

Control of Substances Hazardous to Health 2002 [COSHH] Procedure

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NHS Shetland Document Development Coversheet*

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Please record details of any changes made to the document in the table below

Date	Record of changes made to document
July 2018	A full review and revision of the procedure to bring it in line with the requirements for the H&S Control Books. Also the addition of generic COSHH assessments to help Control Book managers with specific, common COSHH issues.
January 2022	A full review of the procedure to ensure it remains up to date and current. 7. Add roles and responsibilities including the Chief Executive’s responsibilities. Remove references to Health & Safety Manager with Health & Safety Lead. Remove references to Health & Safety Committee with Health, Safety & Wellbeing Committee.
August 2024	A full review of the procedure to ensure it remains up to date and current. Section 8 amended to remove all Generic COSHH Assessment Appendices and add a general statement regarding Generic COSHH Assessments.
May 2026	Amend to reflect links to the new Once for Scotland - COSHH Policy. Add information regarding management of Hazardous Medicinal Products (HMP) and Appendix A flow chart.

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1. Executive Summary

This procedure is written to support and provide local context for the Once for Scotland – COSHH Policy [Control of Substances Hazardous to Health \(COSHH\) Policy Overview | NHS Scotland](#). Many materials or substances used or created at work could be harmful to health, for example: dusts, gases or fumes that can be breathed in, liquids, gels or powders that come into contact with eyes or skin, harmful micro-organisms that can cause infection, an allergic reaction or are toxic. Harmful substances can be present in anything from paints and cleaners to dusts and solder fumes, blood or healthcare waste.

2. Health and Safety Control Books

Delivery of Health and Safety legislation is managed through the departmental Health and Safety Control Books. The Health and Safety Control Books have been designed as a practical tool to assist line managers to evidence their departmental Health and Safety arrangements by providing a framework to develop departmental safety management systems including risk and COSHH assessment production and recording.

3. Introduction to Legislative Framework

Ill health caused by ‘hazardous substances’ used at work is preventable. Many substances can harm health but used properly, they almost never do. *Control of Substances Hazardous to Health (COSHH) Regulations, 2002* (as amended) require the employer to control substances with potential to harm the health of employees, other workers, volunteers, patients, visitors and anyone else using the Board’s premises and or/services.

For the purposes of this document, the Board defines:

- i. **Employee** - Any member of staff who holds a contract directly with the Board.
- ii. **Worker** - Any person carrying out work on behalf of or for the Board who does not hold a contract of employment directly with the Board. This includes self-employed staff and those staff supplied and paid by contractors and agencies.
- iii. **Volunteer** - Any person undertaking designated tasks on behalf of the Board and who is unpaid.

3.1. Substances Hazardous under COSHH Regulations-Chemical Agents with potential risk to health

There are a number of warning signs that must be posted on the packaging of substances considered ‘hazardous’ – however, substances that pose a risk to health require assessment under COSHH.

Substances displaying the following ‘Health hazard’ signage will require assessment under COSHH:

Health Hazard Signage							
	Health Hazard		Corrosive		Serious Health Hazard		Acute Toxicity

- **Any substance which has been assigned a Workplace Exposure Limit (WEL)** Specific WEL information will be contained within safety data sheets and HSE Publication *EH40/2005*. Please note- Safety data sheets now feature a 'Derived No Effect Level' (DNEL) for substances. The DNEL is a benchmark figure not an exposure limit as is provided to identify the correct risk management measures to manage exposure
- **Dusts of any kind** when present at a substantial concentration in air
- **Biological Agents** which may cause infection, allergy, toxicity or otherwise create a risk to humans where exposure is directly connected to work or incidental to work activity
- **Carcinogens, mutagens & teratogens** (substances which have chronic or delayed health effects) e.g: cytotoxic and cytostatic drugs, certain steroids
- **Asthmagens**, A substance considered to cause occupational asthma because of exposures in the workplace. NB - a substance that 'triggers' an asthma attack in a pre-existing asthmatic is not considered an 'asthmagen' under COSHH
- **Any other substance which creates a risk to health** including gases and vapours which, act as simple asphyxiants e.g.: argon and helium, which, while not dangerous in themselves, can endanger life by reducing the amount of oxygen available to breathe

3.2. COSHH regulations do not apply to

Hazardous/dangerous substances that may be present but do not fall under COSHH as they have their own Regulations. These include, Asbestos, Lead, Radiation, substances which can produce effects on health as a result of their 'explosive' or 'flammable' properties, non-hazardous substances at high pressure or extreme temperatures.

3.3. Exposure Routes

There are generally 4 ways of being exposed to substances that are hazardous to health:

- **Inhalation** of dusts, vapours, gases or fumes, can be prevented by adequate ventilation; extraction and respiratory protective equipment.
- **Ingestion** - usually linked to eating, drinking or smoking without appropriate hand hygiene and not removing contaminated clothing or washing properly.
- **Injection** - usually occurs by accident when handling sharps/ needles.
- **Absorption**- usually through the skin or contact with eyes or mucous membranes. Skin absorption can be prevented using appropriate gloves, barrier clothing and footwear. Eyes can be protected by wearing suitable protection: eye goggles; face visor, etc.

4. COSHH Assessment Guide

<p>Step 1</p>	<p>Identify the ‘<u>Work Activity</u>’ or ‘<u>Task</u>’ that uses or creates a hazardous substance</p>	<p>The completed ‘<i>Hazardous Substances Inventory</i>’ will indicate what substances / work activities & processes require COSHH assessment.</p> <p>Include any hazardous ‘by-products’ such as dusts; vapors; clinical wastes.</p>
<p>Step 2</p>	<p>Decide who may be harmed and how</p>	<p>Identify who may be exposed to hazardous substances; where ‘exposure’ may occur and the type of exposure that is foreseeable, i.e. via inhalation; ingestion; absorption or injection.</p> <p>Think of how often staff work with the substance and for how long; could anyone else be exposed? e.g. patients, visitors, contractors, members of the public? Could anyone be accidentally exposed if the current ‘control measures’ fail?</p>
<p>Step 3</p>	<p>Evaluate the risk and what precautions are needed</p>	<p>Consider how you can prevent exposure to hazardous substances - do you really need to use a particular substance or is a safer alternative available? Can you change the work activity / process to remove the need to use it?</p> <p>If you can’t ‘eliminate’ the hazardous substance, you must put in place adequate control measures to reduce exposure, e.g.:</p> <p>Can you substitute the substance for something less hazardous?</p> <ul style="list-style-type: none"> ▪ Can you enclose the work activity/process to minimise the escape / release of the hazardous substance? ▪ Can you use closed transfer / handling systems to reduce substance handling?

		<ul style="list-style-type: none"> ▪ Can you extract emissions near the source or use mechanical ventilation? ▪ Can you restrict access to essential people who need to be there? ▪ Personal Protective Equipment (PPE) may be used but only when it is not technically possible to eliminate, substitute or use engineering controls
Step 4	Ensure Control measures are used and maintained	<p>Where the use of 'control measures' are identified as the means of controlling exposure, all reasonable steps must be taken to ensure they are used properly.</p> <p>Engineering controls and respiratory protective equipment (other than the disposable type) must be examined and tested at suitably identified intervals. A record of all such examinations, tests and any repairs must be kept for inspection for a period of at least 5 years.</p> <p>Do 'control measures' adequately control exposure to the substance(s)? If not, what further control measures are required to eliminate or adequately control exposure?</p>
Step 5	Monitor Exposure and Arrange Health Surveillance	<p>If COSHH assessment indicates that a WEL (Workplace Exposure Limit) may be exceeded or that adverse health effects may still occur as a result of exposure to a substance, then relevant environmental monitoring and/or health surveillance programmes must be established.</p>

<p>Step 6</p>	<p>Prepare plans to deal with Accidents, Incidents & Emergencies</p>	<p>Procedures must be in place to protect staff from an accident, incident or emergency related to the hazardous substances, where necessary, e.g. spillage and clean-up procedures, provision of appropriate first-aid facilities; relevant safety drills (where indicated); information on emergency arrangements and warning /communication systems to internal departments and external agencies.</p>
<p>Step 7</p>	<p>Provide Information, Training & Instruction & Supervision</p>	<p>Employees must understand the risk of harm from using/ exposure to hazardous substances and the importance of the control measures.</p> <p>Control measures will not be fully effective if they do not know their purpose, how to use them properly, or the importance of reporting faults. Suitable and sufficient information, instruction and training (including refresher training) must be provided and should be appropriate to the level of risk identified by the assessment and provided in a manner and form in which it will be understood by employees.</p>

5. NHS Shetland Management of specific types of ‘Hazardous Substances’

Medicines & Pharmaceutical Products, Biological agents, Blood Borne Viruses and Clinical sharps injuries and Water Borne Bacteria

Although these fall under the regulatory requirements of the Control of Substances Hazardous to Health Regulations 2002 (COSHH) there are more specific policies, procedures and guidelines in place to control risks associated with use/ exposure.

COSHH assessment will usually only be indicated where a significant residual risk of exposure/ ill health is identified.

5.1. Medicines & Pharmaceutical products

Most medicines/pharmaceutical products are supplied in pre-packaged and sealed containers/vials/blister packs etc., as such no issues are identified with the preparation and handling of these medicines. Preparation, Storage, Administration, Spillage and Disposal procedures/ guidelines are detailed within:

- [NMC 'The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates'](#)

Staff allergies to antibiotics: Staff should avoid antibiotic preparation/handling wherever possible and where unavoidable take extra precautions stipulated by Pharmacy procedures and follow Occupational Health advice.

5.2. Hazardous Medicinal Products (HMP)

At present in the UK, there isn't an accepted definition of these products, but in the EU for example, an HMP is defined as something which is reprotoxic, carcinogenic or mutagenic.

HMPs include cytotoxic and cytostatic drugs used in cancer treatment, immunosuppressants for autoimmune conditions like rheumatoid arthritis, lupus and HIV, and organ transplantation medicines. Some hormonal therapies for the treatment of breast or prostate cancer, certain antivirals and antibiotics are also HMPs.

Many cytotoxic drugs are known to be:

- **Carcinogenic:** a substance that may cause mutations that can develop into tumours within other healthy cells.
- **Mutagenic:** a substance that alters the DNA in living beings, increasing the likelihood of a mutation.
- **Genotoxic:** a substance that can damage DNA, leading to growth of a malignant tumour.

Repeated long-term occupational exposure to cytotoxic drugs may result in ill-health to staff who handle these drugs.

The toxicity of cytotoxic drugs means that occupational exposure can occur if control measures are inadequate which could result in exposure during drug preparation or administration, handling and disposing of waste or cleaning spills.

NHS Shetland is compliant with SACT CEL 30. Local Procedures developed via NoSCAN (North of Scotland Advisory Network), "Standard Operating Procedure for Safe Handling and Disposal of Spillage" & Clinical Policy for Safe Handling, Disposal and Management and spillage of Systemic Anti-cancer Therapy (SACT)".

HSE publication 'Handling *cytotoxic drugs in isolators in NHS pharmacies*' is available from <http://www.hse.gov.uk/pubns/ms37.htm>

The flow chart at Appendix A provides an overview for the management of HMPs within NHS Shetland.

5.3. Biological agents, Blood Borne Viruses & Clinical sharps injuries

National and Organisational procedures and guidelines are documented within

- [National Infection Control and Prevention Manual](#)

5.4. Water Borne Bacteria

Procedures and guidelines are documented within

- NHS Shetland Water Safety Policy

Where little used water outlet(s) has been identified, that are not currently on the water management plan, and it is the responsibility of departmental managers / Control Book Holders to:

- i) inform the Estates Department
- ii) Maintain evidence of this communication using the 'Little Used Water Outlet' record sheet.

The Water Safety Policy, managed by the Estates Department will produce the management check sheets for weekly, monthly, six monthly or annual checks. It is the responsibility of the department managers or Control Book Holders to ensure the checks take place.

6. COSHH Assessments

COSHH assessments must be available within the department / work area for as long as the substance is in use.

Obsolete COSHH assessments (for substances no longer in use) should be archived for five years from the date the substances were removed from use.

Where contractor work activity is identified as generating hazardous substances, ensure that contractors have provided copies of all relevant COSHH assessments and agreed safe working procedures prior to the start of contractor work activity.

6.1. COSHH Assessment Review

Significant risk (Medium/ High assessments should be reviewed at least annually

Low risk assessments should be reviewed at least every 2 years.

COSHH assessments must be reviewed immediately if there is reason to believe that it is no longer valid, for example:

- after an incident
- if there is a significant change in the use of hazardous substances or the process that generates them, e.g. change in the work activity or work environment; change in material or source of supply; modification to equipment or engineering controls; change in process or method of work; change in volume or rate of use
- a new substance is introduced or replaced
- the process in which the substance is used changes
- the assessment is reviewed annually
- there is a change in legislation.

7. Roles and Responsibilities

The Board is ultimately responsible for managing risk and discharges this duty through the governance framework. Further detail on how this works in practice is available in the latest Risk Management Strategy.

Specific responsibilities of officers and staff are as described below:

Chief Executive Responsibilities:

- Taking overall responsibility for ensuring compliance with Health and Safety legislation
- Ensuring that these procedures are reviewed at least every 3 years or sooner considering any significant changes in working practices and/or changes in statutory legislation and/or if an incident occurs that requires improvement and/or fire risk assessments identify significant risks that are not already addressed
- Ensuring that adequate resources are made available to implement the procedures

Line Manager Responsibilities:

- Ensuring a safe working environment and that safe systems of work are in place
- Ensuring all staff receive relevant information, instruction and training
- Ensuring that all Staff Bank, Students and other 'contractors/ temporary workers' receive relevant information, instruction and training
- Identifying hazards, unsafe acts and unsafe conditions
- Ensuring relevant risk assessments are carried out, e.g. Manual Handling, Violence & Aggression, Display Screen Equipment, COSHH etc, seeking competent advice where required
- Implementing appropriate risk 'control measures' to manage residual risk of harm to an acceptable level or, escalating issues to senior management for progression where introduction of control measures exceeds the line manager's authority
- Reporting all accidents incidents and near misses occurring in the department and investigating to determine the cause and put in place any corrective action required
- Ensuring all work equipment is fit for purpose, safe, subject to regular visual inspections and planned and preventative maintenance with inspection/ servicing records maintained
- Ensuring all chemicals and other hazardous substances are controlled and used, in accordance with risk assessments and/or local rules
- Ensuring that written work instructions, warning notices and signs are provided where necessary and subject to regular review
- Ensuring protective equipment is available and used where necessary and that staff are made aware of how to obtain replacements
- Including health and safety topics on the agenda of departmental meetings at least quarterly

In keeping with the Control of Substances Hazardous to Health [COSHH] Regulations 2002 (as amended) and other relevant legislation, line managers will:

- Ensure that a department 'Hazardous Substances Inventory' has been completed with details of all hazardous substances used or generated during work activities and processes under their control
- Where applicable, ensure current safety data sheets are available
- Arrange for the COSHH assessment of substances identified as hazardous to health
- Ensure that staff who use/ are exposed to hazardous substances are provided with suitable information, instruction and training to know the risks to their health created by such exposure and the precautions to be taken by complying with control measures documented within the COSHH assessment, this should include environmental monitoring results
- Schedule a regular review of COSHH assessment content
- Record all adverse incidents associated with exposure to hazardous substances on NHS Shetland's Adverse Event Reporting System i.e. Datix

Certain working practices and use of certain substances, e.g. latex, formaldehyde, cytotoxic drugs and chemicals carry a strict requirement to conduct health surveillance, as such line managers must:

- Respond to all Occupational Health information requests to identify employees who require health surveillance and liaise with Occupational Health to arrange indicated health surveillance
 - Notify Occupational Health of any identified health concerns associated with use of hazardous substances and undertake a local investigation of hazardous substance exposure.

Employee Responsibilities:

- Follow the training received when using any work items or equipment provided by NHS Shetland.
- Take reasonable care of your own and other people's health and safety.
- Co-operate with your employer (NHS Shetland) on health and safety.
- Tell someone (your employer, supervisor, or health and safety representative) if you think the work or inadequate precautions are putting anyone's health and safety at serious risk.

All members of staff should report incidents / near misses, and report using NHS Shetland's adverse event reporting system.

8. Generic COSHH Assessments

A set of Generic COSHH Assessments are available within the Health & Safety Control Books. These assessments cover a range of commonly used hazardous substances within both clinical and non-clinical settings and are designed to provide a starting point for line managers to further evaluate how a substance is used within their area of responsibility. Generic COSHH Assessments are required to be personalised to the relevant Department or Team, and is not

considered to be completed until it has been signed and dated by the COSHH assessor and Line Manager for the area, at which point it is no longer a Generic Assessment as it is specific to that particular area and can be retained within the appropriate H&S Control Book.

HAZARDOUS MEDICATION PRODUCTS (HMP) – MANAGEMENT FLOW CHART

