



Western Health  
and Social Care Trust

**CONTROL OF SUBSTANCES  
HAZARDOUS TO HEALTH  
(COSHH)**

**POLICY**

**November 2019**

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## Control of Substances Hazardous to Health Policy

### 1.0 Policy Statement

The Control of Substances Hazardous to Health Regulations (NI) 2003, <http://www.legislation.gov.uk/nisr/2003/34/contents/made>, amended 2005, referred to as COSHH (NI), requires all employers to make an assessment of the risks to health which arise from the exposure to hazardous substances in the workplace. As part of this assessment employers must establish what measures are necessary to prevent or adequately control exposure to substances hazardous to health and what further precautions and emergency procedures need to be taken to protect the health of employees. The Western Health and Social Care Trust recognises that as an employer, it must safeguard all employees, as well as anyone not in its employment who may be affected by its activities.

### 2.0 Introduction and Legal Requirements

#### 2.1 **What is a Substance Hazardous to Health under the COSHH Regulations (NI) 2003?**

Hazardous substances can be substances used directly in work activities (e.g. adhesives, paints, cleaning agents, healthcare related products that have hazardous labelling, medical gases etc); substances generated during work activities (e.g. fumes from diathermy process, dust from grinding / woodwork) and naturally occurring substances (e.g. grain dust)

The definition of Substances Hazardous to Health is provided within HSE COSHH(NI):A brief guide to the Regulations [http://www.hseni.gov.uk/coshh\\_booklet.pdf](http://www.hseni.gov.uk/coshh_booklet.pdf).

Under COSHH (NI) the following is the range of substances regarded as hazardous to health:-

- Substances or mixtures classified as dangerous to health under The European Regulation (EC) No 1272/2008 on Classification, Labelling and Packaging of substances and mixtures (CLP Regulation) 2015. <http://www.hse.gov.uk/chemical-classification/legal/clp-regulation.htm>. These can be identified by **their warning labels**. Under the European wide REACH (Registration, Evaluation, Authorisation and restriction of Chemicals) <https://www.hse.gov.uk/reach/about.htm> which became law in the UK in June 2007, chemical suppliers **must** also provide a **safety data sheet** which includes important information on the chemical or substance.

**The presence of a warning label will indicate COSHH (NI) is relevant and therefore a COSHH risk assessment must be undertaken.** For example there is a warning label on Actichlor

Plus (disinfectant widely used in healthcare) and so COSHH(NI) applies to its use in the workplace.

The International symbols in place are shown below. Information on these is available on the Chemical classification website <http://www.hse.gov.uk/chemical-classification/labelling-packaging/hazard-symbols-hazard-pictograms.htm>

International Warning Symbols (and their meaning)

 Dangerous to the environment	 Toxic	 Gas under pressure
 Corrosive	 Explosive	 Flammable
 Caution – used for less serious health hazards like skin irritation	 Oxidising	 Longer term health hazards such as carcinogenicity

- Substances for which Health and Safety Commission /Executive has assigned a Workplace Exposure Limits (WEL). See HSE (GB) publication *EH40/2005 Workplace exposure limits*. (3<sup>rd</sup> Edition Published 2018) <http://www.hse.gov.uk/pubns/priced/eh40.pdf>
- Biological agents (bacteria and other micro-organisms), if they are directly connected with the work, e.g. healthcare - laboratory work, research, pharmaceutical, or Incidental exposure when an employee's work activity brings them into contact with material which contains infectious agents, e.g. blood, body fluids, contaminated water, waste material, or bedding/laundry etc. See web links for information. <http://www.hse.gov.uk/pubns/priced/l5.pdf> (Page 11)

- Any dust at a substantial concentration in air.
- Any substance not included in the above, but because of its chemical or toxicological properties and the way in which it is used or is present in the workplace, creates a risk to health.

## 2.2 What is *not* a substance hazardous to health under COSHH (NI)?

COSHH (NI) applies to virtually all substances hazardous to health except:

- Exposures to lead and asbestos which are covered by the Control of Lead at Work Regulations 2002 and the Control of Asbestos at Work Regulations 2012, respectively.  
<http://www.hse.gov.uk/pubns/books/l132.htm>  
<http://www.legislation.gov.uk/ukxi/2012/632/contents/made>
- Substances that are hazardous solely by virtue of radioactive, explosive or flammable properties or solely because they are high or low in temperature or at high pressure.
- Where the substance is a risk to the health of a person to whom the substance is administered in the course of medical treatment by a registered medical practitioner, registered dentist or appropriate practitioner under Section 58 of the Medicines Act 1968. See web-link :  
<http://www.legislation.gov.uk/ukpga/1968/67/contents>

- 2.3 For carcinogens (substances which may cause cancer) or mutagens (substances which may cause heritable genetic damage) special requirements apply. These are in regulation 7(5) of COSHH (NI)(NI) see web-link  
<http://www.legislation.gov.uk/nisr/2003/34/regulation/7/made> and also explained in Schedule 1 'Other substances and processes to which the definition of "carcinogen" relates' within the COSHH (NI) ACoP  
<http://www.hse.gov.uk/pubns/priced/l5.pdf>

## 3.0 Roles and Responsibilities

- 3.1 The ultimate responsibility for ensuring compliance with the Control of Substances Hazardous to Health Regulations (Northern Ireland), 2003 rests with the **Chief Executive**.

#### 4.0 **Delegated Responsibility**

- 4.1 **Medical Director** is the nominated officer on Trust Board with responsibility for ensuring compliance with the policy. However, as with all Health and Safety issues, this responsibility cascades down through the line management structure to Department/Directorate managers.
- 4.2 **Head of Clinical Quality and Safety**, supported by the Corporate Risk Manager, will be responsible for ensuring implementation of the policy.
- 4.3 **Corporate Risk Manager** and appropriate staff within the Risk Management Department, will provide advice and guidance to Departmental Managers or other nominated staff on COSHH(NI) Risk Assessments.
- 4.4 **Departmental Managers have the following responsibilities; however, they may delegate this responsibility to COSHH Risk Assessor(s), although the responsibility remains with the Departmental Manager.** COSHH Risk Assessor(s) should be nominated by the Departmental Manager and should be a competent member(s) of staff who has undertaken COSHH (NI) training and is then provided with sufficient time to carry out the COSHH (NI) risk assessments.

##### Responsibilities:-

- Implementing this policy and monitoring its effectiveness within their area of responsibility.
- Ensure all relevant staff are identified and trained in COSHH(NI).
- Undertake COSHH (NI) Risk Assessments and reviews.
- Ensure staff and others who may be affected by hazardous substances, have access to or are provided with information relating to the outcome of COSHH (NI) risk assessments and these are explained to new staff as part of induction training.
- Responsible for review and updating COSHH (NI) risk assessments of substances hazardous to health within their areas, and of informing the Head of Department of the outcome of COSHH (NI) risk assessments if significant hazards are identified. It may also be necessary to inform the Risk Management Department where appropriate.
- Report incidents relating to substances hazardous to health in accordance with the Trust's Incident Reporting Policy.  
<http://staffwest.westhealth.ni.nhs.uk/directorates/medical/trustdocs/Incident%20Reporting%20Policy%20and%20Procedures.pdf>

- Follow a pro-active approach to recognising staff allergic reactions relating to substances hazardous to health and ensuring their direct referral to the Occupational Health Department as appropriate.
- In accordance with HSE guidance refer appropriate staff to Occupational Health Department for a health check, if a health problem is suspected in relation to substances hazardous to health see point 8.0 Health Surveillance.
- Accountable for their equipment used as a control measure for hazards associated with COSHH products. Refer to the Management of Medical Devices Policy <http://staffwest.westhealth.ni.nhs.uk/directorates/primary/trustdocs/Management%20of%20Medical%20Devices%20Policy.pdf>
- Arrange for **regular maintenance and testing of any Local Exhaust Ventilation (LEV)** systems by liaising with Estates Services. E.g. smoke evacuator systems; portable extraction systems (fracture clinics). Information on LEV is available within HSE Guidance on Local Exhaust Ventilation HSG 258 Web-links - <http://www.hse.gov.uk/pubns/priced/hsg258.pdf>
- Managers must ensure that the documentation and service records of all equipment designed to reduce exposure is completed, retained and available for inspection, when necessary.
- Check the marking on Personal Protective Equipment (PPE) equipment, to reduce employee exposure, is of the British Standards Institute (BSI) or equivalent and the equipment is not used until staff have received training and instruction in its use.
- Ensure that no new hazardous substances are used in any ward/department/facilities before a COSHH (NI) risk assessment has been carried out. Where Managers wish to introduce new medicinal type products and HSDU/Endoscopy decontamination fluids, requests should be made on the Pharmacy Department's request form see Appendix 3.
- All employees, where applicable, receive appropriate health screening and surveillance, (see 8.0 Health Surveillance) and current information, instruction, training and supervision are provided to staff on the health effects of equipment, chemicals and biological agents within the workplace.
- Ensure their Wards/Departments, where necessary, have in place appropriate 'Spill Kits' that relate to the type of 'spillage' that could occur e.g. blood, chemicals or residue from a work activity such as oil.
- Ensure that any significant risks relating to COSHH (NI) are recorded on the relevant Risk Register in accordance with the Trust's Risk Management Policy Appendix 3.

4.5 **All employees** have an individual responsibility to comply with and make proper use of any COSHH control measures implemented and report any defects to their Line Manager / Head of Department. They should report any health concerns immediately to their line manager

and attend any health checks / surveillance arranged with Occupational Health.

- 4.6 **Occupational Health Service** will inform the Corporate Risk Manager of matters of significance arising from staff referrals, provide information where appropriate and keep records relating to health surveillance.
- 4.7 **Facilities Management Sub Directorate** will ensure that contracts are managed and include the need for Contractors to meet the legislative requirements of COSHH(NI). **Estate Services** will be required to liaise with managers who identify Local Exhaust Ventilation systems to them, to ensure that they are aware of the exact location in their areas of responsibility and implement the necessary arrangements/ procedures relating to maintenance activities.
- 4.8 **Infection Prevention and Control Team** will provide expert advice on the risk from microbiological agents where necessary.

## 5.0 **COSHH (NI) Risk Assessment**

- 5.1 A COSHH (NI) risk assessment **must be** carried out for all hazardous substances used, or generated by the work activity of Trust employees.

Thorough research should be given prior to any new products being introduced to the work place, in conjunction with PALs, to ensure careful consideration is given to the purchase of the safest product available for use and that any other associated equipment is also of the lowest risk available. (see 11.0)

The Pharmacy Department can provide assistance to staff on COSHH (NI) risk assessments relating to pharmaceuticals that are provided from the Pharmacy Department.

The COSHH (NI) risk assessment should be completed on the Trust's **COSHH (NI) risk assessment form (Appendix 2)**, which is also available as a word document on the Trust Intranet at [http://staffwest.westhealth.ni.nhs.uk/directorates/medical/\\_layouts/15/WopiFrame.aspx?sourcedoc={2502C87D-8EAF-4A17-9950-6C2871D72776}&file=COSHH%20\(NI\)%20RISK%20ASSESSMENT%20FORM.docx&action=default&DefaultItemOpen=1](http://staffwest.westhealth.ni.nhs.uk/directorates/medical/_layouts/15/WopiFrame.aspx?sourcedoc={2502C87D-8EAF-4A17-9950-6C2871D72776}&file=COSHH%20(NI)%20RISK%20ASSESSMENT%20FORM.docx&action=default&DefaultItemOpen=1)  
Support on the completion of a COSHH(NI) risk assessment can be obtained within the HSE Brief Guide to COSHH (NI) at the following link <http://www.hse.gov.uk/pubns/indg136.pdf>.  
You will also find support within the 'Guidance Notes on Completing a COSHH (NI) Risk Assessment' (see Appendix 2 pg23)

- 5.2 You must **identify the Hazardous Substances** present in the workplace. Refer to paragraph 2.1 of this policy.

Identifiable hazardous substances under the CLP Regulations 2015 used at work will have a relevant **Material Safety Data Sheet (MSDS)**. You must use the information within the MSDS to support and ensure your COSHH (NI) risk assessment is accurate and complete. Material Safety Data Sheets can be obtained from the manufacture or the supplier on request or via the internet. PaLs may also be able to provide these. Check that MSDS are up to date. See sample of Web-link MSDS for Actichlor.

<https://www.nhsggc.org.uk/media/236215/msds-actichlor-plus.pdf>

A **Material Safety Data Sheet is not a substitute** for a suitable and sufficient COSHH (NI) risk assessment.

- 5.3 Once you have identified a harmful substance under COSHH (NI), you need to **decide who might be harmed and how workers may be exposed**.

Routes of exposure are as follows:-

- Inhalation - Breathing in gases, fumes, mist or dust
- Absorption - Contact with the skin
- Ingestion – Swallowing or as a result of lack of hand hygiene
- Contact with Eyes – splashes
- Inoculation – Skin puncture e.g. sharps / needlestick injury

### **New and Expectant Mothers**

When you undertake a COSHH risk assessment you must take into account any hazards and risks to females of childbearing age, especially where there are potential reproductive hazards. New and expectant mothers must also be considered where risks include those to the unborn child or the child of a woman who is still breastfeeding and not just risks to the mother herself.

See HSE web link on New and Expectant Mothers at Work.

[https://www.gla.ac.uk/media/media\\_142357\\_en.pdf](https://www.gla.ac.uk/media/media_142357_en.pdf)

- 5.4 **Prevention or Control of Exposure to Substance Hazardous to Health.**

Decide on the action you need to take to eliminate/remove or reduce exposure to acceptable levels.

Action may include:-

- **Elimination** /removal - changing the process or activity so that the hazardous substance is not needed or generated.
- **Replace** with a safer alternative - Use it in a safer form, e.g. solid instead of powder to avoid dust; Irritant cleaning product for something milder.

**The Hierarchy of Control measures under COSHH (NI) state ‘Elimination’ or ‘Substitution’ of the substance are the primary controls** but where this is not reasonably practicable, other adequate controls of exposure need to be considered. These measures should be appropriate to the activity and consistent with the risk assessment, and may include, in order of priority, one or more of the following:

- **Change the process** - to emit less of the substance.
- **Isolation or enclosure** – separate workers from the hazard and/or enclose the process.
- **Extract or ventilate** – use local exhaust ventilation (LEV) or general ventilation near the source (e.g. use of smoke evacuator systems during diathermy process)
- **Have as few workers in harm’s way** as possible.
- **Safe systems of work** - reduce the amounts used and the amount of products stored in your place of work
- **Training / Information** – For example, provide warning signs where appropriate. Hygiene procedures where employees need training to ensure they follow the correct procedures.
- **Written procedures/instructions/supervision** – Local procedures should be developed where necessary.
- **Personal Protective Equipment (PPE)** e.g. gloves, safety glasses – PPE should be the last resort.

Other controls include Welfare (including first aid); medical records and health surveillance.

- 5.5 If improvements in control measures are necessary, state what follow-up action has been taken and when the improvements should be implemented (in some cases interim measures may be needed).
- 5.6 If problems cannot be overcome locally refer matters formally to senior management e.g Service Managers or Assistant Directors and attach relevant correspondence to the risk assessment.

All activities involving the hazardous substance must be addressed by the risk assessment, and this may include the delivery, storage, handling, transport, transfer, mixing, application and safe disposal of those substances.

#### 5.7 **Reviewing COSHH (NI) Risk Assessments**

A COSHH (NI) Risk assessment should be a “living” document which must be reviewed at not less than two yearly intervals or more frequently as dictated by the level of risk to staff.

It should definitely be reviewed when:

- A safer substitute is identified and is available.
- There is reason to suspect the assessment is no longer valid

- e.g. where circumstances change.
- There has been a significant change in the work.
- Following any incidents or accidents.
- The result of monitoring employees' exposure level shows it to be necessary.

The assessment should state when the next review is planned and Managers should ensure they have a system in place to do this.

The result of COSHH risk assessments **must be communicated to all appropriate staff** and records of COSHH (NI) risk assessments must be maintained and accessible to staff within each Department / Facility in a specific **COSHH file**.

## **6.0 The Use, Maintenance, Examination and Test of Control Measures**

- 6.1 When personal protective equipment (PPE) has been assessed as necessary, it must be provided and suitable for purpose. A record of issue should be signed by recipient and kept within the COSHH (NI) file. An initial check should be carried out on any PPE you purchase to ensure they are 'CE' marked and comply with the requirements of the Personal Protective Equipment Regulations 2002. The CE marking signifies that the PPE satisfies certain basic safety requirements and in some cases will have been tested and certified by an independent body.

The Personal Protective Equipment at Work Regulations 1992 (as amended) state that PPE should be used as a last resort. Whenever there are risks to health and safety that cannot be adequately controlled in other ways, the regulations require PPE to be supplied.

The Regulations also require that PPE is:

- properly assessed before use to make sure it is fit for purpose
- maintained and stored properly
- provided with instructions on how to use it safely
- used correctly by employees

Managers should refer to the Health and Safety Executive (HSE) brief guide to PPE at work for further information.

<http://www.hse.gov.uk/pubns/indg174.pdf> or  
<http://www.hse.gov.uk/toolbox/ppe.htm>

- 6.2 Employees should make regular thorough examinations of the personal protective equipment provided to them for signs of wear and tear and an expiry date, where applicable. (Gloves are discussed in more detail in the Trusts Latex Policy). This should also be recorded on the risk assessment. See web-link for Latex Policy.

<http://staffwest.westhealth.ni.nhs.uk/directorates/medical/trustdocs/Latex%20Policy%20-%20November%202018.pdf>

- 6.3 Where control measures such as Local Exhaust Ventilation (LEV) are introduced they must be maintained in efficient working order and **tested once every 14 months**. Records of all such maintenance, examination and testing should be kept for 10 years and 8 months under the Consumer Protection Act 1987.  
<http://www.legislation.gov.uk/ukpga/1987/43>
- 6.4 All maintenance and testing should be carried out by a competent person. This will be arranged by the Estates Department.

## 7.0 Monitoring Exposure at the Workplace

- 7.1 Monitoring normally means air sampling but it may also involve taking biological samples, e.g. breath or urine. Monitoring reference is within EH40/2005 'Workplace exposure limits' (WELs) which is published by the HSE. Web-link for EH40 document.  
<http://www.hse.gov.uk/pubns/priced/eh40.pdf>.  
 If the Material Safety Data Sheet lists a substance with a WEL, Departmental managers or appointed COSHH assessor(s) should ensure that the WEL is **not** exceeded. This may be carried out with specialist support such as through the services of an Occupational Hygienist (external), Estate Services, and/or Occupational Health.

The concentration of certain air borne hazardous substances must be managed where your COSHH (NI) risk assessment concludes that:

- workplace exposure limits (WELs) might be exceeded or
- there could be serious risks to health if present control measures might not be working properly, have failed or deteriorated.

Examples of **immediate** indicators where exposure is very likely to constitute a risk to health and require investigation and remedial action could be:-

- evidence of fine dust deposits on people or surfaces
- fumes or particles visible in the air (e.g. in light beams)
- defective or badly maintained control measures (e.g. local exhaust extraction system/hoods; leaking enclosures)
- excessive buildup of an unexplained odour.

Routine monitoring of exposure is required where it is necessary for maintaining adequate controls. Records of monitoring must be kept for at least **40 years**. Monitoring must be done at local level, and where necessary, with the support of Occupational Health, Estates, Pharmacy (for Medical Gases), Infection Control or other competent people depending on specialist knowledge requirement.

## 8.0 Health Surveillance

- 8.1 Routine surveillance of individuals' health must be undertaken when it is warranted by the degree of exposure and the nature of the effects. On request by managers, the Occupational Health Department will arrange to undertake the health surveillance and will advise managers of the outcome of such health assessments. See HSE web-link for guidance on health surveillance.  
<http://www.hse.gov.uk/health-surveillance/index.htm>
- 8.2 Occupational exposure monitoring should also be conducted where control measures have failed and members of staff have been exposed to a hazardous substance with the potential for harm and the Material Safety Data Sheet advises this is appropriate.
- 8.3 In the event of unexpected exposure occurring, the Trusts **Incident Reporting Form must be completed** in accordance with the Trust's Incident Reporting Policy, <http://staffwest.westhealth.nhs.uk/directorates/medical/trustdocs/Incident%20Reporting%20Policy%20and%20Procedures.pdf>

and if appropriate, reported to the HSENI by Risk Management under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997.

<https://www.hseni.gov.uk/articles/accident-reporting>

## **9.0 Information, Instructions and Training for Employees**

- 9.1 Information and training should be provided to all staff who are in contact with hazardous substances to ensure they have a full understanding of the nature of the substances they work with, the risks created by the exposure to these substances, and the precautions they should take in accordance with the control measures contained within the COSHH (NI) risk assessment.
- 9.2 Departmental Managers/COSHH (NI) assessors are responsible for ensuring that information, instruction and training is provided when a new member of staff is employed, when a new substance is being used or there has been a change in work practice.

Where Managers wish to introduce new medicinal type products and HSDU/Endoscopy decontamination fluids, **this should be requested from the Pharmacy Department, using the Request Form for New Products to be Supplied through Pharmacy, (which may have COSHH Implications)**. See Appendix 3 for Pharmacy Request Form.

- 9.3 COSHH (NI) training and advice will be provided by the Risk Management Department and Support Services Trainers where applicable to the post. Advice may also be sought from the Pharmacy Department on Pharmaceutical products, Infection Control, and other competent person(s) depending on product.

## 10.0 Arrangements for Dealing with Incidents, Emergencies and Spillage Procedures

There must be pre-planning and procedures put in place to deal with any COSHH incidents which should reflect the level of risk, including availability of PPE for dealing with a COSHH incident and arrangements for calling Emergency Services.

Following an incident in which the health of individual (s) has been damaged, or put at risk of damage, due to exposure to a substance hazardous to health, the following steps should be taken:-

- 10.1 Remove the affected persons from contact with the hazardous substance and ensure that they are examined and treated as appropriate. (refer to the MSDS / COSHH Risk Assessment)
- 10.2 If other persons have had similar exposure to the injured persons (but are without symptoms), then remove them from the area until adequate control measures can be provided.
- 10.3 If an activity or process has caused the incident, then it should be shut down until corrective measures have been implemented.
- 10.4 Where there is a serious risk of fire, explosion, major chemical / biological agents release then emergency procedure / protocols should be followed. See Trust Major Incident Plan 2017.  
<http://staffwest.westhealth.ni.nhs.uk/directorates/performance/trustdocs/Western%20Trust's%20Major%20Incident%20Plan.pdf>  
 and Trust Fire Policy 2018  
[http://staffwest.westhealth.ni.nhs.uk/directorates/performance/trustdocs/Fire%20Safety%20Policy%20\(March%202018\).pdf](http://staffwest.westhealth.ni.nhs.uk/directorates/performance/trustdocs/Fire%20Safety%20Policy%20(March%202018).pdf)
- 10.5 If an unintended spill or escape of hazardous substances is involved, then the area affected must be evacuated. Staff must ensure;
  - the nature of the substance is known before taking further action.
  - **no personnel should enter that area** except as part of a properly planned (and risk assessed) clean-up exercise,
  - adequate protection provided to the personnel involved,
  - appropriate briefing or training having also been provided to them.
- 10.6 If a clean-up operation is involved, then ensure that substances recovered are disposed of appropriately so as to avoid harm to others (or to the environment). Refer to the Material Safety Data Sheet (MSDS) / COSHH risk assessment.
- 10.7 Carry out an investigation into the circumstances giving rise to

the incident.

- 10.8 Ensuring all COSHH(NI) incidents including near misses are reported in accordance with the Incident Reporting Policy and notify the Head of Department and the Risk Management Department.
- 10.9 If any of the following circumstances have occurred, this must be clearly stated on the incident report and the Risk Management Department verbally advised of same as soon as possible, as these types of incidents are reportable under RIDDOR to the Health and Safety Executive for Northern Ireland (HSENI).
- a. chemical or hot metal burn to eye
  - b. unconsciousness caused by asphyxia or exposure to harmful substance or biological agent
  - c. acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substances by inhalation, ingestion or through the skin
  - d. acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material
  - e. any injury causing death or admittance to hospital for treatment for more than 24 hours
  - f. the accidental release of a biological agent likely to cause severe human illness (a hazard group 3 or 4 pathogen)
  - g. the accidental release or escape of any substance which may cause a major injury or damage to health
  - h. a number of specified conditions and infections reliably attributable to work with biological agents or exposure to blood or body fluids, or any potentially infective material, eg. occupational asthma, hepatitis and legionnaires' disease

Note: The Risk Management Department will report relevant incidents to the HSENI under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997

- 10.10 Assess the type of damage and the extent of injury to health that individuals have suffered and involve Occupational Health as appropriate. If damage to health is permanent or long lasting, e.g. sensitisation, then it may restrict the type of work the staff member can perform in the future. Ensure that affected individuals are not placed in circumstances that would exacerbate their condition.
- 10.11 Minimise the risk of any future incidents. Ensure that the existing COSHH risk assessment is reviewed, or if a COSHH risk assessment had not been carried out, one must be carried out immediately and all appropriate action as dictated by the outcome of the COSHH (NI) risk assessment is implemented.

- 10.12 If the incident was due to human error, then action such as Re-training or other appropriate action should be considered.
- 10.13 There may also be circumstances where disciplinary action may need to be considered and advice should be obtained from the Human Resources Department as necessary.
- 10.14 Steps on how to control spillages is attached at Appendix 1, which should be displayed in a prominent position where substances hazardous to health are in use.

For any major spillages please refer to the Trust Emergency Planning Policy for guidance and advice on action necessary.

## **11.0 Procurement of Hazardous Substances**

\*Procurement - The purchase of hazardous substances through stock, non-stock routes and formal tendering processes (both internal and regional).

- 11.1 When a Contract Adjudication Group (CAG) is involved in the procurement of a hazardous substance, the Trust Representative(s) should take into consideration the following points to help identify any significant hazardous properties, and then use this detail, in conjunction with the Western Trust PaLs 'Tender Strategy Document' to make an informed decision to ensure risk reduction is applied as far as reasonably practicable.
- a. Identify if the product contains:
- Substances of very high concern as defined by Registration, Evaluation and Authorisation of Chemicals (REACH) Regulations 2007. (e.g. Substances meeting the criteria for classification as carcinogenic, mutagenic or toxic for reproduction (CMR) Category 1A or 1B"); (Consider if a product Tender can specify that it does not contain substances of very high concern)
  - Category 2 CMR substances
  - Substances which are respiratory or skin sensitizers.
- b. Consider the health effects from **the use** of the hazardous substance. This can be identified by evaluating the Hazards Statements outlined in the product Safety Data Sheet. NB Not all Pharmaceuticals will have an associated safety data sheet. Consider product Information leaflets (PILs) and Summary of Product Characteristics (SPC s).

- c. Consider any potentially associated 'Health Surveillance' requirements for all staff using the product following procurement.

## **12.0 Managers' Responsibilities relating to Occupational Health**

- 11.1 Managers are responsible for identifying the risks associated with working with substances hazardous to health relating to each post as part of the recruitment process. Such information must be provided to Occupational Health before pre-employment health screening is carried out.
- 11.2 Managers are responsible for identifying those *existing* employees whose work activities relating to substances hazardous to health may give rise to adverse health effects, and for advising Occupational Health of those individuals.
- 11.3 Managers are responsible for ensuring that staff can attend Occupational Health for health surveillance during their normal work schedule.
- 11.4 Managers are responsible for acting upon the advice of Occupational Health to reduce the risks to staff health.

## **12.0 Assurance Standard**

- 12.1 Compliance with this policy is required under the regionally agreed annual Health and Safety Assurance Self-assessment. This standard is periodically subject to Audit.

## **13.0 Review of COSHH Policy**

- 13.1 This Policy will be formally reviewed every three years or more often if legislation dictates or on the advice of the Health and Safety Executive for Northern Ireland.

## **14.0 References and Related Policies**

- COSHH (NI) A brief guide to the regulations. What you need to know about the Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003 (COSHH (NI)(NI) HSENI)
- Consumer Protection Act 1987.
- Health and Safety at Work Order (NI) 1978.
- Management of Health and Safety at Work Regulations (NI) 1999.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997
- WHSCT Latex policy 2018
- HSE Guidance on Local Exhaust Ventilation HSG 258
- WHSCT Incident Reporting Policy 2014

**15.0 Equality & Human Rights Statement**

EQUALITY AND HUMAN RIGHTS STATEMENT: The Western Health and Social Care Trust's equality and human rights statutory obligations have been considered during the development of this policy.

Signed: \_\_\_\_\_(Chairman)

Date: \_\_\_\_\_

**Appendix 1**

PLEASE LAMINATE AND DISPLAY IN PROMINENT POSITION

**STEPS OF SPILL CONTROL PROCEDURE**

1. IN THE EVENT OF A SPILL or LEAK **identify the spilled substance** and **assess the extent** of the spill – **Inform staff and evacuate the area, where appropriate.**
2. Check for any casualties, ensuring your own safety and that of others at all times.
3. Restrict access, where applicable, by putting a **STRICTLY NO ENTRY sign** on the entrance(s).
4. **Ensure the correct personal protective equipment is worn (gloves, eye protection, apron etc).**
5. If appropriate, **deploy spill kit to the spillage** and contain the spill in accordance with the COSHH (NI) risk assessment and spill kit instructions. Managers must ensure they have in stock the 'appropriate spill kits' that relate to the type of 'spillage' that could occur within their Wards /Departments ie blood, chemicals or residue from their work activity e.g. waste oil/diesel, and that these are within expiry date, where relevant.
6. Disposal of contents should be according to the **related COSHH (NI) risk assessment / Material Safety Data Sheet (MSDS)**, ensuring contents are double bagged, tagged and labelled and ensure weight and content are recorded, if applicable. See Trust Waste Manual & IPC Standard Precautions Policy for further guidance.
7. If the spill occurs out of hours then ensure safe storage overnight. (This must be **communicated to staff** in the morning so that arrangements can be made by ward staff to have the spillage contents removed to the appropriate area).
8. Inform Departmental/Directorate Manager and complete Incident Report.
9. The Ward/Department should then arrange for collection. (Collection may not take place immediately so it is important to ensure safe storage e.g. a locked area, away from disturbance)
10. If applicable, arrange for environmental monitoring of atmospheric levels by contacting Estates Services (if necessary) or Engineer on-call via Switchboard (out of normal working hours). Further information may be obtained by contacting the Risk Management Department, Trust Headquarters, MDEC, Altnagelvin Hospital.

## COSHH (NI) RISK ASSESSMENT FORM

*For information on the completion of the COSHH (NI) assessment form, please refer to the Guidance Notes for Completion within this Trust's COSHH (NI) Policy. The Material Safety Data Sheet for products will support the completion of this form. This form is available on Trust Intranet.*

Hospital/Facility	Department / Ward	Telephone/Ext. No.

<b>Date COSHH Risk Assessment Undertaken:</b>	
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1. SUBSTANCE DETAILS			
Substance (Name/Description)	Physical Form (e.g. solid, liquid, dust, vapour)	Hazard classification (e.g. toxic, irritant )and state any Risk Phrases (e.g harmful if swallowed)	Workplace Exposure Limit (if applicable)

2. POTENTIAL HEALTH EFFECTS (Toxicological Information)

3. STABILITY AND REACTIVITY (Give details, if applicable, of any other substances/products/conditions that this product should avoid/ <b>NOT</b> come into contact with.)

4. LOCATION(S) OF USE

5. DESCRIPTION OF USE / ACTIVITY (e.g. treatment, cleaning, decontamination etc)

6. DETAILS OF USE / ACTIVITY			
Quantity used during an activity	Duration and Frequency of exposure	Number of persons exposed	Route of exposure e.g. inhalation, absorption-skin

**NOTE: Have you checked if a less hazardous substance can be used to do the same job? (seek advice from supplier/PAL's)**

7. CONTROL MEASURES	STATE PERSONAL PROTECTIVE EQUIPMENT (PPE) NECESSARY

**8. DETAILS OF ANY OCCUPATIONAL EXPOSURE MONITORING UNDERTAKEN (if applicable)**

**9. DETAILS OF ANY HEALTH SURVEILLANCE UNDERTAKEN (if applicable)**

**10. FIRST AID MEASURES**

**11. FIRE FIGHTING MEASURES**

**12. ACCIDENTAL RELEASE MEASURES (SPILLAGES) include your location of spill kit, (if applicable)**

**13. HANDLING, STORAGE AND TRANSPORTATION**

**14. DISPOSAL ARRANGEMENTS**

<b>15. INFORMATION, INSTRUCTION AND TRAINING PROVIDED</b> (you may wish to have this in more detail on a training spread sheet with staff names, date and provider of training)

<b>16. ADDITIONAL RECOMMENDATIONS / ACTION REQUIRED</b>
<b>PLEASE COMPLETE IF THE COSHH RISK ASSESSMENT IDENTIFIES THAT HAZARDS ASSOCIATED WITH SUBSTANCE <u>IS NOT ADEQUATELY CONTROLLED AT PRESENT</u></b>

Recommended Remedial Action (attach any relevant documents )	Date to be completed	Person co-ordinating implementation of remedial action	Date completed.

*Eg. Training requirements, provision of information/guidance to staff, development of safe systems of work, introduce LEV, relocate the work activity, improve general ventilation, enclose process, reduce the number of employees exposed, provision of Personal Protective Equipment, etc.*

NAME OF COSHH (NI)ASSESSOR (S)	SIGNATURE	DATE
NAME OF DEPARTMENT MANAGER	SIGNATURE	DATE

<b>REVIEW OF COSHH (NI)ASSESSMENT</b>		
<b>Next review due</b>	<b>Reviewed by</b>	<b>Date of review</b>
<b>Next review due</b>	<b>Reviewed by</b>	<b>Date of review</b>
<b>Next review due</b>	<b>Reviewed by</b>	<b>Date of review</b>
<b>Next review due</b>	<b>Reviewed by</b>	<b>Date of review</b>

**(NOTE: When reviewing your COSHH (NI) Risk Assessment and you identify significant changes, a new Risk Assessment will be necessary)**

For further assistance please contact your nominated Health & Safety Officer or the Trust's Health & Safety Officer on 028 71345171 extension 214120.

## Guidance Notes for Completion of COSHH (NI) Risk Assessment

### LEGISLATION:

The Control of Substances Hazardous to Health Regulations (NI) 2003 amended 2005, are a detailed set of regulations designed to reduce and control the risk of exposure to hazardous substances. To comply with these regulations the Western Health and Social Care Trust must identify the hazards and risk within wards/departments and control these risks so far as is reasonably practicable. This guidance covers the requirement outlined in the COSHH (NI) regulations to carry out a risk assessment.

### **Definitions:**

It is important that assessors understand the difference between the terms “hazard” and “risk” and the phrase “control measure”. While there are many definitions, for the purposes of this guidance the following will apply:

A **Hazard** is anything with the potential to cause harm or loss.

A **Risk** is the probability of that harm or loss occurring.

A **Control Measure** is an applied measure that eliminates/reduces the level of risk. (see page 11)

As a Departmental Manager or an appointed COSHH (NI) Risk Assessor for your department you will be required to carry out COSHH (NI) risk assessments and to make recommendations for action and adequate controls of hazardous substances. It is, however, the responsibility of the Departmental Manager to ensure that the assessment has been completed, is suitable and sufficient, and that identified controls are implemented.

A COSHH (NI) risk assessment should be completed for each Hazardous Substance, and another separate assessment is necessary if, the hazardous substance is then used in conjunction with other hazardous substances during an activity. eg Dental or Laboratory activity.

All COSHH (NI) Risk Assessments should be documented on the Trust COSHH (NI) Risk Assessment Form. These guidance notes will hopefully assist you in the completion of an adequate assessment. Further advice, if required, on the assessment procedure is available from the Trust Health and Safety Officer.

Material Safety Data Sheets (MSDS) – are required to carry out a full COSHH (NI) risk assessment and should be supplied under CHIP Regulations with all products. If a copy is required please contact the following:-

- PALs, at Campsie Industrial Estate. Contact No. 028 71811428
- Internet Search Engine (e.g. Google)
- Contact Supplier directly
- For Pharmaceutical items – relevant Pharmacy Departments

See HSE (GB) publication EH40/2005 Workplace exposure limits.  
[http://www.hse.gov.uk/eh40\\_2005.pdf](http://www.hse.gov.uk/eh40_2005.pdf) for Guidance on Workplace Exposure Limits (WEL)

The following section provides explanation of the Western Trust COSHH (NI) Risk Assessment Form.

### **Question 1: SUBSTANCE DETAILS**

This information is listed on the Material Safety Data Sheet.

- a. Name or provide a description of the substance to be used in the activity.

(**REMEMBER:** - Another separate COSHH (NI) risk assessment should be completed if, the hazardous substance is used in conjunction with other hazardous substances during an activity.)

- b. Indicate the physical form that the substance may be in. (Solid, Liquid, gas, vapour, powder, dust, micro-organisms.)
- c. Indicate the Hazard Classification if applicable (e.g. very toxic, toxic, harmful, corrosive, irritant.) also indicate if substance is a Sensitiser, Carcinogen or "Biological Agent". Also Indicate any risk phrases that are associated with the substance. E.g. harmful if swallowed / Irritating to eyes and skin
- d. List any Workplace Exposure Limits (WEL) (if applicable) See Web site <http://www.hse.gov.uk/pubns/priced/eh40.pdf>

### **Question 2: POTENTIAL HEALTH EFFECTS (Toxicological Information)**

Outline the health effects associated with use of the named substance(s). This information should be contained in the relevant material safety data sheet or in published advice from Health and Safety Executive.

### **Question 3: STABILITY AND REACTIVITY**

Refer to the MSDS section (if applicable), which will indicate how stable the substance is and describes any conditions under which it is unstable or can react dangerously. Unstable substances may break down (decompose) and cause fires or explosions or cause the formation of new chemicals which have different hazards.

You need to be aware of the information in this section so you can store and handle the material safely and avoid mixing incompatible materials.

### **Question 4: LOCATION(S) OF USE**

Please provide details on the area within the ward/department where the activity is being carried out e.g. sluice room, clinical room

**Question 5: BRIEF DESCRIPTION OF USE / ACTIVITY**

Give brief details on the type of activity being carried out in the area, e.g. treatment, cleaning or decontamination. If the activity is complex, consider breaking the activity up into constituent parts and completing more than one form.

If a standard operating procedure (SOP) or emergency plan has been devised for the particular activity, a copy of this may be attached to the completed COSHH (NI) Risk Assessment Form.

**Question 6: DETAILS OF USE / ACTIVITY**

- a) Quantity – Quantity used during each activity.
- b) Duration and Frequency of Exposure – Estimate the time that the operators are subject to possible exposure and state how often the exposure occurs to particular persons during the day e.g. 15 minutes 4 times per day.
- c) Identify the number of persons exposed – Please include persons directly carrying out the activity or in very close proximity to the area.
- d) List the routes of possible exposure. This may be through inhalation, ingestion, absorption through the skin, injection or through the eyes.

***NOTE: Where microbiological agents are intentionally employed during the work activity, advice should be sought in the first instance from Infection Control Team.***

**Question 7: CONTROL MEASURES**

Please identify existing control measures and consider their adequacy, e.g. local exhaust ventilation, safe systems of work, supervision, contingency plans, fire fighting measures, first aid arrangements, emergency procedures e.g. spillage kits. Personal protective equipment e.g. gloves, aprons, goggles, should be clearly stated as per MSDS or as considered necessary following assessment of risk.

**Question 8: DETAIL OF OCCUPATIONAL EXPOSURE MONITORING UNDERTAKEN.**

Please indicate if monitoring of exposure to hazardous substances is required, it should be indicated on the Material Safety Data Sheet. If so, has it been carried out, when, by whom and the result(s). Further details should be attached to the COSHH (NI) risk assessment form.

Monitoring of atmospheric concentrations of hazardous substances should be conducted to ensure that Workplace Exposure Limits are not exceeded and that control systems already in place are adequate. Workplace exposure monitoring can be used to measure the airborne concentrations of dusts, gases, vapours, fumes etc. It is a useful tool in an initial risk assessment where it can help to make a judgement on the level of risk.

Where records of personal exposure to hazardous substances have been made, the Occupational Health Department should keep these records for at least forty

years. The ward/department Manager should keep record for any other measurements e.g. Local Exhaust Ventilation Checks, for at least five years.

If you have reasons to suspect the levels may be exceeded or require confirmation that control measures are adequate, please contact the Trust Health and Safety Officer in the first instance who can advise as to whether monitoring by an Occupational Hygienist would be advisable.

### **Question 9: HEALTH SURVEILLANCE UNDERTAKEN (if applicable)**

Give details of the type of health surveillance, if necessary, that is presently being provided for staff, e.g. respiratory function tests, skin checks, biological monitoring.

The Ward/Department Manager must ensure that all staff who are at risk of being exposed to hazardous substances are under suitable health surveillance where it is appropriate for the protection of their health. It is considered appropriate to provide health surveillance where staff are exposed to a substance hazardous to health in such a manner that there is reasonable likelihood of a disease or adverse health effect. The purpose of health surveillance is to detect at as early a stage as possible any such adverse effects that may be attributed to exposure. Health surveillance can also be used to assist in the evaluation of control measures.

Further advice may be obtained from the Occupational Health Department, Western Trust.

### **Question 10: First Aid Measures**

Refer to the Material Safety Data Sheet (MSDS) for instruction on first aid where applicable. State the action to be taken in the event of employees / patients / others coming into contact with a hazardous substance. Staff should know the location of any equipment for providing first aid; for example, eyewash treatment, first aid kits.

When further medical treatment is necessary, send the MSDS, if it is readily available, to the emergency facility with the victim. If the MSDS is not available, you should send the material's label or a labelled container of the material, if it is small enough. The medical personnel need to know what the material is and what first aid measures have been recommended and used. Occasionally, the MSDS has additional instructions (or a NOTE TO PHYSICIANS) which may be useful to the emergency doctor; for example, it may say, "Monitor kidney function for 24 hours."

### **Question 11: Fire Fighting Measures**

The purpose of the Fire Fighting Measures section is to describe any fire hazards associated with the hazardous substance for e.g. is the substance combustible and if so in what conditions. This information, combined with information from the Handling and Storage and the Stability and Reactivity sections, can be used in determining where a certain material should be stored (e.g. flammable liquids should be stored in specially designed facilities away from incompatible chemicals).

Information in this section can also be used to plan the appropriate type and placement of fire extinguishers as well as to plan the best response to a fire for a particular work site. Much of the information is intended for firefighters and emergency response personnel.

If the material is a potential fire hazard, you should know the special handling precautions or other control measures required to prevent a fire. You should also know the emergency procedures to follow in case of a fire at your particular work site.

### **Question 12: Accidental Release Measures (Spillages)**

General instructions for responding to an accidental release or cleaning up a spill are provided in this section. Specific information, such as recommended absorbent materials for spillage clean-up, may be included. It is good practice also to state where staff can locate the spill kit within your area for the substance involved. Relevant spill kits can be obtained on request through the non-stock process from PAL's.

### **Question 13: HANDLING , STORAGE AND TRANSPORTATION**

Please indicate the arrangements in place.

### **Question 14: DISPOSAL ARRANGEMENTS**

Please indicate current/proposed disposal arrangements for substances identified as being hazardous to health. Disposal information can be found in the Material Safety Data Sheets. If the substance requires disposal by a specialist waste contractor please consult the Trust Waste Manual for contact details of Environmental officers within Estates Department. See Web Link below.  
<http://staffwest.westhealth.ni.nhs.uk/directorates/performance/trustdocs/Waste%20Manual%20%20v4.0%20August%202017.pdf>

### **Question 15: INFORMATION, INSTRUCTION AND TRAINING PROVIDED.**

Please provide details on the information, instruction and/or training received by staff including the date of training and the relevant training provider. This should include reference to relevant Trust policies which should be implemented and which embody good practice when handling substances hazardous to health, e.g. those relating to sharps, infection control and waste management.

Staff at risk of being exposed to substances hazardous to health, should be provided with information, instruction and training so that they:

- ❑ Are aware of the nature of the substances they work with and the risk created by exposure to those substances.
- ❑ Know the precautions they should take, control measures, their purpose and how to use them:
- ❑ Know how to use personal protective equipment and clothing provided; it is particularly important that they are competent in the use of Respiratory Protective Equipment:

- ❑ Are advised of results of any exposure monitoring and collective health surveillance undertaken (without giving people's names)
- ❑ Know and understand emergency procedures e.g. use of spillage kits.

Training needs should be under continual review to ensure that all staff who may be exposed to hazardous substances receive adequate information and instruction.

### **Question 16: ADDITIONAL RECOMMENDATIONS / ACTION REQUIRED**

Please identify any COSHH risks that are not adequately controlled and give recommendations which you consider are necessary for improvement - e.g. maintenance and testing of engineering controls, occupational exposure monitoring, health surveillance, provision of information/guidance/training to staff, production of a written safe system of work, introduction of local exhaust ventilation, relocation of the work activity, enclosing the process, reducing the number of staff exposed, reduction of period of exposure, provision of personal protective equipment, etc. Please indicate an approximate timescale in which your recommendations should be actioned and the name of the person who is co-ordinating implementation of remedial action.

The completed COSHH risk assessment should be given to the manager responsible for the department or process. It is their responsibility to decide if your recommendations are adequate and should be implemented.

Please also detail the date on which the recommended remedial action was implemented or completed.

Signatures, names, dates as required should be entered in relevant boxes.

### **REVIEW OF THE ASSESSMENT**

COSHH (NI) risk assessments should be reviewed annually. To monitor the progress and implementation of any identified recommended remedial action, the assessment will also have to be reviewed periodically to ensure appropriate action is taken. However, COSHH risk assessments should be reviewed more frequently if;

- there is a change in procedures, processes, and engineering plant, including control systems
- there is a significant level of risk associated with the substances used or the amount of substances involved.

**When reviewing your assessment if there are significant changes identified, a new assessment is necessary.**

**ALL COSHH (NI) RISK ASSESSMENTS SHOULD BE FILED IN A SAFE PLACE, EASILY ACCESSIBLE TO STAFF ALONG WITH YOUR OTHER WORKPLACE RISK ASSESSMENT FORMS.**

**Appendix 3**

**Request Form for New Product –  
supplied through Pharmacy which may have COSHH implications.**

**Section 1 - to be completed by Requestor**

<b>Name of product</b>	
<b>Description of hazard</b>	
<b>Strength and container size</b>	
<b>Manufacturer /Supplier. Include contact person and details</b>	
<b>Cost per pack (if known)</b>	
<b>Anticipated usage</b>	
<b>Quantity to be stored in pharmacy</b>	
<b>Quantity to be stored on ward/dept.</b>	

Purpose/use of product: \_\_\_\_\_

Supporting references/information for the use of product \_\_\_\_\_

Health & Safety Controls proposed for using this product (protective equipment etc.)

1. Confirm that COSHH (NI) risk assessments for ward/dept have been completed. Yes  No
2. Confirm that Standard Operating Procedures for the use of the product have been prepared. Yes  No
3. Confirm that staff training in the safe and appropriate use of the product has been completed Yes  No

**NOTE: 1-3 must be completed by ward /department before ordering**

Any other information to support the purchase of this product

Name of person requesting new chemical: (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ Ward/Department: \_\_\_\_\_ Date: \_\_\_\_\_

**Please forward Request Form and attachments immediately to:-  
Quality Assurance Department, Pharmacy, Altnagelvin**

**Section 2 - to be completed in Quality Assurance Department (Pharmacy Department)**

**Obtain Summary of Product Characteristics (SPC) or Material Safety Data Sheet (MSDS) from manufacturer**

Confirm the correct SPC/Instructions have been received Yes  No

Confirm the correct MSDS has been received Yes  No

Correct MSDS is available in pharmacy stores / electronically Yes  No

**Hazards/Warnings:** \_\_\_\_\_

PL/CE number: \_\_\_\_\_

**Is the chemical of Pharmaceutical grade BP/EP/USP? (select)**

If not is the chemical suitable for purpose, eg. suitable for human use?: \_\_\_\_\_

Give storage requirements – any special precautions (temperature, light, moisture)

Storage location in Pharmacy Dept: \_\_\_\_\_

Is batch number and expiry stated on pack Yes  No

**Use of product**

Instructions available where it is to be used? Yes  No

Are instructions clear and unambiguous? Yes  No

Is personal protective equipment required to handle product? Yes  No

Is special ventilation required? Yes  No

Is reconstitution/dilution/activation required? Yes  No

Is diluent/activator supplied? Yes  No

Are calculations required? Yes  No

Is an additional device required for administration? Yes  No

Are 'in use' expiry and storage conditions clearly stated? Yes  No

**Complete COSHH (NI) risk assessment for Pharmacy Department and inform pharmacy staff**

Is spill kit and procedure available? Yes  No

Is staff training required? Yes  No

**Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_