



EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

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|---|---|---|
| Title of Policy: Control of Substances Hazardous to Health (COSHH) Policy | | |
| Lead Manager: Shane McCaul | Title: Assistant Director of Quality and Safety | |
| Directorate: Medical | Department: Quality and Safety | |
| Contact details: Address: MDEC Building, Altnagelvin Hospital, Glenshane Road, Londonderry Tel: 028 71 345171 Email: Shane.McCaul@westerntrust.hscni.net | | |
| Short Description of Policy The Control of Substances Hazardous to Health Regulations (NI) 2003 (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. COSHH risk assessments must establish the measures necessary to prevent or adequately control exposure to substances hazardous to health and state any further precautions and emergency procedures necessary. This policy and the procedures will explain COSHH principles in more detail. | | |
| Final Recommendations: (please tick as appropriate) | | |
| 1. | GREEN: No equality issues/impact: no further action | X |
| 2. | AMBER: Minor equality issues/impact: actions identified | |
| 3. | RED: Major equality issues/impact: full EQIA recommended | |
| Please send draft completed form for quality assurance to equality.admin@westerntrust.hscni.net For further information on quality assurance see page 3, section 3. | | |
| Final Approval Date: | | |

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1 Title of policy or proposal

Control of Substances Hazardous to Health (COSHH) Policy

1.2 Description of policy or proposal

The Trust aims to develop staff awareness of the control measures to be used to eliminate or minimise exposure to risks from hazardous substances. The Trust will provide guidance on the legal requirements for the prevention or control of substances hazardous to health through raising awareness, training, completion of COSHH risk assessments, etc. This Policy identifies specific and individual responsibilities which indicate how this policy should be applied. The Western Health and Social Care Trust recognise that as an employer, it must safeguard all employees, as well as anyone not in its employment who may be affected by its activities.

Role of the Occupational Hygienist

The Western Health and Social Care Trust has secured a regional Occupational Hygiene Service.

The Occupational Hygiene Services will include undertaking exposure measurements, monitoring and providing expert advice and reports to HSC Service Managers in various Trust facilities where staff, patients and the general public are potentially exposed to situations identified below.

The contractor will be responsible for the measurement and monitoring of the following:

- Hazardous substances
- Airborne concentrations
- Noise and vibration
- Surface sampling e.g. enzymatic detergents
- Environmental monitoring e.g. humidity readings

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

This policy relates to all Trust employees, Service Users, the general public and all other organisations who are involved in the provision either directly or indirectly of health and social care within the Western Trust e.g.

- In-patients
- Out-patients
- Clients in receipt of domiciliary care services at home
- Clients in receipt of residential care (e.g. children and older people)
- Permanent and temporary staff
- Locum/agency staff
- Trade Union Representatives
- Visitors
- Volunteers

- Students/Work Experience placements
- Staff from community & voluntary groups
- Contractors

1.4 Other policies or decisions with a bearing on this policy or proposal

- Risk Management Policy - WHSCT
- Incident Reporting Policy- WHSCT
- Health & Safety Policy- WHSCT
- Waste Management Manual - WHSCT
- Emergency Planning Policy- WHSCT
- Trust Major Incident Plan - WHSCT
- Trust Fire Policy- WHSCT
- Latex Policy- WHSCT
- First aid policy- WHSCT
- Guidance on Risk Assessment- WHSCT
- Infection Prevention & Control Policy- WHSCT
- Management of Medical Devices Policy- WHSCT
- EH40/2005 (WELs) - HSE
- Brief Guide to PPE at Work - HSE
- Guidance on Local Exhaust Ventilation HSG258 - HSE

This list is not exhaustive.

When staff are within non-Trust properties, staff need to adhere to policies, procedures and safe working arrangements, where appropriate, within these areas.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

2.1.1 What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

Census 2018 data and Work Force Planning data April 2023, for section 2.2 as well as information from previous incident reports and consultation with Directorates in addition to consultation with attendees at the Health and Safety Working Group. Both Directorates and the Health and Safety Working Group were happy with the content of the policy and had no further comments.

2.1.2 How did you involve people?

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

Consultation and Engagement Statement: In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

The amended COSHH Policy will be circulated to a wide range of staff, such as the members of the Trust Health and Safety Working Group, which includes representation from each Directorate as well as Trade Union Reps (see policy for list of members). The policy will be taken to the Trust Policy Group for final approval.

2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

| Category | Service Users, etc. Figures from 2011 Census for Western Trust area: Total population in Western Area 294,417 | Staff Figures from Workforce Planning for WHSCT as @ 30th April 2023 |
|-------------------|---|--|
| Gender | Female 148,366 Male 146,051 | Female 11,315 Male 2,900 Total 14,215 |
| Age | 0-4: 20,445 5-7: 11,322 8 – 9: 7,668 10 – 14: 21,186 15: 4,467 16 – 17: 9,266 18 – 19: 8,097 20 – 24: 19,865 25 – 29: 20,097 30 – 44: 61,230 45 – 59: 56,781 60 – 64: 15,380 65 – 74: 22,101 75 – 84: 12,301 85 – 89: 2,878 90+: 1,333 | 16 - 24 = 860 25 – 34 = 3046 35 – 44 = 3612 45 – 54 = 3476 55 – 64 = 2652 65+ = 569 Total = 14,215 |
| Religion | Catholic: 182,996 (32.16%) Presbyterian: 29,353 (9.97%) Church of Ireland: 37,154 (12.62%) Methodist: 4,900 (1.66%) Other Christian: 7,212 (2.45%) Other religions: 1,475 (0.50%) No religion: 12,199 (4.14%) Religion not stated: 19,128 (6.50%) | Protestant 3055 Roman Catholic 7758 Not Determined 3402 Total 14,215 |
| Political Opinion | Based on first choice votes held by Electoral office. Nationalist: 86,834 (53%) Unionist 61,995 (38.06%) Other: 14,025 (8.62%) Overall total: 162,854 | Broadly Unionist 821 Broadly Nationalist 1737 Other 1375 Do Not Wish to Answer/Not known 10282 Total 14,215 |
| Marital Status | Marital Status: All usual residents aged 16 and over (229,329) | Married 7653 Single 5164 |

| | | |
|--------------------|---|---|
| | <p>Single: 87,557 Married: 106,383 In registered same-sex civil partnership: 161 Separated but still legally married: 9,678 Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 11,063 Widowed or surviving partner from a same-sex civil partnership: 14,487</p> | <p>Other 1398 Total</p> |
| Dependent Status | <p>All families in households: 77,758 Households with no dependent children: 37,650 Households with children: 76,204</p> <p>Residents who: Provide 1-19 hours unpaid care per week: 17,538 Provide 20-49 hours unpaid care per week: 5,859 Provide 50+ hours unpaid care per week: 9,096 Provide no unpaid care: 261,924</p> | <p>Yes 2825 No 3309 Not Known 8081 Total 14,215</p> |
| Disability | <p>Persons with: Long-term health problem or disability: Day-to-day activities limited a lot: 37,988 Long-term health problem or disability: Day-to-day activities limited a little: 26,351 Long-term health problem or disability: Day-to-day activities not limited: 230,078</p> | <p>Yes 318 No 7643 Not Known 6254 Total 14,215</p> |
| Ethnicity | <p>White: 290,923 (98.81%) Chinese: 486 (0.17%) Mixed: 740 (0.25) Irish Traveller: 251 (0.09%) Indian: 893 (0.30%) Other Ethnic Group: 294 (0.10%) Pakistani: 99 Black African: 115 (0.04%) Black Caribbean: 64 (0.02%) Black Other: 58 (0.02%) Bangladeshi: 21 (0.01%) Other Asian: 473 (0.16%)</p> | <p>Black African 11 Bangladeshi 3 Black Caribbean 2 Chinese 6 Indian 116 Irish Traveller 3 Pakistani 21 White 9615 Mixed Ethnic Group 14 Other 64 Filipino 35 Black other 1 Not Assigned 4324 Total 14,215</p> |
| Sexual Orientation | <p>Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the</p> | <p>Attracted to: Opposite sex 6992 Same sex 140 Same and Opposite Sex 35</p> |

| | | |
|--|---------------|---|
| | Western area. | Do not wish to answer/Not known 7048 Total 14215 |
|--|---------------|---|

2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

| | Needs and Experiences | |
|--------------------------------|---|---|
| Equality Group | Service Users, etc. | Staff |
| Gender | No identified issues | No identified issues |
| Age | No identified issues | No identified issues |
| Religion | No identified issues | No identified issues |
| Political Opinion | No identified issues | No identified issues |
| Marital Status | No identified issues | No identified issues |
| Dependent Status | No identified issues | No identified issues |
| Disability | The policy will be made available in alternative formats e.g. large font, Braille, etc, if and when requested. Sign Language interpreters can also be provided in line with Trust Guidelines. | The policy will be made available in alternative formats e.g. large font, Braille, etc, if and when requested. Sign Language interpreters can also be provided in line with Trust Guidelines. |
| Ethnicity | The policy will be made available in alternative languages if and when requested. Foreign Language interpreters can also be provided in line with Trust Guidelines. | The policy will be made available in alternative languages if and when requested. Foreign Language interpreters can also be provided in line with Trust Guidelines. |
| Sexual Orientation | No identified issues | No identified issues |
| Other Issues: e.g. Rurality | No identified issues | No identified issues |

2.4 Multiple Identities: When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

No identified issues

2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

| Equality Group | Actions that promote equality of opportunity or minimise (mitigate) adverse impacts |
|---------------------------------|---|
| Disability - staff | This policy and any associated information will be made available in alternative formats, e.g. large font, Braille, Audio etc., for staff who have indicated that they have a disability |
| Disability Service Users | This policy and any associated information will be made available in alternative formats, e.g. large font, Braille, Audio etc., for staff who have indicated that they have a disability. Sign Language interpreters will also be provided in line with Trust Guidelines. |
| Ethnicity Staff | The policy will be made available in alternative languages if and when requested. Foreign Language interpreters can also be provided in line with Trust Guidelines. |
| Ethnicity Service User | The policy will be made available in alternative languages if and when requested. Foreign Language interpreters can also be provided in line with Trust Guidelines. |

2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

| Group | Impact/Consequences | Suggestions |
|-------------------|---------------------|-------------|
| Religion | Not applicable | |
| Political Opinion | Not applicable | |
| Ethnicity | Not applicable | |

(3) CONSIDERATION OF DISABILITY DUTIES

How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

Not applicable

(4) CONSIDERATION OF HUMAN RIGHTS

**4.1 Does the policy or proposal adversely affect anyone's Human Rights?
Complete for each of the Articles.**

| Article | Positive Impact | Negative Impact - human right interfered with or restricted | Neutral Impact |
|--|------------------------|--|-----------------------|
| Article 2 – Right to life | | | X |
| Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment | | | X |
| Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour | | | X |
| Article 5 – Right to liberty & security of person | | | X |
| Article 6 – Right to a fair & public trial within a reasonable time | | | X |
| Article 7 – Right to freedom from retrospective criminal law & no punishment without law | | | X |
| Article 8 – Right to respect for private & family life, home and correspondence. | | | X |
| Article 9 – Right to freedom of thought, conscience & religion | | | X |
| Article 10 – Right to freedom of expression | | | X |
| Article 11 – Right to freedom of assembly & association | | | X |
| Article 12 – Right to marry & found a family | | | X |
| Article 14 – Prohibition of discrimination in the enjoyment of the convention rights | | | X |
| 1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property | | | X |
| 1 st protocol Article 2 – Right of access to education | | | X |

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.

4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.

| Article Number | What is the negative impact and who does it impact upon? | What do you intend to do to address this? | Does this raise any further legal issues?* |
|----------------|--|---|--|
| Yes/No | | | |
| | Not applicable | | |

**It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.*

4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.

Not applicable

(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?

Please tick:

| | |
|----------------------------|---|
| GREEN: No impact | X |
| AMBER: Minor impact | |
| RED: Major impact | |

Please tick:

| | |
|-----|---|
| Yes | X |
| No | |

Please give reasons for your decision. (See Guidance Notes, page 28, for sample paragraph).

This policy has been fully equality screened, a full EQIA is not recommended. This is an update of the existing Trust COSHH policy and as such there are no significant changes being introduced. However there is one material change to the document which relates to the newly appointed occupational hygienist. The Western Health and Social Care Trust has secured a regional Occupational Hygiene Service.

The Occupational Hygiene Services will include undertaking exposure measurements, monitoring and providing expert advice and reports to HSC Service Managers in various Trust facilities where staff, patients and the general public are potentially exposed to situations identified below.

The contractor will be responsible for the measurement and monitoring of the following:

- Hazardous substances
- Airborne concentrations
- Noise and vibration
- Surface sampling e.g. enzymatic detergents
- Environmental monitoring e.g. humidity readings

This role is summarised in section 7.2 and further guidance on employing the services of the occupational hygienist is detailed in Appendix 4.

This policy has been designed to support the health and safety of staff and others that may be affected by activities involving substances hazardous to health within the workplace. It provides guidance, information and instructions on the undertaking of a COSHH (NI) risk assessment, which should state the measures necessary to prevent or adequately control exposure to substances hazardous to health. The policy will be made available in alternative formats on request.

This policy will be communicated to staff via Trust Communication. The policy will also be available on the Trust Intranet site under medical directorate policies. The policy is referred to in Health & Safety and Risk Assessment training.

➤ **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to **MUST** include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

(6) EQUALITY AND HUMAN RIGHTS MONITORING

What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?

Managers are required to ensure that all COSHH incidents are reported in accordance with the COSHH Policy and the Incident Reporting Policy and trends of incidents are regularly reviewed.

Incident reports relating are investigated by the Risk Management Department and guidance and support is provided on action to prevent / reduce risks and lessons learned are highlighted where appropriate. Occupational Health Department are also involved where necessary and the HSENI for RIDDOR reports, where appropriate.

The Policy will be reviewed in three years' time, or sooner if necessary.

Approved Lead Officer: Shane McCaul

Position: Assistant Director of Quality and Safety

Policy/Proposal Screened By: Joanne Cassidy

Date: 10/07/23

Quality Assurance: Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: equality.admin@westerntrust.hscni.net. **Quality Assurance can take up to three weeks.**

Directorate SMT Approval: The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

Quarterly Equality Screening Reports: When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.