

University Occupational Health and Safety Standard

LEAD SAFETY

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1. PURPOSE

The University is committed to meeting its legal obligations by ensuring that it has adequate arrangements, facilities and trained personnel to reduce the risk of injury, or ill health, from work activities involving lead.

This document sets out the minimum requirements to control the risks associated with lead at the University of Strathclyde, in order to comply with relevant legislative obligations and University requirements.

2. SCOPE

This document applies to all staff, students, post graduate students and visitors (for example visiting academics) who work with lead or have managerial responsibilities for the those who work with lead at the University of Strathclyde.

3. ABBREVIATIONS

DLSC	Departmental Lead Safety Coordinator
GB CLP	Classification, Labelling and Packaging Regulations
HOD	Head of Departments
HSE	Health and Safety Executive
LEV	Local Exhaust Ventilation
OEL	Occupational Exposure Limit
OHS	Occupational Health and Safety
PPE	Personal Protective Equipment
RPE	Respiratory Protective Equipment
SDS	Safety Data Sheet
SHaW	Safety Health and Wellbeing
SIRIS	Strathclyde Incident Reporting and Investigation System
SOP	Standard Operating Procedure
SSOW	Safe System of Work

4. DEFINITIONS

- 4.1 Lead** - means lead (including lead alkyls, lead alloy, any compounds of lead and lead as a constituent of any substance or material) which is liable to be inhaled, ingested or otherwise absorbed through the skin by persons except where it is given off from the exhaust system of a vehicle on a road.
- 4.2 Lead Alkyls** - means tetraethyl lead or tetramethyl lead.
- 4.3 *Occupational Exposure Limit for Lead (other than lead alkyls)** - the concentration of lead in the atmosphere to which staff may be exposed, which is set at 0.15 mg/m³.
- 4.4 *Occupational Exposure Limit for Lead Alkyls** - the concentration of lead contained in lead alkyls in the atmosphere to which staff may be exposed, which is set at 0.10 mg/m³.
- 4.5 Reproductive capacity** - A woman of reproductive capacity is one who is medically and physically capable of becoming pregnant.
- 4.6 Action levels** - These are concentrations of lead in blood set below the appropriate suspension limit. There are no action levels for employees exposed to lead alkyls.
- 4.7 Suspension levels** - These are concentrations of lead in blood or urine at which employees are normally taken off work which exposes them to lead, to prevent the risk of lead poisoning.

*Please note that the Control of Lead Regulations 2002 came into effect before the introduction of Workplace Exposure Limits hence the reason for still referring to Occupational Exposure Limits.

5. ROLES AND RESPONSIBILITIES

The [University OHS Standard for Roles, Responsibilities and Accountabilities](#) document defines the roles, responsibilities and accountabilities necessary to implement the Occupational Health, Safety and Wellbeing Policy at each level of the organisation

The roles and responsibilities specifically in relation to the management of lead are detailed as follows:

5.1 Executive Deans

Responsible for performance monitoring of this Standard within their area of responsibility including the University's significant partnerships, collaborations and wholly owned companies. They must ensure that departments are resourced such that this Standard is fully implemented.

5.2 Heads of Department/Heads of School/Professional Services Directors

Responsible for ensuring compliance with this Standard throughout their area of responsibility through provision of adequate resources and performance monitoring. They will be assisted by the DLSC or other nominated person(s) to carry out delegated tasks as appropriate. Specifically, they will ensure:

- Appropriate management, administrative and technical arrangements are in place to effectively control risks arising from activities involving lead and ensure that these are regularly reviewed;
- Activities involving work with lead are identified within the department and have been risk assessed and significant findings recorded;
- Appropriate emergency plans are established, implemented, communicated and practiced if required;
- Mechanisms are in place to monitor (using inspection, medical surveillance, incident and accident and work-related ill-health report investigations), audit and review OHS performance in relation to lead safety;
- Information in relation to the implementation of this OHS standard is made available to SHaW for audit purposes as required.
- Engagement with SHaW via the DLSC ensuring inclusion in and engagement with the Occupational Hygiene Programme;
- Effective regular health and safety inspections take place and action is taken where inadequate working practices, housekeeping and maintenance standards are found;
- Accidents, incidents and near misses are reported and investigated appropriately with preventative/corrective action taken where required;
- Risk assessments are reviewed at appropriate intervals;
- The appointment of a DLSC where necessary.

5.3 Line Managers/Principal Investigators/Academic Supervisors

Responsible on a day-to-day basis for ensuring that risks associated with lead work activities are managed within their area of responsibility. Specifically, they will ensure:

- Working safely with lead is considered as part of the grant application process, where applicable;
- Departmental safety arrangements are implemented within their area of responsibility as they apply to working with lead safely;
- An up-to-date knowledge of the risks associated with the work under their control is maintained;
- The identification and assessment of the risks to personnel under their supervision/management from possible exposure to lead;
- They are competent and possess the skills, knowledge and experience for ensuring that suitable and sufficient risk assessments are carried out, remain valid and risk control measures that are identified are implemented;
- Where necessary, in consultation with the nominated DLSC (where appointed) request the services of the Occupational Hygienist (via SHaW), and communicate assessment results, and implement recommended control measures;
- Where medical surveillance is required, liaise with Occupational Health Service to establish a surveillance programme, keep records of personnel who have attended and where recommendations are made by Occupational Health Service to co-ordinate any action as necessary;
- All personnel carrying out work with lead substances:

- Are appropriately trained, supervised and competent to carry out their work;
- Comply with all relevant risk assessments and other safety arrangements.

5.4 Departmental Lead Safety Coordinator

In departments where work with lead is undertaken and it is necessary to do so, a person or persons should be nominated by the HoD to liaise with colleagues throughout the department regarding working with lead safely. Where appointed, they will:

- Liaise with colleagues, such as PIs and supervisors, throughout the department to ensure they are identifying and assessing the risks associated with working with lead;
- Maintain a list of lead activities by establishing a department lead assessment programme, and co-ordinate and manage the programme to ensure assessments are conducted and regularly reviewed, and a programme of medical surveillance is effectively maintained;
- Liaise with colleagues to check maintenance programmes are in place to support control measures such as LEV and PPE;
- Where necessary request the services of the Occupational Hygienist (via SHaW) and maintain and co-ordinate participation in the Occupational Hygiene programme.

Where a DLSC is not required (i.e. work with lead is minimal and/or infrequent), the responsibilities of the DLSC default to the PI/Line Manager/Academic Supervisor supported by the DSC and/or SHaW.

5.5 Estates Services

Estates Services operations and nominated staff are responsible for:

- Advising departments on the installation, commissioning, and maintenance of local exhaust ventilation and performing statutory checks;
- Liaising with departments during lab commissioning and decommissioning;
- The general maintenance of the fabric of University buildings and fixed services (e.g. plumbing and electrics) within each area;
- Liaising with departments to ensure all lead waste generated on campus is accurately identified and disposed of through a licensed waste carrier.

5.6 Occupational Health Service

In relation to this OHS Lead Safety Standard, the Occupational Health Service is responsible for:

- Assisting HoDs to meet their statutory obligations by providing medical surveillance where identified;
- Liaising with departmental staff to implement a programme of medical surveillance where required;
- Providing information on occupational health related issues; and
- Keeping medical records in a suitable form for at least 40 years from the last date of entry.

5.7 Occupational Hygienist

In relation to this OHS Lead Safety Standard, the Occupational Hygienist is responsible for:

- Assisting HoDs to meet their statutory obligations by providing occupational hygiene monitoring where identified;
- Liaising with SHaW to arrange both scheduled and non-scheduled occupational hygiene monitoring for departments;
- Providing the occupational hygiene report following monitoring, and additional information as required;
- Provision of information / assessment of potential exposure prior to work commencing and prior to any occupational hygiene monitoring being undertaken;
- Recommending a referral to the Occupational Health Service to discuss Medical Surveillance if the risk assessment determines a risk of **significant** exposure.

5.8 Safety, Health and Wellbeing

SHaW are responsible for:

- Setting the requirements of this Standard, and ensuring that any related and appropriate training is available to meet the requirements of this Standard;
- Supporting Departments when work with lead is minimal and/or infrequent and liaise with the Occupational Health Service and the University's Occupational Health Physician to advise whether medical surveillance would be prudent in the circumstances;
- Liaising with departments to arrange both scheduled and non-scheduled occupational hygiene monitoring based on their needs;
- Co-ordinating the dissemination of the occupational hygiene report from the Occupational Hygienist to departments;
- Managing the reporting of incidents under RIDDOR;
- Attending departmental safety inspections by request or invitation;
- Implementing the Occupational Health and Safety Management System audit to ensure monitoring compliance with this standard.

5.9 All Users

All users engaged with work activities involving lead hazards are responsible for complying with the arrangements put in place to prevent or reduce exposure to lead. They must:

- Be aware of and understand all risk assessments associated with their work activities;
- If pregnant or breastfeeding notify their manager or HoD at the earliest opportunity in order for a New and Expectant Mothers risk assessment to be conducted;
- Participate in appropriate training;
- Comply with Standard Operating Procedures and Safe System of Work;
- Wear appropriate personal protective equipment;
- Attend any appointments with Occupational Health and comply with any recommendations from the Occupational Hygiene Monitoring report;
- Report any accidents, incidents, dangerous occurrences or occupational ill health;
- Report defective equipment to the line manager.

6. WORKING SAFELY WITH LEAD

Lead is a heavy metal that has been known to and used by humans for many centuries. It is a dull, silver-grey corrosion resistant metal which is soft and malleable. Lead has had many uses some of which are now banned. However, lead is still used for car batteries, pigments, ammunition, cable sheathing, weights for lifting, weight belts for diving, lead crystal glass, radiation protection and in some solders.

The Control of Lead at Work Regulations 2002 is relevant to all work-related activities where lead or lead compounds might be disturbed, displaced or released into the atmosphere, whether that be through maintenance or research activities. This includes metallic lead, its alloys, and all its compounds (including lead alkyls) whether as discrete materials or as a component element of another substance or material (such as a paint or a solder). The Information Sheet '[Outline of the Control of lead at Work regulations 2002](#)' provides a diagrammatic presentation of the main provisions of the Regulations as outlined in this Standard.

6.1 Health Effects of Lead

Lead presents a considerable health risk to individuals and is a cumulative toxin. Individuals can be exposed if they breathe in lead dust, fume or vapour, if they swallow any lead, or, in some instances, through skin absorption. When lead enters the body it will circulate in the blood. Small amounts will be excreted in urine, but some will remain in the body accumulating mainly in the bones. If levels of lead in the body get too high they can cause:

- Headaches;
- Tiredness;
- Irritability;
- Constipation;
- Nausea;

- Stomach pains;
- Anaemia;
- Loss of weight.

Continued uncontrolled exposure can cause more serious symptoms such as:

- Kidney damage;
- Nerve and brain damage;
- Infertility.

An unborn child is particularly at risk from exposure to lead, especially in the early weeks of pregnancy before a pregnancy becomes known (see Section 6.2.2).

6.2 Risk Assessment

A suitable and sufficient risk assessment must be completed prior to the commencement of any work involving lead. The assessment will determine the potential for exposure and whether it is likely to be **significant** and identify what risk control measures need to be implemented.

Exposure to lead is considered **significant** if one of the following conditions is satisfied:

- Exposure exceeds half the OEL for lead (see Sections 4.3 and 4.4);
- There is a substantial risk of staff or students ingesting lead;
- There is a risk of staff or student's skin coming into contact with lead alkyls, or any other substance containing lead in a form which can also be absorbed through the skin.

Work with lead must not be allowed unless a risk assessment has been conducted and the risks controlled. The responsible person for the work activity and the person undertaking the assessment, must have completed the appropriate training prior to undertaking and signing off the assessment (see Section 6.5). All personnel carrying out the work or those who may be potentially affected by it must be made aware of the contents of the assessment and sign and date to confirm as to having read, understood and will comply with it.

A general risk assessment must be completed on the [eRISK](#) system for all work-related activities. This assessment will identify that lead is a hazard. Depending on the nature of the activity, the risk assessment for lead can be completed fully using eRISK or an additional assessment can be undertaken using the [eCOSHH](#) system. For example, Estates Services working on campus where lead paint has been found would find the eRISK system to be suitable. Whereas a researcher in a lab area working with lead compounds that have assigned GB CLP hazard pictograms would find the eCOSHH system to be suitable. Whichever assessment is appropriate, the following principles of assessment apply.

6.2.1 Identifying Lead Hazards

Departments must identify work activities where staff, students and others affected by the work activities may be exposed to lead and in what form, e.g., dust, fume, vapour or liquid. Some examples of activities where there is **significant** exposure risk are:

- High temperature lead work (above 500°C) e.g., lead burning, welding and cutting;
- Abrasion of lead giving rise to lead dust in air, e.g., dry sanding, grinding, cutting by power tools;
- Spraying of lead paint and paint stripping.

Departments must also identify where lead is used in combination with other hazardous substances. If a substance or preparation which contains a lead compound is classified as dangerous for supply under GB CLP, the supplier must provide the recipient with an accompanying SDS. Departments must consider the information the SDS provides as part of the risk assessment process and implement appropriate control measures. Refer to Sections 6.2.4 to 6.2.6 for information on evaluating risk and risk control measures.

6.2.2 Who Might be Harmed

Departments must identify individuals or groups of people who could potentially be exposed, including specific groups who might be at increased risk such as young people aged under 18, women of reproductive capacity and pregnant workers. Consideration must be given to how they may be harmed e.g. by inhalation, ingestion or absorption and what additional control measures may be required.

Where an employee is a young person, the Management of Health and Safety at Work Regulations 1999 impose a number of additional requirements that the employer must take particular account of when making or reviewing the assessment. These include:

- (a) the inexperience, lack of awareness of risks and immaturity of young people; and
- (b) the extent of the health and safety training provided or to be provided to young people.

In view of the potential hazards of exposure to lead, employers are strongly advised not to allow school students on work experience programmes to do any work where their exposure to lead is liable to be significant.

A woman of reproductive capacity who becomes pregnant should inform the employer at the earliest opportunity. A pregnant employee should be removed from any work where the risk assessment determines that the exposure to lead is liable to be significant (see section 6.2). A New and Expectant Mother's Risk Assessment must be undertaken for any new or expectant mother. This assessment must be done as soon as it is made known that the individual is pregnant, has given birth within the previous 6 months or who is breastfeeding. The assessment must be reviewed periodically.

Where a work activity may expose employees to lead and to one or more other substances hazardous to health, the employer must consider the possible enhanced harmful effects of combined or sequential exposure.

6.2.3 How Might Harm Occur

Exposure to lead may occur when handling, processing, repairing, maintaining, storing or disposing of lead or items containing lead. Lead can enter the body through the following routes:

- Inhalation - breathe in lead dust, fume or vapour;
- Ingestion - swallow lead when eating, drinking, smoking or touching the mouth without washing your hands and face;
- Skin absorption - lead is not absorbed through the skin except in the form of lead alkyls and lead naphthenate.

Where lead is not in a form that can be inhaled, ingested or absorbed then there is no risk of lead poisoning and the regulations aren't applicable. For example, lead being used as a shielding material for some ionising radiation.

6.2.4 Evaluating Risk

Departments must gather relevant information concerning the work activity to aid in assessing the extent of potential exposure. Within the University, the background information required to effectively evaluate the risks is collected jointly between the department and an Occupational Hygienist. The risk assessment shall include consideration of:

- The hazardous properties of the lead;
- Information on health effects provided by the supplier, including information contained in any relevant safety data sheet;
- The level, type and duration of exposure;
- The circumstances of the work, including the amount of lead involved;
- Activities, such as maintenance, where there is the potential for a high level of exposure;
- Any relevant occupational exposure limit, action level and suspension level;
- The effectiveness of current control measures;

- The results of occupational hygiene monitoring and subsequently results of any medical surveillance carried out;
- In circumstances where the work will involve exposure to lead and another substance hazardous to health, the risk presented by exposure to those substances in combination;
- Whether the exposure of any employee to lead is liable to be significant; and
- Such additional information as the employer may need in order to complete the risk assessment.

6.2.5 Occupational Hygiene Monitoring

To help evaluate this risk, an Occupational Hygienist may be required to provide specialist advice, and subsequently where required to measure the potential levels of exposure. The Occupational Hygienist will employ suitable sampling techniques and strategies to comply with Control of Lead at Work Regulations 2022. They will conduct on site measurements for each activity where there is a risk of inhalation of lead identified by the department to establish:

- The actual level of lead in air concentrations;
- Whether the OEL has been exceeded;
- Whether the work undertaken is likely to result in staff or students being exposed to lead which is classed as **significant**;
- Whether additional controls are required to eliminate or reduce the risk;
- Whether there is a need to place personnel under medical surveillance.

Upon completion of the monitoring exercise the Occupational Hygienist will provide a written report to the department via SHaW. Departments must consider the information they have collected about the use of lead, along with the monitoring results, to determine which work activities present a risk to health, particularly those likely to result in **significant** exposure.

If the risk assessment determines a risk of **significant** exposure the Occupational Hygienist will recommend a referral to the Occupational Health Service to discuss Medical Surveillance (see Section 7).

Further information can be found in the [Occupational Hygiene Service Guidance](#). Contact safety@strath.ac.uk to request the services of the Occupational Hygienist.

6.2.6 Risk Control Measures

The recommendations contained in the Occupational Hygiene Monitoring Report should be applied to ensure exposure to lead is either prevented or, where this is not reasonably practicable, adequately controlled. Departments must in the first instance implement the hierarchy of controls to prevent staff and students being exposed to lead.

The hierarchy of control from the most to least effective controls are as follows:



1. Eliminate - the use of or production of lead by changing the way the activity is carried out or introduce a way of working which prevents staff or students coming into contact with the lead;
2. Substitution - replace lead with a lead free alternative;
3. Engineering Controls - local exhaust ventilation, work processes to avoid the generation of lead dust e.g. reduce working temperatures to below 500°C, use a wet method such as wet grinding, using lead in emulsion or paste etc;
4. Administrative Controls - organisational measures such as SSOW and SOP;
5. *PPE - provide suitable personal protective equipment.

*PPE must not be taken home for laundering as the risk of contamination can be passed onto family members. In addition, there must be adequate washing and changing facilities and places free from lead contamination where food and drink can be consumed.

Where **significant** exposure is likely then specific risk control measures must be implemented over and above any other action taken to prevent or control exposure as follows:

- Provide PPE to prevent lead being inhaled, ingested or absorbed. Depending upon the route of entry this may mean provision of gloves, face shields, aprons, RPE etc. When selecting RPE it is important to select a product that is suitable and designed to filter out dust, fumes or vapours at the concentrations likely to be generated as part of the work activity. Users must also have an appropriate face fit test to ensure the respirator fits correctly. Contact the DLSC or SHaW for further information on face fit testing;
- Make arrangements for laundering of PPE and contaminated clothing;
- Ensure adequate storage is provided for PPE so that it can be safely stored or kept when it is not in use.
- Monitor lead-in-air concentrations at least every three months where **significant** exposure arises from lead dust, fume or vapour. The department will need to establish a monitoring programme to ensure all individuals have their exposure measured and adequate records are maintained;
- Provide medical surveillance. This requires a medical surveillance programme to be established with the [Occupational Health Service](#).

General risk controls measures for working safely with lead are provided in Section 6.3.

Consideration must also be given to an appropriate and proportionate response where an event causes or threatens to cause exposure to lead on a scale well beyond that associated with normal day to day activities e.g. sudden or uncontrolled release of lead dust or fume. Emergency arrangements and contingency plans must be addressed as part of the risk assessment process.

6.2.7 Recording Significant Findings

The significant findings of the risk assessment process must be recorded and include the following:

- The work activities assessed;
- What form the risk of exposure to lead arises e.g. dust, fume, vapour;
- The route(s) of entry into the body e.g. inhalation, ingestion, absorption;
- Who could be affected, including vulnerable groups such as women of reproductive capacity;
- Whether **significant** exposure is likely;
- The results of monitoring for lead in air concentrations conducted by the Occupational Hygienist;
- The control measures already in place or proposed to manage the risk;
- The relevant information, instruction and training provided;
- Where **significant** exposure is likely, the scheme of medical surveillance in use or planned;
- Where necessary, additional controls to reduce the risk.

6.2.8 Review

The risk assessment must be reviewed if:

- There is any reason to suspect that the original assessment is no longer valid;
- There has been a significant change in the work to which the assessment relates;
- The results of any monitoring indicate it should be reviewed or the results of medical surveillance prompt a review;
- Following an accident, incident, dangerous occurrence or occupational ill health report;
- It is due its annual review.

6.3 General Risk Control Measures for Working Safely with Lead

The HSE recommend a range of control measures that all personnel should implement as a minimum when working with lead. These are:

- Ensuring you have all the information and training needed to work safely with lead, including what to do in an emergency, such as a sudden uncontrolled release of lead dust or fume;
- Using all work equipment provided for its intended purpose, follow instructions for use;
- Ensuring that any PPE provided fits correctly and is in good condition;
- Following good work practices, including:
 - Keeping the immediate work area as clean and tidy as possible;
 - Clearing up and disposing of any lead waste promptly and appropriately;
 - Not taking any PPE away from the workplace for washing or cleaning.
- Correctly wearing and storing any necessary PPE/RPE;
- Reporting any damaged or defective equipment to the Line Manager / Supervisor;
- Eating and drinking in designated areas that are free from lead contamination;
- Practicing a high standard of personal hygiene, and especially:
 - Washing hands and face and scrubbing nails before eating or drinking;
 - Washing and/or showering and changing workwear if necessary before leaving the workplace.
- Attending any appointments with Occupational Health.

6.4 Medical Surveillance

The Occupational Health Physician may require to meet any individuals **planning** to work with lead to undertake an initial medical assessment to determine whether they need to be placed under a programme of medical surveillance. The Occupational Hygienist may also be consulted upon prior to work commencing and prior to any occupational hygiene monitoring being undertaken. Note that initial medical assessment should always be carried out on employees liable to be exposed to lead based activities before work commences if they have had previous work-based lead exposure within the last 3 months, regardless of whether the new exposure is likely to be significant or not.

6.4.1 Where Exposure to Lead is Likely to be Significant

Where the risk assessment process has identified that exposure to lead is likely to be **significant** then medical surveillance must be organised through the Occupational Health Service. They can be contacted at occupationalhealth@strath.ac.uk.

Medical surveillance comprises of initial and periodic medical assessments which include measuring blood-lead and/or urinary lead concentration. The purpose of the surveillance programme is to detect early signs of excessive lead absorption or early adverse health effects and to prevent further exposure to prevent lead poisoning or other health effects developing.

An initial medical assessment should be carried out so far as is reasonably practicable before a person starts work for the first time which is likely to result in significant exposure to lead, and in any event not later than 14 working days after first exposure.

If the amount of lead measured in the blood reaches an action level, action must be taken to reduce it to below that level. If, despite the implementation of additional control measures, the blood level reaches the suspension level work with lead may have to be stopped. The action and suspension levels differ for general population, women of child bearing age and young people under 18. There are no action levels for employees exposed to lead alkyls. Also refer to HSE document Control of Lead at Work Regulations 2002 - Approved Code of Practice and Guidance, Regulation 10, Tables 4, 5 and 7 for further information. The Occupational Health Physician will provide information on action and suspension levels.

The intervals between periodic medical assessments should not exceed 12 months. The Occupational Health Physician may decide the frequency of carrying out periodic medical assessments as long as the employee's blood-lead concentration remains below the appropriate suspension level.

6.4.2 Where Exposure to Lead is not Determined to be Significant

Where the risk of exposure is not classed as **significant**, a copy of the completed risk assessment and other relevant information should be forwarded to SHaW who will liaise with the Occupational Health Service and the University's Occupational Health Physician to advise whether medical surveillance would be prudent in the circumstances.

6.4.3 Medical Surveillance Programme

Where a medical surveillance programme is required, departments must nominate a person to liaise with the Occupational Health Service to establish a suitable programme of surveillance. The programme will be based on the system as advised by the HSE document Control of Lead at Work Regulations 2002 - Approved Code of Practice and Guidance. Where surveillance is conducted it is the responsibility of the department to keep a record of the outcome of the medical surveillance and information on the person's fitness to continue to work with lead. This record should not contain any confidential medical information, all confidential information is stored securely by the Occupational Health Service. Such health records should be kept for 40 years.

When the programme of surveillance is completed, the Occupational Health Service will provide the department with a general report of the results advising whether there are any health issues emerging. Departments must use this information to determine if the current risk control measures are effective or if further action is required.

6.5 Information, Instruction, Training and Supervision

The University is committed to ensuring that all personnel working with lead are provided with adequate information, instruction, training, and supervision to enable them to work and/or act competently all times.

6.5.1 Information

Where there is a risk of exposure to lead, departments must provide relevant information about:

- The risks to health from potential lead exposure;
- The significant findings from the risk assessment;
- Results of occupational hygiene monitoring;
- How the risks can be controlled;
- How to deal with accidents, incidents and emergencies arising from working with lead;
- Arrangements for medical surveillance, where this is deemed necessary.

It is recommended a copy of, or access to the online version of the HSE leaflet [Lead and You \(INDG 305\)](#) is provided.

6.5.2 Instruction and training

Where there is a risk of exposure to lead, relevant instruction and training must be provided on:

- How to correctly use and maintain control measures such as LEV, PPE, RPE etc;
- Maintaining good personal hygiene e.g. washing hands before leaving the work area and not taking contaminated personal protective equipment or clothing home;
- How to deal with accidents, incidents and any emergencies that may arise from working with lead;
- The requirement to report any accidents/incidents to their line manager, supervisor and DSC;
- How to deal with contaminated items following an incident etc.;
- Where appropriate, training should include the Principles and Practice of Risk Assessment, COSHH Essentials, and when necessary COSHH Assessors training. See [SHaW's Training Course Catalogue](#) for further information.

6.5.3 Supervision

An appropriate level of supervision should be provided for anyone working with lead. The level of supervision should be proportionate to the experience and competency of the person working with lead, and should also take into consideration whether they are potentially at greater risk e.g. young persons.

7. PERFORMANCE MONITORING

7.1 Departmental Safety Inspections

Routine monitoring of activities involving work with lead is a departmental responsibility. All facilities are subject to scheduled inspections co-ordinated by the DSC and assisted by the Departmental Safety Committee. Departmental safety inspections should be carried out at least twice per calendar year however more frequent inspections may be required dependent on the findings of the risk assessments. A formal inspection report should be produced and resulting actions assigned to the appropriate personnel and followed up to completion. A representative from SHaW should by request or invitation attend at least one safety inspection per calendar year. Further information: '[Guidance on Safety Inspections](#)'.

7.2 Audit

SHaW implements a programme of departmental audits which are independent, in depth, systematic examinations of the health and safety management systems of departments. Audits identify both strengths and weaknesses and make recommendations for improvement. The SHaW audit team contact the department ahead of a scheduled audit and provide information on the process.

8. DOCUMENTATION AND RECORDS

- 8.1 The requirements to meet the standard for lead are described in this document. Some aspects are covered in more detail in other documents which are referenced throughout. Appendix 6 of the Control of Lead at Work Regulations 2002 details the information required to be recorded for employees under medical surveillance, these records are maintained by the Occupational Health Service.
- 8.2 Written records must be maintained to comply with this Standard, as detailed throughout.

9. COMMUNICATION AND REPORTING

- 9.1 A copy of the latest Standard will be available on the SHaW website.
- 9.2 Departments are expected to report on compliance and non-compliance with this Standard as part of regular OHS performance monitoring, further information can be obtained from SHaW.
- 9.3 With regard to this Standard incidents associated with lead should be reported via the [SIRIS incident reporting webform](#). If more than one person is involved in an accident, incident, dangerous occurrence or occupational ill health report then a separate report should be completed for each individual involved.
- 9.4 Some incidents may be reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). These regulations require that certain work-related injuries, cases of occupational ill health and dangerous occurrences are reported to the HSE. SHaW manage the reporting of incidents under RIDDOR.

10. FUTHER INFORMATION AND GUIDANCE

- Control of Lead at Work Regulations 2002 Approved Code of Practice L132 (Third Edition) - <https://www.hse.gov.uk/pubns/priced/l132.pdf>;
- Lead and You –Working Safely with Lead - <https://www.hse.gov.uk/pubns/indg305.pdf>;
- Control of Substances Hazardous to Health Regulations 2002 (as amended) L5 - <https://www.hse.gov.uk/pubns/priced/l5.pdf>;
- Controlling Airborne Contaminants at Work: A Guide to Local Exhaust Ventilation HSG 258 - <http://www.hse.gov.uk/pubns/priced/hsg258.pdf>;
- Respiratory Protective Equipment at Work HSG53 - <https://www.hse.gov.uk/pubns/priced/hsg53.pdf>.

11. TOOLS

11.1 Information Sheets

- [Outline of the Control of lead at Work Regulations 2002](#)

12. COMPLIANCE

This standard aims to meet the requirements of:

- Control of Lead at Work Regulations 2002
- Health and Safety at Work Act (1974)
- Management of Health and Safety at Work Regulations (1999)
- Managing for Health and Safety HSG65 (2013)
- Personal Protective Equipment at Work Regulations (1992)
- Personal Protective Equipment at Work (Amendment) Regulations 2022
- Provision and Use of Work Equipment Regulations (1998)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013)

13. DOCUMENT HISTORY

Recorded changes to this document are maintained in the SHaW Document Control Register.