

## Local Rule: Control of Substances Hazardous to Health



### 1. Potential Health Effects of Substances Hazardous to Health

Exposure to hazardous substances can occur by inhalation, skin contact or puncture, ingestion or through the eyes. As well as immediate ill health effects, such as burns, streaming eyes or breathing difficulties, there can be longer-term health effects such as asthma, dermatitis and cancer.

Substances hazardous to health include chemicals and products containing chemicals, fumes, dusts, vapours, mists, gases (including asphyxiating gases) and biological agents. If the packaging of a substance displays any of the [hazard pictograms](#) then it is classed as a hazardous substance. Other substances may be less obviously hazardous, such as paint, cleaning materials or dust from natural materials, like wood.

The University aims to prevent or control risks from substances hazardous to health by fulfilling the requirements of the Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH). Further information can be found at the Health and Safety Executive website <http://www.hse.gov.uk/coshh/>.

In accordance with COSHH, the University is committed to preventing or reducing workers' exposure to hazardous substances by:

- identifying where hazardous substances are used;
- carrying out COSHH assessments;
- providing control measures to reduce harm to health and ensuring they are used;
- keeping all control measures in good working order;
- planning for emergencies;
- providing information, instruction and training for members of staff and others; and
- providing monitoring and health surveillance in appropriate cases.

### 2. Key Definitions

**Workplace Exposure Limits (WEL) means:**

The maximum concentration of an airborne substance, averaged over a reference period, to which members of staff and students may be exposed by inhalation and which should not cause adverse health effects. WELs are UK occupational exposure limits and are set in order to help protect the health of workers.

These are concentrations of hazardous substances in the air averaged over a specified time period i.e. 15 minutes Short Term Exposure Limit (STEL) or 8 hours' Time Weighted Average (TWA). Short-term exposure limits (STELs) are set to help prevent effects such as eye irritation, which may occur following exposure for a few minutes.

### 3. Risk Control Measures

A risk control measure is any factor that contributes to reducing the risk of exposure to a substance harmful to health, in terms of likelihood and/or severity of exposure or of harm, if exposure did occur.

**Substances Hazardous to Health are defined as:**

- those listed in Table 3.2 of part of Annex VI of the CLP Regulation (b) for which an indication of danger specified for the substance is toxic, very toxic, irritant, corrosive, harmful, sensitising, carcinogenic (category 1 and 2), mutagenic (category 1 and 2) or toxic to reproduction;
- any substances with workplace exposure limits (WEL) which are listed in [HSE Publication EH 40 Workplace Exposure Limits](#);

- any biological agents (e.g. bacteria, viruses, parasites, protozoans, fungi) connected with a work activity. A biological agent is defined as ‘a micro-organism, cell culture, or human endoparasite, whether or not genetically modified, which may cause infection, allergy, toxicity or otherwise create a hazard to human health’;
- biological agents are listed in the *Approved List of Biological Agents*. This Approved List is available at <http://www.hse.gov.uk/pubns/misc208.pdf> . Further information on biological agents can be found in OHS Standard: [Working Safely with Biological Materials](#);
- any kind of dust if its average concentration in the air exceeds the levels specified in EH40. This applies to all dusts; however there are some dusts with their own specific WEL’s in EH40 such as cotton, hardwood and soft wood dust; and
- any other substance which creates a risk to health. This may include: pesticides, medicines, unknown or novel substances, substances produced in chemical processes or asphyxiants, which while not dangerous in themselves, can endanger life by reducing the amount of oxygen available to breathe.

## Exceptions

COSHH does not apply to the following substances:

- Lead – this is covered by The Control of Lead at Work Regulations 1998,
- Asbestos - this is covered by the Control of Asbestos at Work Regulations 2012,
- or where the substance is hazardous to health solely:
  - by virtue of its radioactive properties – this is covered by the Ionising Radiation Regulations 2017;
  - because it is at a high or low temperature or a high pressure;
  - due to its explosive or flammable properties - the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) apply to these risks;
  - biological agents that are outside the employers control, for example “catching a cold” from a work colleague; and
  - administered as part of a medical treatment.

## 4. Departmental Roles

### 4.1 Nominated Coordinators

Nominated coordinators must be assigned to coordinate the COSHH assessment process and the department may wish to nominate more than one individual to cover the following points. The role may include:

- coordinate and manage the COSHH assessment process within the department by establishing a COSHH assessment programme to ensure assessments are conducted and regularly reviewed;
- to liaise with colleagues, such as PIs and supervisors, throughout the department to ensure they are identifying and assessing the risks to staff and students from substances hazardous to health;
- to liaise with relevant colleagues to check maintenance programmes are in place to support control measures such as local exhaust ventilation (LEV) and respiratory protective equipment (RPE);
- where necessary to request the services of the Occupational Hygienist; and to assist PI’s and supervisors to enable them to implement any control measures identified; and

- where health surveillance is required, to liaise with Occupational Health Service to establish a surveillance programme, keep records of people who have attended and where recommendations are made by Occupational Health Service to co-ordinate any action as necessary.

## 4.2 Principle Investigator/Supervisor

The PI or Supervisor must ensure the identification and assessment of the risks to staff and students from possible exposure to hazardous substances; where necessary, in consultation with the Nominated Coordinator request the services of the Occupational Hygienist; and communicate assessment results to staff and implement control measures. Where health surveillance is required, to liaise with Occupational Health Service to establish a surveillance programme, keep records of people who have attended and where recommendations are made by Occupational Health Service to co-ordinate any action as necessary.

## 4.3 COSHH Assessor

A person/s must be nominated by the Head of Department to carry out COSHH assessments of substances hazardous to health. An assessor will have full knowledge of how the substance is used or what may be produced by the work activity. It is essential that the assessor is competent, possessing the knowledge, skill and experience to carry out the assessment. COSHH assessor training is available from Safety Services; those involved in the COSHH assessment process, including post graduate students, must ensure they understand the University's approach to COSHH, by undertaking this training.

It is required that those planning to attend COSHH assessor training, first attend the Principles and Practice of Risk Assessment training in order to understand the essentials of risk assessment.

Anyone can complete a COSHH assessment provided they have completed the training and have the knowledge and experience of the work activity being assessed. The PI or supervisor, who will be trained in COSHH assessment, and have knowledge and experience of the work activity being assessed, will manage the work and review the COSHH assessments, confirming that the person carrying out the assessment is competent and the assessment is 'suitable and sufficient'.

## 4.4 Staff, Students and Others

All staff and students have a responsibility to comply with the arrangements put in place to prevent or reduce exposure to substances hazardous to health.

## 5. COSHH Assessment - Assessing Risks from Substances Hazardous to Health

When identified through risk assessment that a COSHH assessment is required guidance can be found [here](#).

### 5.1 Identifying Health Hazards

The hazards associated with a substance are its inherent chemical, biological and physical properties that make it capable of causing harm to people or the environment when a particular degree of exposure occurs.

As defined in section 2 Key Definitions, there is a range of categories under which substances are classified as hazardous to health. It applies to a variety of substances (e.g. chemicals, fumes, dusts, fibres etc.) in any form (liquids, powders, gases, vapours). A good starting point in collecting information about the hazards presented by a substance, in its supplied form, is to check the supplier's safety data sheet (SDS).

By-products, intermediate substances and waste residues from the activity or process can also be regarded as hazardous and therefore need to be considered.

It is important, as part of the assessment process to understand the physical state of the substances, whether present as gases, vapours, viscous liquids, solids, dusts, powders and also the quantities that will be present. Even very small quantities of some chemicals or biological agents will present a potentially greater hazard than the same quantities of other substances.

In the case of substances with unknown or undocumented hazardous properties the person responsible for the work must have the competency to assess the likelihood of potential hazards from their experience, or from the chemical structure of the substance, so that they can identify any likely hazards of the substance with reasonable accuracy.

### 5.1.1 GB CLP Regulations and Hazard Statement and Precautionary Statement

The GB CLP Regulation continues to adopt the Globally Harmonised System (GHS). The GHS aims to ensure that information on the hazardous properties of chemicals is available throughout the world in order to enhance the protection of human health and the environment during the handling, transport and use of chemicals.

A Hazard Statement is a phrase that describes the nature of the hazard in the substance or mixture. A hazard statement will be determined by the application of the classification criteria. There are 3 categories of Hazard Statement:

- Physical series denoted by H200
- Health series denoted by H300
- Environmental series denote by H400

A Precautionary Statement is a phrase that describes the recommended measure(s) to minimise or prevent adverse effects resulting from exposure to a hazardous substance or mixture due to its use or disposal. There are 5 categories of Precautionary Statements:

- General series denoted P100
- Prevention series denoted by P200
- Response series denoted by P300
- Storage series denoted by P400
- Disposal series denoted by P500

### 5.1.2 Biological Agents

It is not only work directly involving biological materials in the laboratory which presents a risk of exposure to biological agents. Other work activities could pose potential exposure, for example, technicians using solvents or cutting fluids in a workshop, heating engineers exposed to *Legionella* from poorly maintained air-conditioning systems or plumbers exposed to *Leptospira* whilst working on drainage systems. COSHH assessments should cover all such situations.

### 5.1.3 Novel/Complex Work

For some research work there will be no known toxicological data nor will MSDS's be available. Many work activities may involve the use of several substances, including the preparation and use of a mixture of substances. In some cases the overall harmful effect of such mixed exposures may be greater than the sum of the individual effects. The assessment of such exposures should consider the synergistic effects of mixing substances. Specialist advice is available from the University's Occupational Hygienist through Safety Services. In these cases the precautionary principle of control should be used.

### 5.1.4 Carcinogens and Mutagens

Carcinogens and mutagens have special provisions for preventing or adequately controlling exposure, set out in the COSHH Regulations. Acute symptoms of exposure to carcinogens and mutagens have been reported in individuals who have been occupationally exposed. These can include hair loss, abdominal pain, contact dermatitis, allergic reactions, skin injury, and eye injury.

It is important for departments, when using such substances, to have an active precautionary approach to prevention and control based on up-to-date information of substances which are suspected of being carcinogenic and mutagenic. The use of cytotoxic agents in a research setting is covered by the Local Rules: Cytotoxic Substances.

Carcinogens and mutagens can lead to many adverse health effects and are covered by the hazard statements:

- H340: May cause genetic defects;
- H350: May cause cancer;
- H350i: May cause cancer by inhalation; and
- H351: Suspected of causing cancer;

A brief description of the above hazard statements with their corresponding serious health hazard pictograms can be found in [Appendix 1](#).

Where it is not reasonably practicable to prevent exposure to such substances the following additional controls must be applied:

- totally enclosing the process unless this is not reasonably practicable;
- prohibition of eating and drinking in areas that may be contaminated by carcinogens and mutagens;
- cleaning floors, walls and other surfaces at regular intervals;
- designating those areas which may be contaminated by carcinogens or mutagens and using suitable and sufficient warning signs; and
- storing, handling and disposing of carcinogens or mutagens safely, including closed and clearly labelled containers.

Particular attention should be paid to groups of workers who may be at particular risk e.g. young workers, trainees and new and expectant mothers. Pregnant workers are especially relevant as some substances may be harmful to the unborn child. In these cases, further advice can be sought from [Occupational Health Service](#).

## 5.2 Evaluating Risks

In terms of a COSHH assessment, risk is the probability that a person's health may be harmed by exposure to a hazardous substance. The risks are evaluated in relation to how the substance is used, the amount of substance present, the conditions under which work is carried out and what could go wrong. The risk control measures introduced should be relative to these risks identified.

Assessing the risks involves making a judgment on how likely it is that a hazardous substance will affect someone's health based on the following factors:

- (i) how much of the substance is in use or produced by the work activity and how could people be exposed to it?
  - different forms of a substance may present different hazards, e.g. substances may not be hazardous in solid form but may be hazardous when ground into fine powder or dust that can be inhaled;
  - impurities in a substance can make it more hazardous, e.g. crystalline silica is often present in minerals which would otherwise present little or no hazard;
  - exposure to two or more substances at the same time or one after the other may have an added or synergistic effect.
- (ii) who could be exposed to the substance and how often?
  - all groups of people who could come into contact with the substance must be considered i.e. not only staff and students but others such as contractors, visitors and members of the public, where applicable;
  - consider those involved in cleaning and maintenance tasks – high exposures can occur during this type of work;
  - also, certain groups of people are more vulnerable to exposure e.g. pregnant women, individuals with a suppressed immune system and young workers.
- (iii) what are the routes of exposure or infection? Is there a possibility of substances causing a risk to health if:
  - absorbed through the skin - some substances can damage the skin itself while others can readily penetrate it, become absorbed into the body and cause harm;
  - ingested, e.g. as a result of a substance getting into the mouth from contaminated hands as a consequence of inadequate hygiene practices;
  - inhaled into the lungs; or
  - injected via a needlestick or sharps injury.
- (iv) epidemiological or other data, e.g. reports of illness due to new and emerging agents, which indicate that a biological agent that does not already appear in the Approved List of Biological Agents could nevertheless cause a hazard to health.
- (v) one-off emergency situations arising out of the work activity, such as a dangerous chemical reaction or fire which could foreseeably produce a substance hazardous to health.
- (vi) which procedures could present a risk of exposure to substances hazardous to health?
  - procedures such as weighing, pipetting, centrifugation, elevated temperatures and sonication could all increase the risk of exposure if not correctly controlled.

The assessment of substances hazardous to health applies to University undertakings both on and off campus, for example, those collecting samples on field trips. It should be remembered that when working at another University or within another organisation then there is still a requirement for COSHH assessments. If there has already been one carried out at that workplace then this may be used so long as it has been appropriately assessed by the academic supervisor or line manager to ensure they are satisfied that it is 'suitable and sufficient' for those working to this assessment.

### 5.3. Deciding On and Implementing Risk Control Measures

Where a substance hazardous to health is identified and a risk of exposure is evaluated as significant, then the department must implement control measures to reduce the risk of exposure to as low a level as reasonably practicable, taking account of all the factors in 5.2 Evaluating Risks. The objective of COSHH is to prevent, or adequately control, exposures to substances hazardous to health so as to prevent ill health.

Risk control measures should be implemented using the following hierarchy of control:

- elimination of the substance;
- substitution with a safer alternative;
- engineering and design controls such as local exhaust ventilation;
- administration controls such as instructions and signs; and
- personal protective equipment.

The careful selection of appropriate risk control measures is important. COSHH assessors should consider each of the above control measures in the order shown and determine what is appropriate in the circumstances and not simply because a particular control measure is all that is available.

### 5.4 Use and Maintenance of Risk Control Measures

Within the University, Estates Services are responsible for maintaining all plant and equipment for the operation of local exhaust ventilation systems i.e. motors, fans, ductwork etc. however, the individual department is responsible for ensuring that tests are carried out at the operator side, sometimes referred to as the front end of the engineering control.

For further information refer [Clearing the Air: A simple guide to buying and using local exhaust ventilation](#). It is good practice for departments to obtain from Estates Services verification of maintenance and inspection work carried out in relation to their LEV systems.

### 5.5 PPE

Personal protective equipment, including respiratory protective equipment, must always be considered the last resort for preventing or controlling exposure to hazardous substances. It must be suitable for its intended purpose and fit for use with the substances identified as part of the COSHH assessment. Different substances will require different types of protection and this information should be recorded as part of the COSHH assessment. For further information on selection and use of PPE refer to the Local Rules: [Personal Protective Equipment](#) and [The Personal Protective Equipment at Work Regulations 1992 \(as amended\)](#).



## 6. Recording the Significant Findings

The significant findings of each COSHH assessment must be recorded and include the following:

- substances identified and their hazardous properties;
- the tasks and/or processes assessed;
- the routes of entry and likelihood of exposure;
- who could be affected and how;
- the risk control measures in place to prevent or control exposure to hazardous substances;
- the relevant information, instruction and training to be provided to staff and students;
- the scheme of health surveillance in use or planned;
- the scheme of occupational hygiene monitoring, if appropriate; and
- emergency spillage procedures and contingency plans including contact details of the PI or supervisor.

Each COSHH assessment will need to be reviewed if there is any reason to suspect that the original assessment is no longer valid or there has been a significant change in the work to which an assessment relates. In any case each COSHH assessment should be reviewed at least annually.

## 7. Occupational Hygiene Monitoring

Workplace exposure monitoring should be requested:

- where there is uncertainty about the levels of airborne contaminants generated by a work activity;
- the consequences of exposure are significant; and
- where there is a need to confirm the effectiveness of the risk control measures utilised.

The results are then used to determine the effectiveness of existing risk control measures to evaluate risk to health and to advise on new measures to control the risks. Further information can be obtained from the [Guidance: Occupational Hygiene Services](#).

## 8. Health Surveillance

### 8.1 Arranging Health Surveillance

Where the COSHH assessment process has identified that particular staff and students are likely to be regularly exposed to substances hazardous to health, at or above the workplace exposure limit or there is a specific requirement for this depending on the substance used, then health surveillance will be required.

Health surveillance is a periodic medical assessment to detect early signs of ill health caused by certain hazardous substances and to prevent ill health as a result. It is not a substitute for engineering controls and will only be carried out following rigorous implementation of the significant findings of a COSHH assessment. The aim is to protect an exposed person's health and to check the effectiveness of the risk control measures that are in place.

Health surveillance is not a substitute for controlling health risks at work. However it is commonly associated with the use of respiratory sensitisers (H334) and skin sensitisers (H317). The University already operates a number of health surveillance programmes for persons working with substances which are hazardous to health. Examples of which are use of isocyanates, wood dusts and work with asthmagens.

Health surveillance is only appropriate where:

- exposure to a hazardous substance is such that an identifiable disease or adverse health effect may be related to exposure;
- there is a reasonable likelihood that the disease or effect may occur under the particular conditions of the work undertaken;
- there are valid techniques for detecting indications of the disease or effect; and
- the technique of investigation is of low risk to the employee.

When a programme of health surveillance is completed, the Occupational Health Service will provide the department with an anonymised 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. As part of this programme individual health record forms will be kept by Occupational Health for each member of staff or student attending for health surveillance.

In addition the Occupational Health Service will report to the department on each person's fitness to continue to work. Both types of reports should be kept by the department for 40 years, however, only the Occupational Health Service will retain records which contain personal medical information.

Where COSHH assessments are not directly related to health surveillance, these can be kept for five years.

## 8.2 Health Records

Those working with certain types of substances, and who are deemed susceptible and have prior knowledge of sensitisation to that substance, **will be required** to have their health information recorded on a health record form which will be completed by the Occupational Health Service. Where an individual knows that they have a susceptibility to a certain substance, they must inform their PI or supervisor so that action, as described can be taken. Substances such as those with workplace exposures limits (WEL) listed in the HSE publication [EH40 Workplace Exposure Limits](#) and may also include substances as follows:

Respiratory sensitisers  
Skin sensitisers  
[COSHH Schedule 6 Carcinogens](#)  
Mercury  
Latex  
Arsenic

This record will contain personal medical information relevant to working with such a substance and be kept within the Occupational Health Service. Often this type of health record will be associated with occupational hygiene monitoring of a particular substance. (This is different to a Record of Personal Work Activity which records certain listed substances to which an individual may be exposed during their work activity, will be kept in the department, and does not contain personal medical information).

In addition the Occupational Health Service will report to the departments on each person's fitness to continue to work with these substances. Such records should be kept by the department for 40 years, however, only the Occupational Health Service will retain records which contain personal medical information.

It is therefore important that the COSHH assessment clearly identifies the staff at risk as this will be used to select which members of staff require health surveillance.

## 8.3 Record of Personal Work Activity (S31)

In practice, the criteria for health surveillance above are unlikely to be met for substances such as carcinogens and mutagens. However the HSE recommends that employers keep a record of Personal Work Activity on staff, students and others potentially exposed to substances within unknown toxicological effects.

Where the hazardous properties of the substance are well documented and the risk control measures ensure exposure to the substance are reduced to a level as low as reasonably practicable, and exposure is most unlikely to result in disease or adverse health effect, a personal work activity form will not be required.

For cytotoxic substances it is recommended by the [Safe Handling of Cytotoxic Substances](#) that a return of this type is kept as the hazardous properties of many cytotoxic substances are unknown. Similarly for nanomaterials or novel compounds, where the hazardous properties are not clearly defined, a record of personal work activity will be required.

Individuals must complete a Record of Personal work Activity (Form 31) which should be kept by the department and although at the moment there is no statutory timeframe, it is suggested that this record is kept for 40 years. An electronic version, accessed via Pegasus is currently under development.

Further advice and guidance can also be found in the Local Rules: [Cytotoxic Substances](#).

## **9. Providing Information, Instruction, Training and Supervision**

### **9.1 Information**

Those working with substances hazardous to health will be required to attend the COSHH Essentials Online course. Those who are responsible for carrying out COSHH assessments are required to attend the COSHH Assessors Online course. It is required that those planning to attend the COSHH Assessors course, first of all attend the Principles and Practice of Risk Assessment Online course. Further details can be found in [Training](#) on the Safety Services website.

Where staff and students are exposed to risks from specific hazardous substances then departments must inform them about:

- the name of the substance and the potential risks to health;
- how the risks can be reduced;
- any relevant workplace exposure level;
- significant findings of the COSHH assessment;
- control measures in place to reduce the risk of exposure e.g. LEV;
- emergency plans and procedures such as first aid, eye wash stations, spill kits, evacuation etc.;
- personal protective equipment required for protection of an individual;
- results of any occupational hygiene monitoring; and
- arrangements for health surveillance where this is deemed necessary.

This can be imparted during a staff briefing or a tool box talk and can be supplemented with a copy of or given access to the online version of the Health and Safety Executive leaflet [Working with Substances Hazardous to Health](#).

### **9.2 Supervision**

Departments must provide adequate supervision to monitor the correct implementation and effectiveness of risk control measures required to eliminate or reduce the risks. The level of supervision will depend on the experience and competence of those carrying out the work.

## **10. Waste**

Waste residues can present a risk to health therefore must be considered as part of the COSHH assessment process. It is essential to ensure hazardous waste is disposed of correctly according to departmental procedures. This must be clearly recorded on the COSHH assessment form and will include storage, suitability of containers for the waste to be disposed in and segregation of different types of waste as appropriate. All hazardous waste must be disposed of through the [Hazardous Waste Service](#) managed by Estates Services, done by submitting a S15 form to [hazardous.waste@strath.ac.uk](mailto:hazardous.waste@strath.ac.uk).

## 11. Further Information and Guidance

HSE Source - Publications free to download from the [Health and Safety Executive website](#)

[Working with Hazardous Substances](#)

[Breathe freely](#)

[HSE Skin at Work website](#)

[Approved List of Biological Agents](#)

[Controlling Airborne Contaminants at Work: A Guide to Local Exhaust Ventilation](#)

[Clearing the Air: A Simple Guide to Buying and Using Local Exhaust Ventilation](#)

[Respiratory Protective equipment](#)

## 12. Other Sources

[COSHH assessment eCOSHH](#)

[Guidance Note Undertaking a COSHH Assessment](#)

COSHH assessor/essentials training: [Safety Services webpage](#)

Occupational Health, Safety and Wellbeing

[OHS Biological safety Standard: Biological Safety](#)

[Local Rules: Cytotoxic Substances](#)

[Local Rules: Personal Protective Equipment](#)

[Guidance on Occupational Hygiene Services](#)

[Hazardous Waste Service](#)



The following summarises how departments can effectively implement this Local Rule and integrate it into its management systems. These processes will be monitored as part of Safety Services' Audit Programme, and where departments are able to demonstrate fulfilment of key actions, this is likely to provide strong evidence of good practice.

|   |                                    | <b>Key Management Actions</b>  |
|---|------------------------------------|--|
| 1 | Departmental Roles                 | <ul style="list-style-type: none"> <li>• Ensure that a responsible person is assigned to co-ordinate the COSHH assessment process and that the duties are defined;</li> <li>• Ensure that appropriate management, administrative and technical arrangements are in place to effectively control risks from hazardous substances and these are regularly reviewed;</li> <li>• Ensure that the above systems and procedures are incorporated into general departmental systems and communicated to relevant staff.</li> </ul>  |
| 2 | Identifying Hazards                | <ul style="list-style-type: none"> <li>• Ensure hazardous substances and related work activities which may present a risk to health are identified;</li> <li>• Ensure novel processes and waste substances are included as part of this stage.</li> </ul>  |
| 3 | Evaluating Risks                   | <ul style="list-style-type: none"> <li>• Ensure information about the hazardous substances identified is gathered;</li> <li>• Ensure routes of entry for each substance are identified;</li> <li>• Ensure those people working with substances or those who may be affected are identified, including vulnerable groups;</li> <li>• Ensure individuals complete a Record of Personal Work Activity where required;</li> <li>• Evaluate the risks of exposure for each substance in relation to each work activity, individuals and/or groups;</li> <li>• Ensure that the results of any occupational hygiene monitoring are considered as part of the evaluation stage.</li> </ul> |
| 4 | Implementing Risk Control Measures | <ul style="list-style-type: none"> <li>• Ensure that the hierarchy of risk control measures is considered in the correct order when deciding appropriate measures;</li> <li>• Ensure the range of risk control measures selected are implemented;</li> <li>• Ensure effective emergency procedures and contingency plans are written down and communicated;</li> <li>• Ensure all waste is effectively treated and disposed of using the appropriate University procedure;</li> <li>• Ensure recommendations in specific occupational hygiene monitoring reports are implemented.</li> </ul>   |
| 5 | Maintaining Risk Control measures  | <ul style="list-style-type: none"> <li>• Ensure risk control measures implemented to reduce the risk of exposure to hazardous substances are maintained;</li> <li>• Ensure local exhaust ventilation is maintained by a competent person at least once every 14 months.</li> </ul>   |
| 6 | Recording the Significant Findings | <ul style="list-style-type: none"> <li>• Ensure records of COSHH assessments and significant findings for hazardous substances are kept;</li> <li>• Ensure assessment(s) are reviewed annually unless other changes occur before this period.</li> </ul>   |
| 7 | Occupational Hygiene Monitoring    | <ul style="list-style-type: none"> <li>• Ensure that where appropriate occupational hygiene monitoring is arranged through Safety Services.</li> </ul>   |

|   |  |  |
|---|--|--|
| 8 | Arranging Health Surveillance                                | <ul style="list-style-type: none"> <li>• Where a COSHH assessment identifies the need for health surveillance, ensure a member of staff is assigned to liaise with the Occupational Health Service to implement a health surveillance programme;</li> <li>• Ensure the relevant staff and students have attended for health surveillance as required;</li> <li>• Consider the anonymised general report from the Occupational Health Service to determine if the current controls are effective and ensure that the reports are kept safe.</li> <li>• Health Service to determine if the current controls are effective and ensure that the reports are kept safe.</li> </ul>  |
| 9 | Providing Information, Instruction, Training and Supervision | <p>Where staff and students are exposed to hazardous substances:</p> <ul style="list-style-type: none"> <li>• Ensure assessors have received the Principles and Practice of Risk Assessment Online training, followed by the University COSHH Assessors Online training;</li> <li>• Ensure appropriate levels of supervision are provided determined by the level of competence and knowledge of those involved;</li> <li>• Ensure those working with hazardous substances attend the University's COSHH Essentials Online course;</li> <li>• Ensure relevant information, instruction, training and supervision about the health risks is provided to those affected;</li> <li>• Ensure a record of the training provided, staff attending and any information issued is retained.</li> </ul> |

## Appendix 1

### Labelling and Hazard Statements (H)

| Classification         | Category 1A or Category 1B   | Category2   |   |
|------------------------|--|---|---|
| Pictograms             |  <p>Serious health hazard</p>   |  <p>Serious health hazard</p>   | No Pictogram  |
| Germ Cell Mutagenicity | H340: May cause genetic defects (state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard)   | H341: Suspected of causing genetic defects (state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard)   |   |
| Carcinogenicity        | H350: May cause cancer (state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard)  | H351: Suspected of causing cancer (state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard)  |   |
| Reproductive Toxicity  | H360: May damage fertility or the unborn child (state specific effect if known)(state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard). | H361: Suspected of damaging fertility or the unborn child (state specific effect if known) (state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard) | <p><i>Additional category for effects on or via lactation</i></p> <p>H362: May cause harm to breast-fed children.</p> |