

Peninsula Dental Social Enterprise (PDSE)

Control of Substances Hazardous to Health policy (COSHH) Version 2.0

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Control of Substances Hazardous to Health Policy (COSHH)

1. Introduction

1.1 Peninsula Dental Social Enterprise CIC (hereafter referred to as PDSE) recognises that it has a duty to protect workers, patients, service users and members of the public who might be exposed to hazardous substances by direct contact, airborne contact or other method of contamination associated with healthcare work environments and working practices, and to ensure that any associated risks are assessed and reduced so far as is reasonably practicable.

1.2 Statement of policy

1.2.1 Within healthcare, employees, patients and others can encounter a wide range of substances capable of damaging their health. The term substances refer not only to chemical agents but include biological agents such as bacteria or viruses. Work processes involving body fluids, handling and disposal of clinical waste, pathology specimens and larval therapy should be assessed under the COSHH Regulations.

1.2.2 The COSHH Regulations are intended to prevent workplace disease resulting from exposure to hazardous substances for all persons at work and others who may be affected by such work. They require:

- An adequate assessment of the risks to health arising from work activities associated with hazardous substances;
- The introduction of adequate control measures;
- Maintenance of the measures and equipment associated with them;
- Monitoring the effectiveness of the measures and the health of employees.

1.2.3 The Regulations cover virtually all substances hazardous to health including solids, liquids, dusts, fumes, vapours, gases or micro-organisms.

1.2.4 All potentially exposed employees will be provided with health surveillance if appropriate and information, instruction and training on the nature and likelihood of their exposure to substances hazardous to health and on the appropriate control measures to be taken.

1.2.5 The implementation of this policy requires the total co-operation of all members of management and staff.

2. Duties and Responsibilities

2.1 **The Clinic Administrator** responsible for ensuring that COSHH risk assessments are undertaken within their area of responsibility.

2.1.1 The Clinic Administrator will:

- Ensure all risk assessments are reviewed regularly and following any changes.
- Ensure all new systems of work or procedures that involve or expose staff, patients, service users or others to hazardous substances are assessed.
- Inform Clinic Team Leaders of any changes which may require action or a change in procedure.

- Make the COSHH assessments and MSDS's available to all PDSE staff members on the shared computer drive.

2.1.2 Line Managers are to:

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- Identify and implement any action or control measure required following the COSHH risk assessment.
- Ensure control measures are used and maintained properly and that safety procedures are followed, i.e. the correct use of personal protective equipment such as gloves.
- For those substances with workplace exposure limits, ensure that monitoring of exposure levels is carried out.
- Ensure that employees are given the necessary information, instruction and training to enable them to manage hazardous substances.
- Refer employees to Staff Health & Wellbeing as soon as symptoms thought to be associated with hazardous substances manifest themselves, or where health surveillance may be required.
- Providing pre-employment health assessment and screening.

2.2 All **employees** are responsible for:

- Complying with this policy, or to raise any issues or concerns with the wearing of PPE with relevant Clinic Team Leader/Line Manager/Supervisor.
- Following the local procedures and safe systems of work and training when using hazardous substances.
- Taking reasonable care when working with hazardous substances, including dealing appropriately with hazardous waste.
- Reporting all incidents of significant exposure to hazardous substances.
- Co-operating with their Clinic Team Leader/Line Manager in complying with any health surveillance requirements identified by the COSHH risk assessment and Staff Health & Wellbeing.

3. COSHH Risk Assessment

- 3.1 The COSHH Regulations require an assessment of risk to be undertaken for hazardous substances and recorded on a COSHH assessment form.

4. Procurement

- 4.1 All new substances are required to be COSHH Assessed before first use.

5. Training, Information and Instruction

- 5.1 Following the completion of a COSHH risk assessment, the need for information, instruction and training must be considered and appropriate arrangements made by the Clinic Team Leader. These might range from a simple instruction to regular formal training sessions.
- 5.2 Wherever employees are exposed to hazardous substances, they must receive information, instruction and, where appropriate, training for the following:
- The risk to health created by exposure
 - The precautions that should be taken
 - Control measures – their purpose and how to use them
 - How to use personal protective equipment and clothing provided
 - Results of any exposure monitoring and health surveillance
- 5.3 Employees should also be made aware of the arrangements for COSHH compliance within the team / service / unit so that they can play an active part in improving health and safety standards.

6. Health Surveillance

- 6.1 Staff Health & Wellbeing will advise on routine surveillance of individual health to be undertaken following consideration of the degree of exposure and the nature of the effects, ie. Exposure to latex, etc. This must be recorded on the relevant COSHH risk assessment.

7. Emergency Arrangements

- 7.1 Where the risks of a chemical escaping are high (ie. Spillage of clinical waste) or where a substance is especially hazardous (ie. Mercury), Clinic Team Leaders will ensure that emergency arrangements are known and in place as part of the risk assessment and contingency planning process. Details for appropriate emergency management can be found on the suppliers Material Safety Data Sheet. Emergency arrangements must include the reporting of incidents.
- 7.2 Any significant exposure to a substance must be reported to the Health & Safety Executives (HSE) following the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations(RIDDOR) 1995.



COSHH Risk Assessment No:



Directorate: Peninsula Dental Social Enterprise Establishment/Section: DEF

Describe the activity or work process.
(Include how long and how often this is carried out and the quantity of substance used)

Location of process being carried out?

Dental Clinic

Identify the persons at risk:

Employees
(including trainees)

Contractors

Public
(including students)

Name the substance involved in the process and its manufacturer.
(A copy of a current safety data sheet for this substance should be attached to this assessment)

Classification *(state the category of danger)*



VERY TOXIC



EXPLOSIVE



HARMFUL



TOXIC



HIGHLY FLAMMABLE



ENVIRONMENTAL



LONGER TERM HEALTH HAZARDS



FLAMMABLE



GAS UNDER PRESSURE



CORROSIVE



OXIDISING



IRRITANT

Hazard Type

Gas Vapour Mist Fume Dust Liquid Solid Other (State)

Route of Exposure

Inhalation Skin Eyes Ingestion Other (State)

Workplace Exposure Limits (WELs) *please indicate n/a where not applicable*

Long-term exposure level (8hrTWA):	Short-term exposure level (15 mins):
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State the Risks to Health from Identified Hazards

Control Measures: *(for example extraction, ventilation, training, supervision). Include special measures for vulnerable groups, such as disabled people and pregnant workers. Take account of those substances that are produced from activities undertaken by another employer's employees.*

Is health surveillance or monitoring required? Yes No

Personal Protective Equipment *(state type and standard)*

 <input type="checkbox"/>		 <input type="checkbox"/>	
Dust mask		Visor	
 <input type="checkbox"/>		 <input type="checkbox"/>	
Respirator		Goggles	
 <input type="checkbox"/>		 <input type="checkbox"/>	
Gloves		Overalls	
 <input type="checkbox"/>		 <input type="checkbox"/>	
Footwear		Other	

First Aid Measures

Storage

Disposal of Substances & Contaminated Containers

Hazardous Waste Skip Return to Depot Return to Supplier Other

Is exposure adequately controlled? Yes No

Risk Rating Following Control Measures
Please see COSHH policy Appendix II for guidance on impact and probability scores

RISK RATING MATRIX -

		IMPACT (consequence) score				
		1	2	3	4	5
Probability score		Negligible	Minor	Moderate	Major	Catastrophic
5	Almost certain	M	H	H	H	H
4	Likely	L	M	H	H	H
3	Possible	L	M	M	H	H
2	Unlikely	L	L	M	M	H
1	Rare	L	L	L	L	M

High Medium Low

Assessed by: _____ Date: _____ Review Date: _____

Appendix II

Risk Impact Score

Impact (consequence)	<i>Safety (staff and patients)</i>	<i>Finance</i>	<i>Quality</i>	<i>Reputation</i>	<i>Environmental</i>	<i>Agreed targets</i>
Negligible - Score 1	Minor cuts and bruises	<£2k	Minor non-compliance			
Minor - Score 2	Cuts/bruises < 3 days absence or increased patient stay	£2 – 20k Claim below excess	Single failure to meet internal standards or follow protocol	Within unit; local press 1 day	Fire/ spillage or escape of clinical or toxic waste with effects contained in unit	1% off planned; failure to meet national target 1 quarter
Moderate -	> 3 days absence or increased patient stay; RIDDOR or MDA reportable	£20k - £1m	Repeated failures to meet internal standards or follow protocol;	Regulator concern (eg SHA, HSE improvement notice); Local media < 7 days	Fire/ spillage or escape of clinical or toxic waste affecting an entire building	2% - 4% off planned; failure to meet national target 2

Score 3			drug error			quarters; amber light
Major - Score 4	Fatality; permanent disability; injuries or disease reportable to HSE; multiple injuries	£1m - £5m	Failure to meet national standards	National media < 3 days; DoH action; HSE prohibition notice	Significant fire/ spillage or escape of clinical or toxic waste with effects contained to PCT property	5% - 10% off planned; failure to meet national target >2 quarters; red light
Catastrophic – Score 5	Multiple fatalities	> £5m	Gross failure to meet professional standards	National media > 3 days; prosecution of CEO / Board members (eg HSE)	Fire / significant discharge or escape of clinical or toxic waste with widespread effects beyond PCT property	> 10% off planned, failure to meet national targets >2 quarters by more than 20%

RISK Probability SCORE

Probability score	Description	<i>Detailed Description</i>
1	Rare	May occur only in exceptional circumstances
2	Unlikely	Could occur at some time
3	Possible	Might well occur at some time

4	Likely	Will probably occur in most circumstances
5	Almost certain	Is expected to occur in most circumstances