

## COSHH POLICY

For the purpose of this Policy, a substance hazardous to health refers to any substance (including preparations) as defined in the COSHH Regulations, and section 6 of this policy document.

### ASSESSING THE RISK OF SUBSTANCES HAZARDOUS TO HEALTH

1.1 Phoenix Arts undertakes to assess the risks to health from possible exposure to any hazardous substances. Work which exposes employees, volunteers or public to risk from substances hazardous to health is prohibited, unless, following a suitable and sufficient assessment of the risks created by the work, the risks to health are reduced to an acceptable level.

1.2 The purpose of COSHH assessment is to prevent or control exposure to substances hazardous to health. Assessments shall be carried out by a competent person who is familiar with the relevant legislation and has a detailed knowledge of the process.

### CONTROL MEASURES

2.1 The Operations Director is required to establish and monitor the operation of systems to provide and maintain any control measure, personal protective equipment, or any facility required by the Regulations.

### DUTIES OF MANAGERS

3.1 Line managers must ensure that staff and volunteers are familiar with relevant safe handling advice and guidance, including, where appropriate, information, instruction and training about the risks of substances in use and the precautions to be taken, and that Risk Assessments and Manufacturers' Safety Data Sheets and all appropriate protective measures are in place.

### DUTIES OF EMPLOYEES AND VOLUNTEERS

4.1 Employees must follow all safe working practices, guidelines and instructions and use any control measures in the correct manner. Defects discovered in any control measure, device or facility, or any item of personal protective equipment must be reported promptly to their line manager. Employees should inform their manager of any known allergies/reactions they may have had to any substances that they may have to use.

## DESCRIPTION

5.1 A 'substance hazardous to health' means a substance (including a preparation) -

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours
- Mists
- Nanotechnology
- Gases and asphyxiating gases
- Biological agents (germs) if the packaging contains any hazard symbols it is classified as a hazardous substance for which the Health and Safety Commission has approved a workplace exposure limit;

## COSHH ASSESSMENT

6.1 COSHH Assessments are a more detailed risk assessment. They are required for chemicals, dusts and biological agents (i.e. disease causing micro-organisms such as bacteria and viruses). You must have an approved COSHH assessment for an activity before you start work, whether in the workplace or elsewhere.

6.2 All COSHH materials are to be assessed using the COSHH Assessment Form (Appendix B). You will also need a Material Safety Data Sheet (MSDS).

6.3 Suppliers are obliged to supply a MSDS with all chemicals. If it is a repeat order they may not, but you can request one. For chemicals already in stock, an MSDS can be obtained via the Internet. It is best to use a British source if possible, as definitions vary from country to country.

## COMPLETING COSHH FORM

7.4 All substances which are hazardous to health require an assessment under the COSHH (2002) Regulations. Such substances are mainly chemicals, but include other things such as microbiological agents and wood dust.

7.5 All COSHH Assessments are to be reviewed every two years or when a product changes in composition or another one is substituted.

7.6 If you fill in the sections on our COSHH form adequately, then you will produce a suitable and sufficient COSHH assessment. You will find the information you need on the Material Safety Data Sheet (MSDS). Note that a sketchily filled in form with the MSDS attached is not acceptable. Copies of all completed COSHH forms must be forwarded to the Operations Director.

You need to consider what hazardous substances may be produced, as well as those used. For any substance with a WEL (workplace exposure limit), this level should be noted on the COSHH form.

Carcinogens may cause cancer, this is a particularly insidious side effect of exposure to some substances, which may not become apparent for many years after exposure,

and is often irreversible. Any carcinogen present on the premises must have a COSHH assessment whether or not it is currently in use; if you no longer use it then it must be sent for waste chemical disposal.

Substances which cause occupational asthma must be designated on the COSHH form as health monitoring may be required.

7.7 Strictly speaking, flammable and explosive substances should be assessed under the Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR). For practical purposes, it is a lot simpler if these properties are noted on our COSHH forms, as the amounts in use are likely to be small.

7.8 Personal Protective Equipment is only used as a 'last resort' if no other control measure is available. If PPE is to be used, this should be listed under 'Control measures to be adopted'

7.9 Remember that COSHH assessments constitute a legal document; the control measures must be followed. All line managers are responsible for monitoring control measures to ensure continuing adequacy and an employee's compliance with COSHH assessment.

## **HEALTH SURVEILLANCE/MONITORING**

8.1 Where employees or volunteers are exposed to a substance linked to a particular disease or adverse health effect such as asthma or dermatitis, the Line Manager will be required to carry out regular health checks. These checks need to be documented.

8.2 For new employees any condition which may be exacerbated by a substance they are exposed to during the course of their work activities will be highlighted on the pre-employment medical form, and monitoring will commence at the start of employment.

## **DISPOSAL**

Refer to Material Safety Data Sheet (MSDS) before disposal as the methods below may only apply to certain chemicals.

9.1 The best way to deal with any hazard is to remove it. Unused chemicals should therefore be disposed of, and new chemicals bought in small lots, unless you know you will be using all or most of it.

9.2 Dispose of as normal waste i.e. down sink / drain with copious amounts of water or if solid dispose of as normal refuse.

9.3 Place in sealable container and store pending disposal via waste chemical company.

All waste should be appropriately labelled (miscellaneous chemical wastes should not be mixed unless absolutely safe to do so).

9.5 Allow to evaporate in a safe open area. Volumes over 500ml, where no incineration or safe evaporation site exists, store in waste solvent drum pending disposal via waste chemical company.

## **SPILLAGE PROCEDURES**

Refer to Material Safety Data Sheet (MSDS) before clearing up spillages as the method below may not apply to certain chemicals.

10.1 Phoenix Arts is obliged to have emergency spillage procedures. Consider what is likely to happen under spillages/uncontrolled release. Some substances may require breathing apparatus, which in practice means evacuating the area and calling out the fire brigade.

10.2 Cover spillage with paper towels or suitable absorbent and pour appropriate disinfectant on top and leave for at least 15 minutes.

10.3 Place in sealable container and dispose of via waste chemical company. All waste should be appropriately labelled. Miscellaneous chemical wastes should not be mixed unless absolutely safe to do so.

10.4 Shut off all sources of ignition. Wipe up small amounts with cloth. Rinse well. For larger amounts ventilate area. Cover with towels or mineral absorbent, scoop into bucket and add water.

10.5 Sweep up carefully, avoid creating dust cloud. Dispose of as normal waste.

## **MANAGING SPILLS OF BLOOD AND BODY FLUIDS AND SUBSTANCES**

11.1 The basic principles of blood and body fluid/substance spills management are:

- standard precautions apply, including use of personal protective equipment (PPE), as applicable
- spills should be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and should be avoided)
- generation of aerosols from spilled material should be avoided.

11.2 Using these basic principles, the management of spills should be flexible enough to cope with different types of spills, taking into account the following factors:

- the nature (type) of the spill (for example, sputum, vomit, faeces, urine, blood or laboratory culture)
- the size of the spill – for example, spot (few drops), small (10cm) 10>
- the type of surface – for example, carpet or impervious flooring
- the location involved – that is, whether the spill occurs in a contained area (such as a microbiology laboratory), or in a public or clinical area of a health service, in a public location or within a community premises.
- whether there is any likelihood of bare skin contact with the soiled (contaminated) surface.

### **Cleaning spills – equipment**

11.3 Standard cleaning equipment, including a mop, cleaning bucket and cleaning agents, should be readily available for spills management. It should also be stored in an area known to all.

To help manage spills in areas where cleaning materials may not be readily available, a disposable 'spills kit' could be used, containing a large (10 L) reusable plastic container or bucket with fitted lid, containing the following items:

- appropriate leak-proof bags and containers for disposal of waste material
- a designated, sturdy scraper and pan for spills (similar to a 'pooper scooper')
- about five sachets of a granular formulation containing 10,000 ppm available chlorine or equivalent (each sachet should contain sufficient granules to cover a 10-cm diameter spill)
- disposable rubber gloves suitable for cleaning (vinyl gloves are not recommended for handling blood)
- eye protection (disposable or reusable)
- a plastic apron
- a respiratory protection device, for protection against inhalation of powder from the disinfectant granules or aerosols (which may be generated from high-risk spills during the cleaning process).

Single-use items in the spills kit should be replaced after each use of the spills kit.

With all spills management protocols, it is essential that the affected area is left clean and dry.

### **Cleaning spills – procedures**

11.4 Blood and body fluid/substance spills should be dealt with as soon as possible.

Care should be taken to thoroughly clean and dry areas where there is any possibility of bare skin contact with the surface.

PPE should be used for all cleaning procedures and disposed of or sent for cleaning after use. Hands should be washed and dried after cleaning.

Where a spill occurs on a carpet, shampoo as soon as possible. Do not use disinfectant. Steam cleaning may be used instead.

Wash hands thoroughly after cleaning is completed.

### **Cleaning spots or small spills**

11.5 Spots or drops of blood or other small spills (up to 10 cm) can easily be managed by wiping the area immediately with paper towels, and then cleaning with warm water and detergent, followed by rinsing and drying the area. Dry the area, as wet areas attract contaminants.

Disinfectant can be used on the spill area after cleaning.

### **Cleaning large spills**

11.6 Where large spills (more than 10 cm) have occurred in a 'wet' area, such as a bar or toilet area, the spill should be carefully washed off into the sewerage system using copious amounts of water and the area flushed with warm water and detergent.

Large blood spills that have occurred in 'dry' areas should be contained and generation of aerosols should be avoided.

Granular formulations that produce high available chlorine concentrations can contain the spilled material and are useful for preventing aerosols. A scraper and pan should be used to remove the absorbed material. The area of the spill should then be cleaned with a mop, and bucket of warm water and detergent. The bucket and mop should be thoroughly cleaned after use and stored dry.

### **Sodium hypochlorite (bleach)**

11.7 It is generally unnecessary to use sodium hypochlorite for managing spills, but it may be used in specific circumstances. It is recognised, however, that some employees, volunteers, and members of the public may feel more reassured that the risk of infection is reduced if sodium hypochlorite is used. Employees, volunteers, and members of the public should be aware that there is no evidence of benefit from an infection control perspective.

Hypochlorites are corrosive to metals and must be rinsed off after 10 minutes and the area dried.

### **TRAINING**

It is the Line Managers responsibility to identify employees who require training to carry-out COSHH Assessments. Refresher training will be carried out every 3 years.

Updated by Daniel Hill *Operations Director*  
Date: Tuesday, 10 October 2023

Approved by The Board  
Date: 10 October 2023

**APPENDIX A – EXAMPLE COSHH ASSESSMENT FORM**

Phoenix Arts		Date assessment made: Date discussed with employees:				
Step 1 Substance	Step 2	Step 3		Step 4 Action		
What's the hazard?	What harm, and who?	What are you doing already?	What improvements do you need?	Who	When	Check
Breathing in solvent vapours - wide format inkjet printer	Irritation, Everyone in the office	Leave prints in well-ventilated room to dry	Move printer to ventilated room			
Skin contact with ink	Anyone filling printer cartridges	Skin cleanser provided	Get sealed cartridges			
Skin contact with solvent	Anyone cleaning a print head - skin damage	Use nitrile gloves and lidded bin for waste	Begin skin checks			
Indoor air quality	Everyone from time to time - irritation					
	Sore eyes / throat, stuffy nose		Better fresh air provision. provide plants to increase air quality			
	Anyone nearby	Change filter and corona wires	Vacuum up dust. Get a new copier.			

<b>Also:</b>	<b>Action taken</b>	<b>Action needed</b>			
Thorough examination & test - COSHH					
Supervision					
Instruction and training					
Emergency plans		Spill of print-head cleaner			
Health surveillance	None	Skin checks			
Monitoring	None				
<b>Step 5 Review date:</b>		<ul style="list-style-type: none"> <li>▪ Review your assessment - make sure you are not sliding back.</li> <li>▪ Any significant change in the work? Check the assessment and change it if necessary</li> </ul>			
<b>Other hazards needing attention:</b> slips and trips, lifting, electrical appliances					



**APPENDIX B – BLANK COSHH ASSESSMENT FORM**

<b>Phoenix Arts</b>		<b>Date assessment made:</b>				
		<b>Date discussed with employees:</b>				
<b>Step 1 Substance</b>	<b>Step 2</b>	<b>Step 3</b>		<b>Step 4 Action</b>		
<b>What's the hazard?</b>	<b>What harm, and who?</b>	<b>What are you doing already?</b>	<b>What improvements do you need?</b>	<b>Who</b>	<b>When</b>	<b>Check</b>

<b>Also:</b>	<b>Action taken</b>	<b>Action needed</b>			
Thorough examination & test - COSHH					
Supervision					
Instruction and training					
Emergency plans					
Health surveillance					
Monitoring	None				
<b>Step 5 Review date:</b>		<ul style="list-style-type: none"> <li>▪ Review your assessment - make sure you are not sliding back.</li> <li>▪ Any significant change in the work? Check the assessment and change it if necessary</li> </ul>			
<b>Other hazards needing attention:</b>					

**APPENDIX C**

**Staff Monthly Skin Checks**

<b>Name of Employee</b>	<b>Work Activities/ Substance</b>	<b>Condition of Skin</b>	<b>Allergic Reaction</b>	<b>Use and type of Gloves</b>	<b>Use of Moisturiser/ Barrier Cream</b>	<b>Comments/Notes/ Control Measures</b>