Hand sanitiser to protect against yeasts, moulds, bacteria and viruses	✓	✓		
6	PURELL hand sanitising gel	Hand sanitiser to protect against yeasts, moulds, bacteria and viruses	✓	✓		
7	VIDENE antiseptic solution	Antiseptic for skin that is infected or likely to become infected or used as an effective hand wash	✓	✓		
8	HYDROMOL bath and shower emollient	Management of dry skin conditions such as dermatitis, eczema, psoriasis, ichthyosis etc.	✓	✓	✓	
9	HYDROMOL ointment	Management of dry skin conditions such as dermatitis, eczema, psoriasis, ichthyosis etc.	✓	✓	✓	
10	TITAN sanitiser detergent disinfectant	General purpose cleaner, disinfectant and sanitiser	✓	✓		
11	HOSPEC concentrated general purpose liquid detergent	Suitable for general cleaning and damp dusting of surfaces and hospital furniture, hand dishwashing and manual cleaning of reusable instruments	✓	✓		

Generic No	Name of Substance or Product	Summary of Work Activity	COSHH RA	Safety Data Sheet	Safe System (s) of Work	Used in area/department
12	DIVERSEY SHIELD concentrated surface disinfectant	General cleaner and disinfectant used on a variety of hard washable surfaces including walls, bathrooms, kitchens and washrooms	✓	✓		
13	Sani Cloth CHG 2% disinfectant wipes	Used for disinfecting surfaces, medical and other general devices including patient shared equipment, hubs and connection ports	✓	✓		
14	VERNAGEL solidifier absorbent powder	Prevents spillages, minimises residual odours and enables safer transportation of liquid clinical waste by soaking up bodily fluids and turning them into a semi solid gel	✓	✓	✓	
15	Aqua Gel	Lubricant for use in gynaecological, digital and instrument examinations as well as patient catheterisation	✓	✓		
16	Instillagel	Lubricant for use in gynaecological, digital and instrument examinations as well as patient catheterisation	✓	✓		
17	Nail Polish Remover Pads	Purpose of nail polish removal as part of therapeutic manicure or when prepping a patient's finger before applying a pulse oximeter	✓	✓		
18	CLINELL detergent wipes	For multi surface general cleaning, damp dusting and cleaning of non- invasive medical devices	✓	✓		
19	CLINELL universal sanitising wipes	Used to disinfect and clean hands, surfaces and non-invasive medical devices	✓	✓		
20	Sterets Skin Cleansing Swabs	Product is used to clean skin area pre-injection.	✓	✓		
21	Lexmark Printer Toner Cartridge	Printer toner cartridge used in Lexmark printers.	✓	✓	✓	
22	Hospec Detergent Sanitizer	All surface disinfectant cleans and disinfects in one step.	✓	✓	✓	
23	Chemodol Massage Oil/Lotion	Massage oil/lotion used in physiotherapy settings.	✓	✓		

Generic No	Name of Substance or Product	Summary of Work Activity	COSHH RA	Safety Data Sheet	Safe System (s) of Work	Used in area/department
24	Persil Professional Biological washing powder & one3five non biological washing powder.	Powdered detergent for laundering clothes	✓	✓		
25	Suma Bac D10 Sanitiser	Concentrated liquid detergent disinfectant that is diluted into spray bottles for use in food preparation and serving areas.	✓	✓	✓	
26	Haz-Tab Granules	Disinfectant granules for blood and blood-stained body fluid spillages	✓	✓	✓	
27	Hospec professional Toilet Cleaner	Professional toilet cleaner to clean toilet bowls and urinals.	✓	✓	✓	
28	Caustic pencil and Caustic Applicator	For medical use in the treatment of warts, verrucae, granulation tissue for cautery and as medical caustic.	✓	✓		
29	Fairy Professional All in One Original Dishwasher Tablets	Professional use dishwasher tablets	✓	✓		
30	Neutral Buffered Formalin	For use with specimens	✓	✓		
31	Tristel trio wipes – Pre-clean, sporicidal & rinse wipes.	3 part decontamination system for non-lumened medical devices with manual traceability.	✓	✓	✓	
32	ThinPrep PreservCyt Solution	A methanol based, buffered preservative solution used to support cells during transport and slide preparation	✓	✓		
33	Medical gases – oxygen	Medical gas for used in clinical areas	✓	✓	✓	
34	Medical gases – Nitrous Oxide	Medical gas used in clinical areas.	✓	✓	✓	
35	WD40 aerosol	Lubricant and corrosion protection.	✓	✓		
36	Lifeosan	Lifosan Pure is a soothing wash lotion suitable for use on sensitive skin.	✓	✓		
37	Unibond Adhesive	Unibond contact liquid – high strength formula	✓	✓		
38	Milton Fluid	Milton Fluid	✓	✓		

Generic No	Name of Substance or Product	Summary of Work Activity	COSHH RA	Safety Data Sheet	Safe System (s) of Work	Used in area/department
39	3M Scotchcast	Enhancing performance casting tape	✓	✓		
40	Medical Air	Medical Air is used on the tourniquet machine to pressurise tourniquet cuffs (	✓	✓		
41	Medical Carbon Dioxide	CO2 is used on the laparoscopy stack to inflate patients abdomens during surgery	✓	✓		
42	Sevoflurane	Liquid anaesthetic agents used in the vaporisers on the anaesthetic machines.	✓	✓		
43	Isoflurane	Liquid anaesthetic agents used in the vaporisers on the anaesthetic machines.	✓	✓		
44	Swab it - Phenol Swabs	Clinic use during Nail Removal Procedures in Podiatry	✓	✓	✓	
45	Virosolve + Disinfectant Wipes	Impregnated disinfectant wipes for cleaning and disinfecting of medical devices and hard surfaces.	✓	✓		
46	Lyreco Wet and Dry Wipes	Impregnated wipes for cleaning IT equipment screens	✓	✓		
47	Comfort Professional Concentrated Blue Skies	Fabric conditioner used for laundering patients' clothes	✓	✓		
48	Appeel Sterile Foam Applicator	Foam Applicator is indicated for use on intact and injured skin, facilitating the quick and easy removal of stoma bags	✓	✓	✓	
49	Chloraprep Solutions	used as an antiseptic cleanser when cleaning a patient's skin before surgery and to prevent or treat infection in wounds including ulcers, burns, cuts, minor surgical procedures such as catheterisation, injections and punctures and other minor injuries	✓	✓		
50	Clinell 2% Chlorhexidine in 70% Alcohol Skin Wipes	Dermatologically-tested, individually-wrapped wipes for the cleaning of skin prior to injections after dressing and plaster removal.	✓	✓		
51	Clinell Spill Wipes	Pack contains - Single absorbent pad with plastic back and two Clinell Universal Wipes for disinfection and deep cleaning of bodily fluids and blood borne viruses	✓	✓	✓	

Generic No	Name of Substance or Product	Summary of Work Activity	COSHH RA	Safety Data Sheet	Safe System (s) of Work	Used in area/department
52	Controlled Drug Destruction Kit	Used by community nursing teams for denaturing of prescription drugs.	✓	✓		
53	Vital Fresh Original Washing Up liquid	Suitable for general cleaning and damp dusting of surfaces and hospital furniture, hand dishwashing and manual cleaning of reusable instruments	✓	✓		
54	Delta Lite	Product is used for casting patients in Podiatry with ulceration to offload wounds and promote gold standard healing.	✓	✓	✓	
55	Dymacare Antibacterial Shampoo Cap	Antibacterial Shampoo Cap for use in CHS community inpatient settings	✓	✓		
56	Q Connect wipes	For PC & Laptop screen cleaning wipes	✓	✓		
57	Cavilon No Sting Barrier Film with Foam Applicator	No Sting Barrier Film is a polymeric solution which forms a uniform film when applied to the skin.	✓	✓		
58	StoCare REMOVE Wipes	Gently removes medical adhesive from appliances and dressings, such as ostomy pouches, without damaging the skin. In addition, effective for removing built-up medical adhesive residue	✓	✓		
59	Clinell 2% Chlorhexidine Medica Device Wipes	Dermatologically-tested, individually-wrapped wipes for the cleaning of medical devices	✓	✓		
60	Chloraprep Solutions	This product is used by nursing staff for the purpose of disinfecting the skin prior to needle insertion or whilst dressing changed for Central Lines.	✓	✓		

If you need to add further products to the COSHH inventory document, please can you inform the health and Safety Team - lpt.healthandsafety@nhs.net

Appendix 5 – COSHH Risk Assessment

	COSHH RISK ASSESSMENT **This assessment must be kept with the materials safety data sheet**	**Date of Assessment:** **Assessor Name:** **Signature:**

Division / Department:		**Location / Team:**	

Identification of the substance / preparation and of the company undertaking

Product identifier			
Product name			
Safety data sheet ref no		**Date of issue**	

Activity or process

Describe the activity or process			
Where is the activity carried out			
How often is it used		**Quantity of substance used**	

Persons at risk - Identify groups of people at risk of exposure and numbers affected* (*Identify maximum numbers of people in each group)

Persons at risk (please tick ✓)	**Employees**	**Trainees**	**Bank / Agency**	**Patient**	**Contractor**	**Public**

Is there a risk for certain groups of individuals? (please tick ✓) **e.g. pregnant mothers, young, elderly, staff with asthma etc.**	**Yes**		**No**	
If 'yes' state who				

Hazard Identification

Classification of the substance or mixture

Physical hazards (please tick ✓)	**Liquid**	**Dust**	**Solid**	**Fumes**	**Mist**	**Vapour**	**Gas**	**BBV**	**Latex**	**Other (state)**

Routes of exposure (please tick ✓)	**Inhalation**		**Ingestion**		**Skin contact**		**Eye contact**	

If 'other' state	
Health hazards	
Environmental hazards	
Human health	

Label elements (please tick ✓)

Acute Toxicity	**Irritant**	**Carcinogenic / Respiratory sensitisation**	**Environmental**	**Corrosive**	**Explosive**	**Flammable**	**Oxidising**	**Pressurised Gases**
								

If 'other' state	

Signal word (please tick ✓)	**Warning**		**Danger**		
Hazard statements					

First aid measures

Description of first aid measures

Firefighting measures

Extinguishing media (please tick ✓)

				

Special hazards from the substance or mixture	see safety data sheet
Advice for firefighters	see safety data sheet

Emergency arrangements e.g. accidental release, spillages etc.

Handling and storage

Exposure controls / personal protection

Occupational exposure limits

Long term (8hr TWA)		**Short term (15 minutes)**	

TWA = time weighted average WEL = workplace exposure limits

Control parameters (please tick ✓)

				
				If other please state
			Other	

Is health surveillance or monitoring required? (please tick ✓)	**Yes**		**No**	

If 'yes' state below how this is done? (contact Occupational Health for advice on health surveillance)

How is the surveillance carried out?	**By whom**	**Frequency**

Disposal considerations

Waste treatment methods (please tick✓)

Hazardous waste		**Clinical waste**		**Return to supplier**		**Other (state)**	

Other information

See product label for any other information				
Can this product be substituted with a less hazardous alternative? (please tick ✓)	**Yes**		**No**	
If 'yes' further information should be sought from the supplier/s on alternative products				

Control measures

Give details of any additional control measures e.g. well ventilated area, local exhaust ventilation system, extraction, competently trained staff, authorised persons only, supervision, safe systems of work, transport etc.

Actions required

Is exposure suitably controlled? (please tick ✓)	**Yes**		**No**	
If 'no' state below what further actions are required?				

Details	**Person Responsible**	**Completion Date**

Risk rating after the implementation of control measures

	Risk Matrix				
Severity	**Likelihood**				
	1 Rare	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Certain**
5 Catastrophic	Score: 5	Score: 10	Score: 15	Score: 20	Score: 25
4 Major	Score: 4	Score: 8	Score: 12	Score: 16	Score: 20
3 Moderate	Score: 3	Score: 6	Score: 9	Score: 12	Score: 15
2 Minor	Score: 2	Score: 4	Score: 6	Score: 8	Score: 10
1 Negligible	Score: 1	Score: 2	Score: 3	Score: 4	Score: 5
Risk scoring	likelihood x severity = risk scoring			**Total Score**	

Line Manager

Is the assessment a correct and reasonable reflection of the hazards (please tick ✓)	**Yes**		**No**	

All staff must be informed of the assessment findings and control measures they must adhere to

Line Manager Name:		**Line Manager Signature:**	
Date of Review:			

LEGAL DISCLAIMER

USE OF THIS PRODUCT FOR APPLICATIONS OTHER THAN THOSE STATED MAY GIVE RISE TO HAZARDS NOT MENTIONED IN THIS ASSESSMENT. SUBSTANCES HAZARDOUS TO HEALTH MUST NOT BE USED IF SUITABLE CONTROL MEASURES ARE NOT IN PLACE