

# Control of Substances Hazardous to Health Policy

|   |  |
|---|--|
| <b>Department / Service:</b>  | Health & Safety                          |
| <b>Originator:</b>  | Head of Health & Safety                  |
| <b>Accountable Director:</b>  | Director of Estates & Facilities         |
| <b>Approved by:</b>   | Health and Safety Committee              |
| <b>Date of Approval:</b>  | 5 <sup>th</sup> February 2026            |
| <b>Review Date:</b>   | 5 <sup>th</sup> February 2029            |
| <b>This is the most current document and should be used until a revised version is in place</b> |  |
| <b>Target Organisation(s)</b>   | Worcestershire Acute Hospitals NHS Trust |
| <b>Target Departments</b>   | All                                      |
| <b>Target staff categories</b>  | All                                      |

Worcestershire Acute Hospitals NHS Trust acknowledges that they have a duty to protect their staff, patients and others who may be exposed, by direct contact, airborne contact or other methods of contamination, to hazardous substances. The Control of Substances Hazardous to Health Regulations 2002 defines hazardous substances as "all substances with the potential to cause harm by chemical or biological properties". They are regulations of a prohibitive nature, in that work, which may result in exposure to a hazardous substance, is prohibited until a "suitable and sufficient" assessment of risk has been undertaken. The Trust will also assess any risks relating to a hazardous substance that may need to comply with the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) 2002. This policy sets out the Trust's arrangements to ensure compliance with the above regulations.

## Key amendments to this Document:

| <b>Date</b> | <b>Amendment</b>  | <b>By:</b>                  |
|-------------|---|-----------------------------|
| 01/06/09    | Biennial review with minor changes  | Paul Graham                 |
| 16/10/09    | Document approved by workforce & organisation development committee   |                             |
| 21/09/11    | Biennial review with minor changes  | Paul Graham                 |
| 13/01/12    | Document approved at JNCC   |                             |
| 11/12/13    | Biennial review with minor changes and the inclusion of the DSEAR   | Paul Graham                 |
| March 2016  | Document extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015   | TMC                         |
| Nov 17      | Biennial review with minor amendments resulting from changes to Governance structure  | Paul Graham                 |
| Jan 20      | Document extended for 12 months whilst in the process of appointing a new Health and Safety Manager.  | Samantha Reid               |
| Feb 21      | Document extended as per Trust agreement 11.02.2021   |                             |
| Mar 21      | Full review with minor changes to responsibilities and introduction of new COSHH form.  | H&S Manager (Neil Hodgkiss) |
| Nov 22      | Full review conducted; Introduction, WELS and SDS sections amended extensively. Minor word changes in Managers and Employee duties sections, the "Principles of Good Control Practice" added to Risk assessment section, section 5.6. new. Appendix 2; page 2 of template amended | Julie Noble                 |
| Jan 26      | Minor word additions and job title changes. Additional duties added to Managers (4.1. and staff (4.2) duties. Section 5.5 expanded with more spillage information. Appendix 4 new; Guideline for handling and disposing of unknown substances. IPC reference added.               | Julie Noble                 |

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## Supporting Document

Equality impact assessment  
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## 1. Introduction

Worcestershire Acute Hospitals NHS Trust will ensure that no work which is liable to expose staff or any other person to substances hazardous to health shall be undertaken until a current safety data sheet (SDS) and assessment has been carried out to evaluate the risks to health arising from the work. Current is defined as an SDS that is less than 10 years old but is preferably less than 5 years old.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended) apply to substances that have already been classified under the Classification, Labelling and Packaging Regulations (CLP regulations) as being e.g. toxic, very toxic, corrosive, explosive, flammable, harmful to the aquatic environment, oxidising with new categories of compressed gasses. The COSHH regulations require all substances hazardous to health to be assessed, and controls put in place for the safe use, handling, storage, transportation and disposal with consideration of normal and emergency situations. The regulations also provide additional information for carcinogens and biological agents and for selected substances which have defined Workplace Exposure Limits (WEL) listed.

The Trust will therefore ensure that assessments are carried out and that all reasonable steps are taken to ensure that exposure is either prevented or at least controlled within statutory limits and where appropriate that any fire and explosive risks associated with dangerous substances are considered.

Where exposure cannot be adequately controlled to a safe level by elimination, substitution or other engineering means, appropriate personal protective equipment (PPE) will be provided.

All staff will be provided with comprehensible information and instruction on the nature and likelihood of their exposure to substances hazardous to health.

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

## 2. Scope of the Policy

This policy applies to all staff in all work areas across the Trust. It will also apply to all contractors whilst working on site.

## 3. Definitions

**Hazardous substances:** This is any substance with the potential to cause harm by chemical or biological properties through inhalation, ingestion, absorption and injection which can include:

- substances used directly in work activities (e.g. adhesives, paints, cleaning products and anaesthetic agents).
- substances generated during work activities (e.g. fumes from Antichlor tablets).
- naturally occurring substances (e.g. dust, latex).
- biological agents such as bacteria and other micro-organisms.

**Dangerous Substances:** Dangerous substances are any substances used or present at work that could, if not properly controlled, cause harm to people as a result of a fire or explosion. They can be found in nearly all workplaces and include such things as solvents, paints, varnishes, flammable gases, such as liquid petroleum gas (LPG), dusts from machining and sanding operations and dusts from foodstuffs.

**Workplace Exposure Limit (WEL):** These are defined maximum working limits to prevent adverse exposure to defined substances hazardous to health (See HSE document: EH40 for these limits). These are generally products that can cause serious/fatal health effects from exposure.

**Safety Data Sheet (SDS):** These are substance specific information sheets that provide a wide variety of information. SDS's are formatted into 16 standard sections and cover information such as the classification of the hazardous substance, any relevant Precautionary and Hazard statements applicable to the substance, handling instructions for normal use, emergency response actions (First aid, fire and spillage), toxicology, disposal and transportation information. The SDS must be used to as part of the COSHH risk assessment process.

## 4. Responsibility and Duties

The Chief Executive has overall accountability for health and safety throughout the Trust. They will delegate appropriate tasks to responsible Directors/Managers to ensure this policy is implemented in order to enable the Trust to comply with the Health & Safety At Work etc Act 1974, The Management of Health and Safety At Work Regulations 1999, (as amended), The Control of Substances Hazardous to Health Regulations 2002 (as amended) and Dangerous Substances and Explosive Atmospheres Regulations 2002.

### 4.1 Management Duties

Managers responsible for work areas storing and/or using hazardous substances or work activities involving the use of hazardous substances must:

- Advise the Trust Health and Safety Team and/or Fire Safety Advisor on any substance that they introduce into the workplace that could result in exposure and/or fire and explosion. (See Appendix 1)
- Ensure that in their area of responsibility they hold or have access to an inventory of all substances hazardous to health together with appropriate safety information i.e. Safety Data Sheets and COSHH Assessment Records. Ensure that all staff receives the necessary information and appropriate training on the nature of any hazardous/dangerous substances with which they are working and keep them informed about any monitoring and health surveillance.
- Ensure that following an assessment of the need and appropriateness of using PPE that any necessary equipment is provided and used. (See Section 5.4)
- Ensure that all PPE is maintained and stored according to manufacturer's instructions.
- Ensure that appropriate training is provided for staff that are required to wear items of PPE.
- Ensure substances/products are stored as per the requirements of the COSHH assessment. They may include for example limited quantities, and being held in a secure, locked, cool cabinet.
- Ensure that all staff or others who may work in the affected area are informed of the purpose and safe operation of all engineering controls.
- Ensure that all engineering controls are properly maintained and monitored to ensure their effectiveness.
- Ensure that where there are fire and/or explosion risks the work area is free from any sources of ignition (Advice can be sought from the Trust Fire Safety Team).

- Ensure that all changes to control measures and changes of PPE are properly assessed and no new substances are introduced into the workplace without prior permission from the Health and Safety Team.
- Ensure where necessary staff attend for the relevant health surveillance checks as described in the COSHH Risk Assessment.
- Ensure that where necessary adequate procedures are in place to effectively deal with any spillages.
- Ensure that staff have access to and are familiar with any Waste Disposal protocols appropriate to any hazardous substances used within the work area(s).
- Ensure staff know the measures to be taken for spillages; this includes the actions to be taken the equipment to be used and the disposal method.
- Adequate spills kits to be in place, they must be accessible and checked to ensure they are maintained ready for use.

## 4.2 Staff Duties

Staff must ensure that they:

- Take personal responsibility for their own health & safety and that of others in complying with this policy
- Report any shortfalls with either the protection methods or safe systems of work.
- Check before use and correctly wear any necessary PPE provided by the Trust
- Report any accidents, incidents or ill health relating to the use of hazardous substances to their supervisor/line manager and report the incident on Datix
- Attend any necessary health surveillance checks as detailed in the risk assessment.
- Attend any necessary training provided by the Trust.
- Follow any Waste Disposal protocols appropriate to any hazardous substances used within the work area(s).
- Ensure they know where the COSHH assessments are and comply with the content of them.
- Ensure products and substances are kept secure; ensure patients do not have access to enable mis use of products.

## 5. Policy Detail

### 5.1 Risk Assessment

The Trust's Head of Health and Safety and Deputy Health and Safety Manager are the appointed competent persons who will carry out COSHH assessments of exposure to substances hazardous to health and advice on the level of control. (Appendix 2)

The Trust Fire Safety Manager will advise on all issues associated with dangerous substances as defined in the Dangerous Substances Explosive Atmospheres Regulations (DSEAR) and where required submit a separate risk assessment to ensure the Trust comply with DSEAR.

In order to obtain a relevant COSHH Assessment for any substance a copy of a completed COSHH Notification Form (See Appendix 1) and the current Safety Data Sheet (obtainable directly from the manufacturer or supplier) **MUST** be forwarded to the Head of Health and Safety or Deputy Health and Safety. The information will be used to generate a suitable COSHH Assessment for the work activity. The "Principles of Good

Control Practice” (COSHH Regulations schedule 2) will be applied when completing the risk assessment to reduce the risk of exposure (so far as reasonably practicable).

A copy of the COSHH Assessment will be returned to the originator who will then be responsible for implementing any necessary control measures and communicating the assessment to staff members. The Head of Health and Safety / Deputy Health and Safety Manager will ensure COSHH assessments for widely used products are displayed on the H&S intranet page to ensure easy access.

## 5.2 Risk Reducing Measures

The Responsible Manager (see Sec 4.1) must take the following steps to minimise the risk of exposure.

1. Ensure that hazard information, e.g. Safety Data Sheet, is kept up to date and made available to staff.
2. Ensure assessments are reviewed: annually and re-assessed at least every three years or when any significant changes are made or following an incident involving the substance.
3. Ensure that staff are trained in the nature of the hazards and the use of control measures.
4. Ensure that control measures are maintained and monitored.
5. Ensure that all documentation is comprehensive and comprehensible.
6. Ensure that the interactions of component chemicals and resultants are considered prior to any mixing.
7. Ensure that staff report faults and problems immediately upon discovery.
8. Ensure that adequate spillage procedures are in place.

## 5.3 Health Surveillance

The Occupational Health Department will either carry out or arrange for appropriate health surveillance where the need is indicated by the COSHH risk assessment.

## 5.4 Personal Protective Equipment

The Responsible Manager (See Sec 4.1) will provide personal protective equipment free of charge to staff when the risk presented by a work activity cannot be adequately controlled by other means. The proper use of such protective equipment can help to reduce risks to a minimum if effectively used by the wearer. The Trust will in consultation with staff and their representatives:

- Carry out an assessment of proposed PPE to determine suitability.
- Ensure that where two or more items of PPE are used together, they are compatible and as effective as when used separately.
- Arrange for adequate accommodation for correct storage of the PPE.
- Implement steps for the maintenance, cleaning and repair of the PPE.
- Train staff in the safe use of PPE for all risks
- Replace PPE, which has been provided to meet a statutory obligation, as necessary and at no cost to the employee.
- Inform staff of the risks which exist.
- Reassess as necessary if substances used or work processes change.

Where a problem arises in the use of PPE the member of staff must inform their manager/supervisor immediately. Where a member of staff raises a concern related to health and safety in the use of PPE, the Trust will take all necessary steps to investigate the circumstances and where appropriate any corrective measures. The use of PPE is an important means of controlling risks involved in various work activities. PPE is only effective in protecting the wearer or user where the following steps are taken:

1. Only use PPE supplied by the Trust and in accordance with the manufacturer's instructions and only for activities it is designed to provide protection for.
2. Only use PPE if fully trained in its safe use.
3. Store, clean and maintain PPE correctly, replacing any items which have been damaged and/or are no longer serviceable.

Advice can be obtained from the Health and Safety Team on **ALL** PPE matters.

## 5.5 Spillages

Where there is a risk of spillage the responsible manager for the work area must ensure that adequate preventative and precautionary measures are in place to reduce the risk of unnecessary exposure. This will include the need to provide a suitable spill kit which can be used to effectively deal with any potential spill situation and instruction on spill clearing methodology's. The spill kit should ideally be located in an adjacent room or cupboard and not in the room where the substance is handled and/or stored. This will allow for immediate evacuation and subsequent re-entry to occur following a period of maximised ventilation and with the individual wearing the correct level of protection.

Advice can be obtained from the Health and Safety Team. All spillages must be reported via the Incident Reporting System. All COSHH assessments include information on items to be used and the methodology for clearing spills. Staff must be familiar with the COSHH assessment, be able to access it promptly and follow the actions required to clear the spill.

It's vital that for:

- Liquid spills - actions are taken promptly to limit spread and absorb the product
- Solids – actions are taken to gently handle and prevent any dusts being created.
- When clearing a spill the location should be secured: this being prevent access to the area by others until the area is cleared. Gather all clearing equipment and PPE before spill clearing. Preferably have two persons (as a minimum) to clear a spill (one to clear, one to assist / prevent access by others / get additional items if required).

## 5.6 Other chemical emergency exposure situations

The COSHH risk assessment approach is to control known hazardous substances that the Trust uses, however there are occasions when hazardous substances (chemical or biological) may be encountered through malicious intent. In these instances, the substance type will probably be unknown and may be of significant risk to health. It is important that staff know what to do if hazardous substances are unexpectedly encountered (e.g. through the post) Appendix 3. Appendix 4 also provides guidance on handling and disposing of unknown substances (e.g. a liquid found within a patient's possessions).

## 5.7 Record Keeping

The Trust will hold and maintain the following records:

- An inventory of hazardous/dangerous substances (held by H&S Team and local manager)
- Assessments on the risks of exposure including the control measures provided for staff. (held by H&S team)
- Details of any examination, testing and repairing of control measures will be kept for a minimum of 5 years. (held by Estates Departments)
- Results from any exposure monitoring used to identify background exposure or proof of adequate levels of control will be kept for 5 years.
- Results from the monitoring of individuals who may be exposed will be kept for 40 years (Occupational Health).
- Details of any training given to staff relating to the safe use of hazardous substances. (held by H&S Manager and local manager)

## 6 Implementation arrangements

### 6.1 Plan for implementation

This policy will be implemented by local managers in their respective areas of responsibility.

### 6.2 Dissemination process

This Policy will be made available on the Trust Intranet. It will be communicated to managers and staff-side representatives via the Trust Health and Safety Committee. All staff will be made aware of this policy via the Trust's local induction process. The Health and Safety Manager will ensure COSHH assessments for widely used products are displayed on the H&S intranet page to ensure easy access.

### 6.3 Training and awareness

The Trust will ensure that the appropriate members of staff are suitably trained in safe work with hazardous substances as identified in the Trust Training Matrix. In house training is provided by the Health and Safety Team and the Infection Prevention and Control Team.

## 7 Monitoring and compliance

The Head of Health & Safety will monitor the effectiveness of this policy as part of the Health & Safety Audit Programme. Divisions will be responsible for receiving and monitoring audit reports and taking any necessary actions to ensure full compliance.

The Policy will be reviewed by the Health and Safety Committee three years from the date of approval, unless any statutory or national guidance is introduced in the intervening period that requires revision of the document before the planned review.

## 8 Policy review

This policy will be reviewed after 3 years

## 9 References

Code:

|   |  |
|---|--|
| Health and Safety at Work, etc Act 1974   |  |
| Management of Health and Safety at Work Regulations 1999  |  |
| Control of Substances Hazardous to Health Regulations 2002  |  |
| Provision and Use of Personal Protective Equipment Regulations 1992   |  |
| Dangerous Substances and Explosive Atmospheres Regulations 2002   |  |
| National Infection Control Manual (2025)<br><a href="https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/">https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/</a> |  |
| Waste Management Policy   |  |
| Health and Safety Strategy  |  |
| Risk Assessment Procedure   |  |

## 10 Background

### 10.1 Equality Impact Assessment

An equality assessment has been performed. There are no equality issues presented by this policy.

### 10.2 Financial Risk Assessment

A financial risk assessment has been performed. Effecting change as a result of learning may have associated costs although these will be dealt with through individual business cases.

### 10.3 Consultation Process

The following were consulted in the production of this version of the policy:

- Members of the Health and Safety Committee

### 10.4 Approval Process

This policy will obtain final approval via the Health and Safety Committee.

**Appendix 1**

**COSHH NOTIFICATION FORM**

**Please answer all questions**

|                        |                 |              |                                    |
|------------------------|-----------------|--------------|------------------------------------|
| <b>Your Full Name:</b> | <b>Tel. No.</b> | <b>Date:</b> | <b>Ward/ Department/ Hospital:</b> |
|------------------------|-----------------|--------------|------------------------------------|

|  |  |
|--|--|
| <b>Trade name or name of substance</b> | <b>Supplier/ Manufacturer address and phone number</b> |
|--|--|

**MATERIAL USAGE INFORMATION**

|  |
|--|
|  |
|--|

How much of the substance is used in one day (approx)?

How long are staff/ others exposed to the substance in one day?

<30 mins     30 mins – 2 hours     2-4 hours     4-8 hours     over 8 hours     longer (specify)

Where is the substance used? (please indicate)

|   |   |   |
|---|---|---|
| Outside <input type="checkbox"/>        | Inside well ventilated <input type="checkbox"/> | Inside poorly ventilated <input type="checkbox"/> |
| Confined space <input type="checkbox"/> | Other (please specify) <input type="checkbox"/> |   |

***Please give as much information as possible***

|  |   |
|--|---|
| <p><b>Work Practice information</b><br/>         i.e. diluting; hand applying; brushing; spraying etc.</p> | <p><b>Existing control measures</b><br/>         i.e. fume cabinet; local extraction; ventilation etc</p> |
|--|---|

|  |   |
|--|---|
| <p><b>Personal protective equipment (PPE)</b><br/>         What type, make and grade of PPE is currently in use?<br/>         i.e. gloves, goggles, masks etc.</p> | <p><b>Details of any sources of ignition</b> (applicable only to Dangerous substances where there is a risk of fire and/or explosion)</p> |
|--|---|

| Occupations of exposed staff | Numbers | Descriptions of others exposed | Numbers |
|------------------------------|---------|--------------------------------|---------|
|                              |         |                                |         |
|                              |         |                                |         |
|                              |         |                                |         |
|                              |         |                                |         |
|                              |         |                                |         |

**Any other relevant information:**

**Please keep a copy for your record and send this form together with a copy of the Material Safety Data Sheet to the Trust Health and Safety Manager. In return you will receive a copy of the COSHH Assessment relating to the named substance.**




## Appendix 2












### COSHH ASSESSMENT FORM

Substance:  
Issue:  
Initial Assessment:  
Last Updated:



|  |  |            |
|--|--|------------|
| <b>Dept(s)/area(s) where used:</b>   |  |            |
| <b>Details of activity:</b>  |  |            |
| <b>Physical State:</b>   |  |            |
| <b>Hazard pictograms – please tick all that apply.</b>   |  |            |
| <br><i>Health hazard</i>  | <br><i>Toxic</i>                                |            |
| <br><i>Corrosive</i>  | <br><i>Harmful/<br/>Irritant</i>                |            |
| <br><i>Flammable</i>  | <br><i>Oxidising</i>                           |            |
| <br><i>Explosive</i>  | <br><i>Danger for<br/>the<br/>Environment</i> |            |
| <br><i>Compressed<br/>gas</i>   |  |            |
| <b>HARMFUL EFFECTS OF SUBSTANCES</b>   |  |            |
| <b>Hazard Statements:</b>  | <b>Workplace Exposure Limits (WEL)</b>   |            |
|  | LTE 8 hours  | STE 15 min |
| <b>Precautionary Statements:</b>   |  |            |
| <b>ADDITIONAL SOURCES OF EXPOSURE</b>  |  |            |
| How and where stored?  |  |            |
| State quantities stored:   |  |            |
| Transport arrangements:  |  |            |
| Disposal arrangements:   |  |            |
| <b>EXPOSURE DETAILS</b>  |  |            |
| Details of people likely to be exposed:  |  |            |
| Number of people likely to be exposed at one time:   |  |            |
| Frequency of exposure:   |  |            |
| Details of any especially vulnerable persons exposed:  |  |            |
| Date of exposure monitoring _____ or N/A <input type="checkbox"/> Were the WELs met or exceeded?   |  |            |
| Details of any health surveillance:  |  |            |
| <b>Main Routes of Entry:</b>   |  |            |
| <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> Skin Absorption <input type="checkbox"/> Injection <input type="checkbox"/> Skin Local Effect <input type="checkbox"/> Sensitization |  |            |

MATERIAL SAFETY DATA SHEET *MUST ACCOMPANY THIS ASSESSEMENT*

| Personal protection pictograms – please tick all that apply.   |   |  |   |   |  |   |  |  |
|--|---|--|---|---|--|---|--|--|
| <br><small>Safety Glasses</small>                           | <br><small>Face Mask</small> | <br><small>Gloves</small> | <br><small>Apron</small> | <br><small>Hygiene</small> | <br><small>Hearing Protection</small> | <br><small>Face Shield</small> | <br><small>Hair Net</small> | <br><small>Lab Coat or<br/>(Scrubs)</small> |
| <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <b>ADDITIONAL CONTROL MEASURES IN USE</b>  |   |  |   |   |  |   |  |  |
|  |   |  |   |   |  |   |  |  |
| <b>RISK POTENTIAL RATING (tick appropriate box)</b>  |   |  |   |   |  |   |  |  |
| Low Risk Potential   | <input checked="" type="checkbox"/>   | Medium Risk<br><small>(Requires Monitoring)</small>  | <input type="checkbox"/>  | High Risk!<br><small>(Task <b>MUST NOT</b> proceed needs additional controls)</small>                       | <input type="checkbox"/>   |   |  |  |
| <b>Other recommended controls</b>  |   |  |   |   |  | <b>Target Completion</b>  |  |  |
|  |   |  |   |   |  |   |  |  |
| <b>Emergency procedures:</b>   |   |  |   |   |  |   |  |  |
| First Aid measures: <i>add from SDS in summary</i>   |   |  |   |   |  |   |  |  |
| <ul style="list-style-type: none"> <li>• Eyes:</li> <li>• Skin:</li> <li>• Ingestion:</li> <li>• Inhalation:</li> </ul>                      |   |  |   |   |  |   |  |  |
| Spillage clearing requirements: <i>document PPE to be worn, methodology &amp; products to be used for clearing and disposal arrangements</i> |   |  |   |   |  |   |  |  |
| Fire Fighting: <i>document type of Fire Extinguisher to be used.</i>   |   |  |   |   |  |   |  |  |
| ASSESSED BY: (Print)   |   |  | SIGN:   |   |  | DATE:   |  |  |
| REVIEWED BY: (Print)   |   |  | SIGN:   |   |  | DATE:   |  |  |
| SDS reference:   |   |  |   |   |  |   |  |  |
| <ul style="list-style-type: none"> <li>• Company Name:</li> <li>• Date:</li> <li>• Issue or version number:</li> </ul>                       |   |  |   |   |  |   |  |  |

## Appendix 3

### DEALING WITH CHEMICAL/BIOLOGICAL THREATS BY POST

Terrorist or criminal incidents of this nature are extremely rare. However, if there is a concern that a suspect chemical / biological package has been received, sensible steps can be taken to minimise exposure to risk and the possibility of harm. The overall message to the business community is to remain calm.

*The first indication that a chemical / biological incident may have occurred could be:*

- A suspicious object.
- A strong smell of noxious fumes.
- Groups of people suddenly feeling unwell / collapsing
- Groups of people experiencing sudden skin blisters. \*

AND

- There is no obvious explanation evident e.g. accidental chemical tanker spillage or nearby factory etc.

*\* Not all blister agents cause immediate blistering upon contact with the skin*

#### Preparing for the Possibility

*Planning for the delivery of chemical / biological materials by post is based on two features:*

- it will already have undergone some fairly rough handling by the Post Office
- the package is designed to reach its intended target

#### Minimising the Risk of a Successful Attack

*The following practical steps can be taken:*

- review your procedures for dealing with all mail.
- have one dedicated area for the receipt of incoming mail
- check all mail for suspicious signs
- if equipment is available, scan or x-ray all mail if you perceive that your business is at risk from contaminated mail, you may wish to consider:
  - using a letter opener and avoid spilling any contents
  - having protective equipment available for staff e.g. latex gloves and dust masks
  - having airtight containers available for the deposit of such packages

#### What to Look For

The following criteria may assist in assessing the threat:

##### Who is involved?

- Recipient - VIP target
- Witnesses
- Victims

##### What is involved?

- Nature of suspicious item
- Where has it come from?
- How did it get there?

- Has it been packaged to reach the venue?
- Is it unsolicited?
- Have enquiries been made of its origin / sender

### **Why is there suspicion?**

- Who says it is suspicious
- Are there any previous similar reports
- Is there a connected threat/demand

## **Dealing with Suspected Contaminated Packages**

### **Contaminated package received through the post**

- place the package in a sealed bag or container
- shut windows in the room
- evacuate the room, closing the door switch off the air conditioning system
- notify police immediately using the 999 system
- report to line manager or manager on-call

*In addition to the above, consider the following action if any material may have been released in the building.*

- close all fire doors
- close all windows in the rest of the building
- evacuate the building - where evacuation is not possible, for example where the evacuation route is through the contaminated area, and move staff away from the hazard and await instructions from the emergency services

### **Contaminated package outside the building**

- switch off the air conditioning system
- close all fire doors and close all windows in the building
- move all occupants away from the hazard and await instructions from the emergency services
- notify the police immediately using the 999 system clearly stating why you believe a chemical / biological material is involved.

### **Persons exposed to chemical / biological material.**

- do not overreact
- do not touch your eyes, nose or any other part of your body
- wash hands in soapy water
- keep all persons finding and exposed to the material separate from others and available for medical attention
- try to ascertain how many people may have been exposed - keep a record including details of their family doctor
- people should be encouraged to stay calm and remain near the scene for further specialist treatment and advice.

## Appendix 4.

### Guideline for handling and disposing of unknown substances

There are occasions when e.g. patients bring substances into the hospital to which the contents are not known. They may be hazardous or non-hazardous.

The production, use and storage of chemicals is regulated to reduce risks to the public and the environment, however accidental or deliberate release can have serious impacts.

Some chemicals cannot be seen, smelt, tasted or felt, so it is important that you follow the advice given, even if you cannot tell that anything has happened.

Just because a chemical is present does not mean that it will be harmful. How harmful a chemical is, depends on how much of the chemical you are exposed to and for how long. It is important to try and reduce the amount and time of exposure to make harm less likely.

If you come into contact with an unknown substance - follow the “remove advice”

1. **Remove yourself from the immediate area** to avoid further exposure to the substance. Fresh air is important. If the skin is itchy or painful, find a water source. Seek medical assistance if concerned.
2. **Remove your outer clothing if affected** by the substance. Try to avoid pulling clothing over your head if possible. Do not smoke, eat or drink. Do not pull off clothing stuck to skin.
3. **Remove the substance from your skin** using a dry absorbent material to either soak it up or brush it off. Rinse continually with water if the skin is itchy or painful.

### Reporting and Escalation

- **Alert senior staff:** Immediately inform the nurse or person in charge of the ward/department.
- **Contact emergency services:** If the substance is causing multiple people to become ill with unexplained symptoms, or there is a large spill/release, staff should withdraw to a safe distance and call for

specialist resources (e.g., fire brigade, HazMat teams). The police may also need to be involved, especially if the substance is suspected to be illegal or an act of deliberate harm.

- **Contact EPRR.** The trust EPRR team run a 24/7 service including on call out of hours. The EPRR staff can advise on support services, Dry and Wet decontamination activation and supply of CBRN equipment.
- **Report internally:** The incident must be recorded on the hospital's internal risk register or incident form (e.g. Datix report).

## Containment and Documentation

- **Secure the area:** The area where the substance was found should be isolated to prevent others from entering or spreading contamination.
- **Do not attempt cleanup (unless trained):** Cleanup of hazardous material spills should only be conducted by qualified personnel with appropriate training and protective equipment.
- **Secure the substance (if safe):** If the substance is deemed safe for short-term storage and the police are not immediately collecting it, it should be placed in a sealed, tamper-evident container (e.g., an envelope or exhibit bag) by two members of staff. Both staff members should sign and date the seal across the flap.
- **Store securely:** The sealed substance should be locked in a secure location, such as the controlled drugs cupboard or pharmacy narcotic vault, until proper disposal can be arranged by the pharmacy department or police.
- **Document everything:** All actions taken, including the substance's description, the location it was found, and the individuals involved in securing it, must be recorded in the relevant register and incident report form. Patient confidentiality should be maintained in the log, but relevant information may be shared with police if a criminal investigation is opened.
- **Disposal:** This should only occur once the risks of the product have been identified; inappropriate disposal can lead to harm to others and the environment.

## Follow-up

- **Seek medical advice:** Staff who believe they may have been exposed should seek immediate medical assessment and contact occupational health.
- **Staff support:** Ensure that all staff involved in the incident receive appropriate psychological support and debriefing.

## Supporting Document - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when sub



## Supporting Document 1 - Equality Impact Assessment Tool Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

### Section 1 - Name of Organisation (please tick)

|  |                                     |                               |                          |                      |                          |
|--|-------------------------------------|-------------------------------|--------------------------|----------------------|--------------------------|
| Herefordshire & Worcestershire STP       | <input type="checkbox"/>            | Herefordshire Council         | <input type="checkbox"/> | Herefordshire CCG    | <input type="checkbox"/> |
| Worcestershire Acute Hospitals NHS Trust | <input checked="" type="checkbox"/> | Worcestershire County Council | <input type="checkbox"/> | Worcestershire CCGs  | <input type="checkbox"/> |
| Worcestershire Health and Care NHS Trust | <input type="checkbox"/>            | Wye Valley NHS Trust          | <input type="checkbox"/> | Other (please state) | <input type="checkbox"/> |

|                                  |                                     |
|----------------------------------|-------------------------------------|
| <b>Name of Lead for Activity</b> | <b>Julie Noble, H&amp;S Manager</b> |
|----------------------------------|-------------------------------------|

|  |               |                  |                        |
|--|---------------|------------------|------------------------|
| <b>Details of individuals completing this assessment</b> | <b>Name</b>   | <b>Job title</b> | <b>e-mail contact</b>  |
|  | Samantha Reid | H&S Officer      | Samantha.reid3@nhs.net |
|  |               |                  |                        |
| <b>Date assessment completed</b>                         |               |                  |                        |

### Section 2

|  |  |
|--|--|
| Activity being assessed (e.g. policy/procedure, document, service) | <b>Title: Control of Substances Hazardous to Health (COSHH) Policy</b> |
|--|--|

|   |               |           |
|---|---------------|-----------|
| <b>Control of Substances Hazardous to Health Policy</b> |               |           |
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|  |  |
|--|--|
| redesign, policy, strategy etc.)   |  |
| What is the aim, purpose and/or intended outcomes of this Activity?  | To ensure compliance with the COSHH regulations 2002; to ensure staff can safely use, store, handle and transport hazardous substances under normal and emergency situations.  |
| Who will be affected by the development & implementation of this activity?   | <input checked="" type="checkbox"/> Service User<br><input checked="" type="checkbox"/> Patient<br><input checked="" type="checkbox"/> Carers<br><input checked="" type="checkbox"/> Visitors<br><input checked="" type="checkbox"/> Staff<br><input type="checkbox"/> Communities<br><input type="checkbox"/> Other _____ |
| Is this:   | <input checked="" type="checkbox"/> Review of an existing activity<br><input type="checkbox"/> New activity<br><input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?  |
| What information and evidence have you reviewed to help inform this assessment? (Please name sources, e.g. demographic information for patients / services / staff groups affected, complaints etc.) | A review of applicable Worcestershire Royal Acute Hospitals NHS Trust policies, HSE website and UK applicable regulations has been conducted.  |
| Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)  | Key parties have been provided with this Policy for review / comment (e.g. H&S committee). The H&S manager has ensured this policy meets legal obligations.  |
| Summary of relevant findings   | No impact to others from this document; this is a continual improvement process.   |

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

| Equality Group                | Potential positive impact | Potential neutral impact | Potential negative impact | Please explain your reasons for any potential positive, neutral or negative impact identified |
|-------------------------------|---------------------------|--------------------------|---------------------------|---|
| Age                           | √                         |                          |                           |   |
| Disability                    | √                         |                          |                           |   |
| Gender Reassignment           | √                         |                          |                           |   |
| Marriage & Civil Partnerships | √                         |                          |                           |   |
| Pregnancy & Maternity         | √                         |                          |                           |   |
| Race including                | √                         |                          |                           |   |

| Equality Group  | Potential <u>positive</u> impact | Potential <u>neutral</u> impact | Potential <u>negative</u> impact | Please explain your reasons for any potential positive, neutral or negative impact identified |
|---|----------------------------------|---------------------------------|----------------------------------|---|
| Traveling Communities   |                                  |                                 |                                  |   |
| Religion & Belief   | √                                |                                 |                                  |   |
| Sex   | √                                |                                 |                                  |   |
| Sexual Orientation  | √                                |                                 |                                  |   |
| Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)   | √                                |                                 |                                  |   |
| Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies) | √                                |                                 |                                  |   |

## Section 4

| What actions will you take to mitigate any potential negative impacts?   | Risk identified | Actions required to reduce / eliminate negative impact | Who will lead on the action? | Timeframe |
|--|-----------------|--|------------------------------|-----------|
|  |                 |  |                              |           |
|  |                 |  |                              |           |
|  |                 |  |                              |           |
| How will you monitor these actions?  |                 |  |                              |           |
| When will you review this EIA? (e.g. in a service redesign, this EIA should be revisited regularly throughout the design & implementation) |                 |  |                              |           |

## Section 5 - Please read and agree to the following Equality Statement

## 1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

|  |               |
|--|---------------|
| <b>Signature of person completing EIA</b>                      | Samantha Reid |
| <b>Date signed</b>   |               |
| <b>Comments:</b>   |               |
| <b>Signature of person the Leader Person for this activity</b> | Julie Noble   |
| <b>Date signed</b>   |               |
| <b>Comments:</b>   |               |

**Supporting Document - Financial Risk Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

|           | <b>Title of document:</b>   | <b>Yes/No</b> |
|-----------|---|---------------|
| <b>1.</b> | Does the implementation of this document require any additional Capital resources   | NO            |
| <b>2.</b> | Does the implementation of this document require additional revenue   | NO            |
| <b>3.</b> | Does the implementation of this document require additional manpower  | NO            |
| <b>4.</b> | Does the implementation of this document release any manpower costs through a change in practice  | NO            |
| <b>5.</b> | Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff. | NO            |

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Executive Team before progressing to the relevant committee for approval.