Hart First Response

Control of Substances Hazardous To Health (COSHH) Policy

Registered Charity 1092333

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1. Statement

1.1. Hart First Response (HFR) is committed to prevent workplace ill health or injury resulting from the exposure to hazardous substances.

2. Introduction and Scope

2.1. It is the policy of Hart First Response to comply with the COSHH regulations 2002.

2.2. The objective of the regulations is to prevent workplace ill health or injury resulting from the exposure to hazardous substances.

2.3. Hart First Response will not carry out any activity which exposes any volunteer to hazardous substances unless a suitable and sufficient risk assessment has been carried out and the necessary steps taken to control/manage the health and safety risk(s).

2.4. Volunteers have a duty to ensure they comply with any measures in place to protect their health and to use Personal Protective Equipment (PPE) when appropriate.

2.5. The COSHH regulations follow basic occupational hygiene principles that introduce a framework by requiring a suitable and sufficient assessment of the risks to health arising from work activities involving hazardous substances and their prevention or control. Where prevention is not reasonably practicable it is necessary to adequately control exposure of personnel to substances hazardous to their health.

3. Definitions

3.1. A “substance hazardous to health” includes any preparation (mixture of substances) that has the potential to cause harm if it is inhaled, ingested or comes into contact with or is absorbed through the skin.

3.2. Hazardous substances fall into one or more of the following categories:

- Classified as very toxic, toxic, harmful, corrosive, sensitising or irritant
- Has an HSE-approved Workplace Exposure Limit (WEL)
- Biological agents including where the work activity is incidental or includes a deliberate intention to work with biological hazards
- Dust in substantial concentration
- Any other substance not included above but which presents comparable hazards to health

3.3. In the healthcare sector hazardous substances can be divided into four groups:

- Substances used in healthcare laboratories
- Proprietary products used in work activities such as painting and cleaning
- Dust and fumes that arise during work activities
- Natural substances such as blood, body fluids and bacteria

3.4. Volunteers may come into contact with hazardous substances during:
- Carrying out maintenance tasks
- Cleaning operations
- Dealing with body fluids
- Administering treatments and medicines/drugs

3.5. Hazardous substances can be found in the following forms:
- Solids/dust particles
- Liquids
- Gas/fumes

3.6. Chemicals can affect volunteers through:
- Ear and nose irritation; bone; blood and marrow; bladder; liver; lungs; skin irritation

3.7. Infection can be from bacteria and other biological agents for example
- Blood; body fluids; body tissue; airborne particulate matter

3.8. Hazardous substances/agents can enter the body in several different ways, for example through:
- Absorption
- Ingestion
- Inhalation
- Injection
- Instillation

3.9. Toxic effects of handling or being exposed to hazardous substances can be:
- Acute
- Chronic

3.10. COSHH applies to virtually all substances hazardous to health except:
- Lead
- Asbestos
- Substances that are hazardous only because they are radioactive, at high pressure, at extreme temperatures, have explosive or flammable properties
- Biological agents outside the charity's control e.g. common flu virus

4. Related policies, procedures and Acts

- HFR Risk Management and Incident Reporting Policy
- HFR Waste Management Policy
- HFR Personal Training Record – includes Administration of Medicines Competences
- The Control of Substances Hazardous to Health Regulations (COSHH 2002)
- HFR Health and Safety Policy

5. Responsibilities

5.1. The **Executive Committee** is responsible for ensuring the collection of relevant and up-to-date information on the potential hazards and risks of all substances used by Hart First Response including:

5.1.1. Ensure that all risks to health associated with the use of hazardous substances have been adequately assessed, recorded and adequately controlled. Assessment should include the following:
- Identify the hazardous substances

- Keep a copy of the manufacturer's safety data sheet or product safety information
- Define who and how persons can be affected
- Ascertain the frequency and length of exposure
- Give details of emergency actions to be taken

5.1.2. Ensure that due consideration is given to prevention of exposure and where this is not reasonable practicable, adequate controls are provided with suitable Personal Protective Equipment (PPE) being issued only as a last resort. Exposure should be controlled by the following:

- Substitution for a less hazardous substance
- A safer form of the product e.g. a pellet instead of a powder
- Reduce the amount used
- Enclose the hazardous substance
- Put in place a safe system of work
- Provide ventilation
- Reduce the numbers exposed to the hazardous substance
- Provide PPE
- Provide appropriate welfare facilities and encourage good standards of hygiene
- Where required, undertake healthcare surveillance

Ensure that information assessments and relevant training, supervision and information are available to those volunteers with a need for that information. Training should include:

- Use and storage of PPE
- Results of any risk assessment
- Results of exposure monitoring (if appropriate)
- Relevant emergency procedures.

5.1.3. Ensure that all new substances introduced are assessed as required and adequate controls implemented before use. Control methods can include:

- Ensure that employees are trained in the use of hazardous substances
- Maintain equipment at regular intervals and in accordance with statutory provisions
- Keep records of equipment and maintenance

5.1.4. Periodically review hazardous substances with a view to elimination or substitution for those hazards/hazardous substances where practicable.

5.1.5. PPE provided by HFR is listed in the Health and Safety Policy.

5.2. The **Chair** of HFR will have overall and final responsibility together with the day-to-day responsibility for health and safety.

5.3. The **Vice Chair** of HFR is responsible for:

- Maintaining the COSHH inventory.
- Undertaking periodic reviews.
- Ensuring that all HFR personnel are aware of any substances in use which are hazardous to health and have adequate training in prevention of exposure.
- Recording any incidents involving exposure to substances hazardous to health.

5.4. **All volunteers** have a responsibility to read and understand this policy and will:

- Make proper use of any control measures provided to reduce risk.
- Make proper use of PPE provided.
- Report any defects in control measures to the Honorary Secretary verbally (who will log the incident), or by using an incident report form
- Report any incidences resulting in exposure to substances hazardous to health to the Hon Sec verbally (who will log the incident), or by using an incident report form

6. Risk assessment

6.1. Formal written risk assessments will be assessed by the HFR Executive Committee using HFR's Risk Register.

6.2. The results of training needs reviews are used to inform HFR's Training Programme.

7. Substances considered hazardous to health

7.1. As of March 2013, there are no substances currently in use by HFR that are considered hazardous to health. All relevant information on substances in use by HFR is contained in the data sheets filed with this policy.

7.2. Relevant COSHH data sheets are kept in the vehicle folders on the ambulances.

8. Staff training and support

- Qualified HFR volunteers will receive relevant training.
- HFR volunteers will be made aware of this updated policy by members of the HFR Executive Committee as appropriate.
- All HFR volunteers are assigned mentors (members of the HFR Executive Committee) to whom they are encouraged to approach as a first point of contact in the event of a concern.

9. Policy consultation

- This policy has been circulated to the HFR Executive Committee for consultation.
- The policy will be approved by the HFR Executive Committee with future reviews and updates tabled for approval at Executive Committee meetings.

10. Dissemination

Once the policy has been approved a summary of relevant changes (and a link) will be disseminated via email to the HFR volunteers and a pdf copy of the policy placed by a member of the Executive Committee on the members' section of the website (www.hartfirstresponse.org.uk).

11. Monitoring of Compliance and Effectiveness

- Monitoring of the policy will be the responsibility of the HFR Executive Committee. This will be through incidents reported on the HFR database, and annual audits. Actions and lessons learned from incident investigations will be monitored through the HFR Executive Committee.

Where any omissions or deficits have been noted results and action plans will be monitored through the HFR Executive Committee.

- Lessons learned will be disseminated to the HFR volunteers through email briefings or via weekly training sessions.

12. Implementation

- The HFR Executive Committee is responsible for communicating this information to HFR volunteers and ensuring that the procedures are followed.
- All HFR policies are available on the Hart First Response website (www.hartfirstresponse.org.uk).

13. Archive statement

The Honorary Secretary is responsible for archiving all previous versions and supporting evidence of approval for this policy.

14. References

- The Control of Substances Hazardous to Health Regulations (COSHH 2002)
- HFR Health and Safety Policy
- IOSH Managing Safely for Healthcare Professionals Course

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Appendix 1 Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or belief	Sexual orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.

Based on the information set out above the HFR Executive Committee has decided that a full equality impact assessment is not necessary.