

Hazardous substances at work

A guide for UNISON branches

Contents

Introduction	4
Glossary	5
What are hazardous substances?	6
The effects on health	6
What must employers do and what can safety reps do?	6
Assess the risks	7
Prevent and control exposure	8
Record the assessment	16
Keep the assessment under review	16
Monitor exposure	17
Health surveillance	18
Plans and procedures for accidents, incidents, and emergencies	20
Information, instruction, training and supervision	21
Who conducts the risk assessment and who is consulted?	22
Competent persons	22
Right to consultation	23
A proper risk assessment – suitable and sufficient	24
Contacting members and non-members	26
What if there is still a problem or something goes wrong?	26
Is there still a risk?	26
What if someone has been exposed, injured or made ill?	27
Next steps	28
Further information and resources	28
Specific help and advice	29
Draft forms	29
UNISON Un-assessed risk report form	30
UNISON request for risk assessment record/s	31
Request for risk assessment review	32

Introduction

No one should be put at unnecessary risk at work. Work related death, injuries, and ill-health are not acceptable, and are mostly avoidable.

Your employer must ensure that work does not harm employees or any others. Not only is it the right thing to do – it's the law. The Health and Safety at Work Act requires employers to ensure the health, safety, and welfare at work of all their staff, plus any others who may be affected, such as service users and visitors.

Workers and others may be exposed to hazardous substances. There are thousands in daily use. You don't have to work in the chemical industry or in manufacturing to be exposed. Virtually all workplaces use or contain hazardous substances.

The main tool for employers to ensure that hazardous substances do not cause harm is to carry out proper risk assessments. The safety of employees, visitors, and the public depend on this. It is also a requirement under the law - the Control of Substances Hazardous to Health Regulations (COSHH). The Management of Health and Safety at Work Regulations may also apply. These place wider ranging requirements upon employers including the requirement to risk assess which is covered in separate UNISON guidance, *Risk Assessment - A UNISON guide for safety reps*. (ii)

Some hazardous substances are not covered by COSHH, but are instead covered by other specific laws. This includes asbestos, lead, and substances which are dangerous solely because they are explosive, flammable, or radioactive. Patients receiving medical treatment are also not covered where the risk is from the medical treatment.

UNISON has produced guidance on a number of specific hazards or diseases which can be obtained from UNISON's website. Some can also be ordered from UNISON's Communications Unit. (i)

Safety reps have an important role to play in ensuring that employers carry out proper and sufficient risk

assessments to avoid or reduce the chances of someone being hurt. When an employer fails to carry out a risk assessment or does it badly, risks can get missed or can be underestimated, and workers and others can get hurt.

The rest of this guide will explain what a COSHH risk assessment is, how these should be done by employers, and how safety reps can ensure that they are good enough.

Glossary

There are some terms that are repeatedly used in this guide as they are found frequently in the law and guidance on COSHH. For ease they have been listed with their definitions below.

Asthmagen - something which may cause asthma.

Biological agents - includes germs that cause disease (bacteria, viruses, fungi, and parasites that live inside their host); cell cultures (where the specific cells are hazardous); and other micro-organisms.

Carcinogen - may cause cancer.

Competent - refers to the requirement for individuals conducting risk assessments to have all the necessary information, knowledge, training, and experience so that they may carry them out adequately. See page 22 for more.

Dermatitis - is a type of eczema. It is an inflammation of the skin caused by exposure to a substance.

LEV - local exhaust ventilation is local ventilation to the task or process rather than general room ventilation.

Hazard - something which may cause harm.

Mutagens - may cause inheritable genetic damage, including cancer.

Nanoparticles - are microscopically small and so not visible to the human eye.

Pathogen - any disease-producing agent, including a virus, bacterium, or other microorganism.

PPE - stands for Personal Protective Equipment. This is equipment used and usually worn by the user to protect against health or safety risks at work. It can include safety helmets, hard hats, gloves, eye protection, high-visibility clothing, safety footwear, and safety harnesses.

REACH - is a European regulation and stands for the "Registration, Evaluation, Authorisation and restriction of Chemicals". During 2015 these regulations will change the law on safety data sheets so that they will increasingly also include exposure scenarios. These will describe how to use the chemical safely under particular conditions. See page 7 for more.

Reasonably practicable - refers to the requirement to prevent exposure under the risk assessment process. Exposure must be prevented unless the requirements to achieve this are grossly disproportionate to the benefits (and therefore not reasonably practicable). So the more hazardous the substance, the more that should be done to prevent exposure.

Risk assessment - is the process of identifying the hazards at work, estimating the chance (risk) that they may cause harm, identifying who may be harmed and how, and identifying ways to avoid or reduce the risk of harm. This is covered in more detail below.

RPE - stands for respiratory protective equipment. This is equipment such as face masks used to filter contaminants from the air being breathed in.

Sensitisers - can make you hypersensitive causing your body to overreact to a substance when exposed to it.

Workplace Exposure Limits – (WELs) cover a number of hazardous substances for which possible exposure by breathing them in must be below a specified limit (see page 14 for more).

What are hazardous substances?

The common feature of hazardous substances is a potential to cause harm to health if breathed in, swallowed, or absorbed through or in contact with the skin or another part of the body. This includes contact by infection or through an injury. COSHH defines hazardous substances to include:

- **Most hazardous chemicals** and products containing chemicals, including waste and by-products;
- **Biological agents**;
- **Substances with workplace exposure limits** (WELs);
- **Nanoparticles**; and
- **Any other dust** not covered above.

Harmful substances which UNISON members may come across include the majority of commercial chemicals. Many will have a warning label on their packaging. For example:

- **In cleaning** - bleach and other cleaning agents with a warning label. Note that household washing-up liquid has no warning label and so is not covered;
- **In building maintenance** - wood dust, glues and adhesives, solvents, paints, and oils;
- **In grounds maintenance and gardening** - pesticides and fertilisers;
- **In healthcare** - medicines and biological agents (but note that COSHH does not cover patients receiving medicine as part of their treatment);
- **In transport** - oils, fumes, and fuels;
- **In office work and printing** - toner, inks, and paper dust;
- **In catering** - flour which is an asthmagen.

Hazardous substances may come in various forms including: gases, fumes, vapours, liquids, and solids. Depending on the substance, each of these forms may be more or less hazardous than the other.

Some may also contain hazardous impurities. When a substance is a nanoparticle it may also be more toxic than when it is of a larger size.

Exposure to more than one substance at the same time may increase the risk of harm.

The effects on health

The effects on health may develop quickly (being “acute”) and be easily seen, such as being overcome by fumes. They may also take many years (being “chronic”), making it difficult to link the ill-health to the exposure, such as when a substance may cause cancer.

The effect may develop at the area where the substance enters or comes into contact with the body (being “local”) such as dermatitis on the hands from wearing gloves. Or it may affect any or all other parts of the body (being “systemic”), such as where a chemical breathed in may cause cancer elsewhere in the body.

Workers may suffer irritation, perhaps leading to dermatitis; sensitisation possibly leading to asthma; a loss of consciousness if for example overcome by toxic fumes or a lack of oxygen; infection by bacteria; and long-term effects such as cancer. The Health and Safety Executive (HSE), has said that exposure to hazardous substances can result in “discomfort, pain, time off work and, all too often, premature retirement and early death.”

What must employers do and what can safety reps do?

COSHH covers virtually all workplaces. It requires employers to prevent, where reasonably practicable workers’ (and others) exposure to hazardous substances. Where prevention is not reasonably practicable, then employers must adequately control (minimise) exposure. Prevention of exposure is the “employers overriding duty and first priority”

(COSHH, ACOP 7, paragraph 87). This duty to prevent and control exposure is achieved by carrying out a suitable and sufficient assessment.

Where one employer works at another employers premises they should share information, co-operate, and collaborate with each other to ensure that the requirements under COSHH are met. This includes ensuring that each others employees are not being harmed by the others work. It also requires the provision of information and training to the other employer on the hazards, the risks, and the control measures for their own work.

1) Assess the risks

Employers must not carry out work which is likely to expose employees to hazardous substances, unless they have conducted a suitable and sufficient (see page 24) risk assessment and any other steps required by COSHH.

a) Identify all the hazardous substances

All the hazardous substances in the workplace must be identified and information on each obtained, including:

- Those handled, stored, and used for processing;
- Those produced or emitted by a process, activity, or even accident or incident (including fumes, vapours, dust, waste, residues, scrap, and by-products);
- Those used for or caused by maintenance, cleaning, or repair work; and
- Those produced by another employer's workers nearby.

The first place to get information is the safety data sheet. Suppliers of dangerous chemicals must provide safety data sheets when supplying chemicals to employers and other organisations. These data sheets contain information on the chemical, including:

- Its hazards, health risks, and the symptoms of exposure;
- First aid, fire, and other emergency measure;
- Its stability and reactivity; and

- How to handle, store, transport, and dispose of it.
- During 2015 the law on safety data sheets will change so they will increasingly also include exposure scenarios. These will describe how to use the chemical safely under particular conditions. The law (REACH) will require employers to follow this advice unless they can justify why their alternative measures offer an equivalent (or better) level of protection for human health and the environment.

Other sources of information include:

- Product labels, relevant industry standards, and other information from the manufacturer/supplier;
- HSE guidance and publications including the COSHH Essentials web tool (a generic risk assessment tool); (xi)
- Technical papers and trade association guidance; and
- UNISON. (i)

b) Consider how likely it is that someone's health will be affected

Next the employer must consider how likely it is that someone's health will be affected and how serious this may be. Factors to consider include:

- How much of the substance is used or produced?
- What are its hazardous properties?
- In what form the substance may be?
- How often, how long, at what level and in what way (e.g. breathed in, skin contact, swallowed, etc) will the exposure occur?
- The effort needed to do the work and how this might alter someone's breathing and therefore their potential exposure.
- The health effects. The more serious they are, the more comprehensive the assessment and the more stringent the control measures will need to be.
- Are there any Workplace Exposure Limits (WELs)?
- What are the results of any health surveillance or exposure monitoring?

- Are employees or others exposed to more than one substance at work and does this cause different or worse health effects?
- Or are they also exposed to substances at home which may affect the level or mix of exposure?
- The level of classification for any biological agent (see page 12).
- The additional requirements if the substance is a known or suspected carcinogen or mutagen (see page 11).
- Who may be exposed? Are there individuals at greater risk?

Everyone has to be considered. This includes visitors, the public, contractors and employees working at other locations or at another organisation. Cleaning and maintenance staff must be especially considered. Their work by its nature or if a control measure deteriorates or fails, may lead to them being highly exposed. However, their work is often forgotten because it takes place outside of normal hours or is infrequent.

- Others at greater risk or more vulnerable may include: pregnant women, the young or inexperienced workers and disabled workers. Those with sensitivities or other diseases (including asthma and dermatitis) may also be more susceptible.
- Any other relevant information.

c) Are there any existing measures of prevention or control in place and are they working?

Are there control measures already in place (see below) and are they working and/or can they be improved? Again, it may be necessary to seek further information from other sources (as listed under 1a section).

Safety Rep Checklist

- Have a look at the risk assessments.
- Have all the hazardous substances been considered?
- Have all those at risk including those particularly vulnerable groups been considered?
- Has how the work is 'really' done been considered?
- If the answer to any of the above questions is "no" then the risk assessment will not be "suitable or sufficient" (see page 24 for more). If this is the case, ask for it to be re-done/reviewed.
- Consider whether the risk assessor is competent (see page 22).

2) Prevent and control exposure – precautions to protect the workforce and others

If significant risks have been identified, the employer must (under regulation 7 of COSHH):

- Consider how to prevent the exposure if reasonably practicable,
- Or otherwise control (minimise) exposure, and
- Consider whether current controls are working and meet current HSE and industry guidance and good practice.

Air monitoring and/or health surveillance results see pages 17 - 19) may help to indicate whether the controls are working.

a) Preventing exposure

Prevention must be aimed for if reasonably practicable. Prevention can be achieved by:

- Elimination –
 - Not using the substance,
 - Changing the process so that it is not needed, or the waste or by-product is not produced, or
 - Changing the process so that the method causing the exposure is avoided. For

example use water based rather than solvent based products, or brush the product on rather than spraying.

If elimination is not possible, prevention may be achieved by:

- Substitution – using a less harmful alternative such as swapping an irritant cleaning product with something milder, or a brush with a vacuum cleaner. It is important to note that before the employer substitutes one substance for another, it must consider all the known and potential risks from that other substance. This includes risks covered by COSHH and also other regulations, such as for example, those covering flammable materials.
- By using the substances in a safer form – such as pellets instead of powder which would reduce exposure to dust.

CASE STUDY

The cleaners of an office block complained to their supervisor that a new cleaning solution was causing irritation to their throats. Other members of staff who were working late in the offices whilst the cleaning took place had also complained. The facilities manager sought an alternative cleaner from the supplier. When the safety rep read the safety data sheet for the new alternative, she found that the new substance was harsher than needed. It could even clean ovens and was a potential carcinogen. The end result was to go back to using the original safer product but change the way it was being used. No longer was it sprayed onto the surface of the cupboards, allowing some of it to escape into the air to be breathed in. Instead it was sprayed directly onto the cleaning cloth and applied to the cupboards this way.

b) Controlling exposure

Only when preventing exposure is not reasonably practicable, may the employer then consider controlling it. To be effective in the long term, control measures need to be practical, workable, and sustainable. For the control to be adequate:

- Any WELs must not be exceeded. For carcinogens, mutagens, and sensitisers including asthmagens, the exposure must be reduced to as low as reasonably practicable;
- The principles of good practice (COSHH Schedule 2 - see pages 10-11) must be applied; and
- Priority must be given to the control measures in line with the hierarchy just below, so far as appropriate, and in accordance with the risk assessment:
 - Design, provide, and use appropriate work processes, systems, engineering controls, equipment, and materials;
 - Control exposure at source (such as adequate ventilation systems and organisational measures); and
 - Personal protective equipment (PPE). This must be as a last resort and in addition to the above two steps.

To achieve these steps, there must be:

- arrangements for safe handling, storage, and transport of substances;
- suitable maintenance procedures;
- the minimum amount of substance used;
- the minimum number of employees exposed;
- exposure at the lowest level and for the shortest duration possible;
- control of the work environment including appropriate general ventilation; and
- appropriate hygiene measures including adequate washing facilities.

The Principles of Good Practice for Controlling Exposure

For effective and reliable control, they must be all applied.

Design and operate processes and activities to minimise the emission, release, and spread of hazardous substances as much as possible. It is usually cheaper and more effective to do this at source, rather than once it has spread. If it is not done, adequate and reliable control is difficult to obtain.

Consider all relevant routes of exposure (skin, swallowing, and breathing in) when developing control measures. The physical, chemical, and infectious properties of a substance as it is used will determine how the exposure occurs. Employers must consider:

- the possible health effects,
- the way the substance is used,
- the amount of exposure, and
- how this occurs.

Use proportionate measures to control health risks. The more severe the potential health effect, and the more chance of it occurring, the stricter the measures that are needed.

Choose the most effective and reliable control options that minimise the escape and spread of hazardous substances. Some options are more reliable and effective. For example changing the process so that less hazardous substances are produced or released is very reliable, whereas PPE depends on a good fit and proper use. There is a hierarchy based on reliability and effectiveness, so preference is for those higher up the list below:

- 1) eliminate the hazardous substance;
- 2) modify the substance, process, and/or workplace;
- 3) apply controls to the process such as splashguards, enclosures, and local exhaust ventilation (LEV);
- 4) ways of working that minimise exposure such as a safe working distance to avoid exposure; and
- 5) personal protective equipment.

Where other control measures cannot sufficiently control exposure, use suitable PPE in combination with other control measures. Effective control is usually achieved by a mixture of measures. PPE must be a last resort and in addition to other control measures. PPE has its limitations, it:

- has to be selected for and fit the individual;
- must be worn correctly each and every time;
- must not interfere with work or other PPE;
- must be stored, checked, and maintained properly;
- tends to be delicate and relatively easy to damage; and
- can fail without warning and then offer little or no protection.

The Principles of Good Practice for Controlling Exposure (continued)

Regularly check and review all parts of a control measure for continued effectiveness. This should include checking:

- whether relevant equipment is working properly, used, and maintained;
- if all individuals are adequately and appropriately trained, supervised, and instructed;
- if all the control measures and appropriate working methods are used; and
- if all appropriate checks are made and records kept.

How often checks need to be carried out will depend on the reliability of controls and the consequence if they fail. For example, process changes are likely to be more reliable than LEV, which in turn is likely to be more reliable than routines which rely on human behaviour.

Inform and train all employees on the hazards, the risks, and the control measures. For effective control, people need to know how to and the importance of why they should work in certain ways and use certain measures. This is particularly so where serious health effects may not develop until many years after exposure. There may not be any immediate or early warning of adverse effects, such as exposure to chemicals which may cause cancer many years later, with no earlier symptoms.

Ensure control measures do not increase health and safety risks. Changes in processes or to control measures, new ways of working, and PPE can all create new risks. For example, enclosures might create explosion risks if working with explosive aerosols; LEV needs to be maintained so may involve risks regarding access or manual handling; PPE may affect vision or touch. So potential “new” risks must always be risk assessed, with adequate measures of prevention or control, and must only be introduced on the basis that they prevent or control a more significant risk.

c) Additional requirements for carcinogens, mutagens, and biological agents.

For carcinogens or mutagens, an employers first objective is to prevent exposure. Noticeable ill-health effects may only take place many years after the first exposure, with no early warnings, and treatment options may be limited.

Risk assessment is therefore especially vital to identify if carcinogens or mutagens are present and if so, the nature and extent of the risk. It should ensure that effective control measures and other precautions are planned and taken. If possible, such as where there is a safer alternative, carcinogens or mutagens should not be used, or produced as waste or by-products.

COSHH applies to carcinogens and mutagens as it does to other hazardous substances, except for

where it is not reasonably practical to completely prevent exposure. In this case, employers must apply both the control measures in order of priority (see page 9) and the principles of good practice. They must also:

- Totally enclose the process and handling systems (so far as is reasonably practicable);
- Prohibit eating, drinking, smoking, or applying cosmetics in contaminated areas;
- Regularly and whenever necessary clean walls, floors, and other surfaces, tools, equipment, clothing and PPE;
- Designate areas and installations that may be contaminated, use warning signs, and keep the number of employees and their duration there to the minimum;
- Provide adequate washing facilities to enable a high standard of personal hygiene;

- Store, handle, and dispose of the substances in as small amount as possible, and in closed and clearly labelled containers.

COSHH applies to biological agents where exposure may cause ill-health and:

- a) There is a deliberate intention to work with them (such as in research, teaching, or diagnosis), or
- b) They are incidental to the work because the work activity involves contact with them (such as with refuse disposal, sewage purification, and work with bedding and laundry).

Deliberate work with biological agents must be carried out in facilities with the appropriate containment level. This level depends on their classification into one of four groups. These groups are based on the severity of the disease that may occur, the risk of infection, how easily and quickly the infection can spread to others, and the availability of vaccines and effective treatment:

- Group 1 – unlikely to cause human disease.
- Group 2 – can cause human disease and may be a hazard to employees, but unlikely to spread to the community and usually there is treatment available.
- Group 3 – can cause severe human disease, may be a serious hazard to employees, and may spread to the community, but there is usually effective treatment.
- Group 4 – causes severe human disease, is a serious hazard to employees, is likely to spread to the community, and there is usually no effective treatment.

COSHH does not apply to biological agents where exposure is not directly nor incidentally related to the work activities, such as catching a cold or other infection from a colleague.

CASE STUDY

Biological hazards don't just apply to hospitals and labs. A council worker in Tower Hamlets is known to have died from TB (tuberculosis). They had come into contact with some of the poorest and most vulnerable people who are at high risk from TB. UNISON advised the employer in this case that it must manage the problem by identifying staff at risk, screening them, and offering vaccinations to those not immune. Other at risk workers include people working in residential homes who may face a risk from MRSA (methicillin resistant staphylococcus aureus).

If prevention of exposure is not reasonably practical for deliberate or incidental work with biological agents, then employers must:

- Display suitable and sufficient warning signs;
- Specify appropriate decontamination and disinfection procedures;
- Apply appropriate control and containment measures;
- Ensure the safe use, work with, transport, collection, storage, and disposal (after suitable treatment where appropriate) of biological agents and contaminated waste including the use of secure and identifiable containers;
- Test where necessary and technically possible, outside the primary physical confinement for the biological agents used;
- Make available to employees where appropriate, free effective vaccines and keep a record. The pros and cons of vaccines must be explained, and they must only be in addition to all the other control measures. However, if not taken by or effective for a given individual, other and further control measures may be necessary. More information is available from the Advisory Committee on Dangerous Pathogens (xx) or HSE's biosafety webpages (xvii);
- Ensure hygiene measures to prevent or reduce the accidental transfer or release of a biological agent including appropriate washing and toilet facilities, and where appropriate prohibit eating,

drinking, smoking, and the application of cosmetics.

Where there is deliberate work with or use of group 3 or 4 biological agents, employers must keep a list of all the workers exposed. The list must be kept for 40 years and include:

- The work undertaken,
- The biological agent (if known) that they were exposed to,
- Exposure details (including duration and dates), and
- Any accidents and incidents.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the Health and Safety Sharp Instruments in Healthcare (Northern Ireland) Regulations 2013 (xii) place specific requirements upon health employers when dealing with blood pathogens. This covers safer needlesticks, and health surveillance if exposed to blood based pathogens. Immediate access to medical advice must then be available, except for community staff, where access should be in a timely manner. For further information see UNISON's guide, *Managing and Preventing Sharps Injuries*. (ix)

d) Keeping measures of control working

Employers must keep physical control measures such as equipment, engineering controls, PPE, and respiratory protective equipment (RPE) in good repair. This means that they must be in a working, clean, and efficient state. Employers must also ensure that they are used. Other measures of control, including systems of work, procedures, and supervision must be reviewed at suitable intervals to assess:

- Whether they are being applied,
- If they are still appropriate and workable, and
- If any revisions or improvements are required.

Critical defects must be put right immediately, other defects as soon as possible.

Engineering controls and non-disposable RPE must be thoroughly examined and tested by suitably

competent persons at suitable intervals. Generally for LEV this is at least once every 14 months.

Suitable records (or a suitable summary) of these examinations, tests, and any resultant repairs must be kept for at least 5 years. Relevant information to record includes:

- Critical defects and any wear and tear identified,
- Whether repair or replacement may be necessary before the next inspection,
- Any repairs and adjustments made,
- The type of testing or sampling and any results, and
- The details of the person carrying out the examination and test including signature and date.

The frequency of checks will depend on the likelihood of a significant deterioration for a particular control measure, and the risks involved following any failure. As a minimum these should be at least yearly and after any incidents.

Where the control measures prevent sudden or serious effects on people, such as where flexible connections are used with toxic fluids or fumes, the inspections need to be very frequent. If the control measure is only used occasionally then an inspection should take place before each use.

Depending on the risk assessment, monitoring may need to be carried out continuously and be linked to alarms.

Further detail is contained in the HSE's Approved Code of Practice on COSHH (xiii) and on the HSE's LEV webpages. (xiv) See also the section on PPE (see page 14).

Workers must make proper use of the control measures, store PPE appropriately, and report defects to the employer immediately. Proper use includes removing any PPE which could cause contamination before eating, drinking, or smoking and making proper use of facilities for washing, eating, and drinking.

e) Workplace exposure limits (WELs) and controlling exposure by inhalation

WELs cover a number of hazardous substances for which possible exposure by breathing them in must be below a specified limit. However, this is a maximum limit so the principles of good practice require employers to reduce exposure even further, proportionate to the health risk.

Where an individual develops occupational asthma, exposure must be reduced to prevent further attacks, and this is likely to be at a level well below any WEL.

HSE's guide, EH40/2005 *Workplace Exposure Limits* (xv) lists those substances with WELs and gives further guidance on the use of WELs.

Many substances do not have a WEL, but this does not mean they are safe. For these substances employers should apply the principles of good practice to control exposure to a level at which nearly all workers could be exposed to on a daily basis without suffering ill-health.

Further advice for particular substances might be available from COSHH Essentials (xi), suppliers, trade associations, or specialist advisers including occupation health specialists.

f) Controlling exposure by skin or ingestion

The principles of good practice apply. Good personal hygiene, prompt removal of any accidental contamination, and the use of appropriate emollients (creams) will also help with skin care.

HSE's guide *Managing Skin Exposure Risks at Work* (xvi) gives further advice.

Ingestion (exposure via the mouth) can occur by substances being transferred from clothing to food, by touching the mouth, or by not washing the hands and face before eating.

Where ingestion is a risk, contaminated clothing should be removed in a place designated only for this task. Next the hands, face, and under the fingernails should be thoroughly washed before eating, drinking, or smoking.

g) Personal protective equipment (PPE)

If adequate control cannot be achieved just by good practice and appropriate operational and engineering measures, PPE including RPE should be provided. This must be at no cost to the workers. Also, PPE should be used in addition to (not in place of) all other appropriate control measures.

Employers must ensure that PPE is properly stored, maintained, checked at suitable intervals, and replaced or repaired when defective. If possibly contaminated, PPE must be removed when leaving the work area and kept separate to uncontaminated clothing and equipment. Suitable accommodation must be provided for safely storing PPE.

PPE will also be necessary when a new or revised assessment shows that it is needed:

- Until adequate control is achieved by other means,
- Because it is the only practical means of control until a temporary failure in other control means is corrected, or
- Possibly during maintenance (along with other appropriate measures of control).

PPE and RPE must be appropriate and suitable for the tasks, the hazardous substances, and the wearer.

Further guidance from the HSE is available in *Respiratory Protective Equipment at Work* (xvii).

Wearers must be trained and supervised in the use of PPE, and consulted on the choice and its selection so that the most comfortable and practical equipment is selected. This will encourage its correct use.

h) Welfare and hygiene facilities

Employers should provide adequate facilities for:

- Washing - appropriate to the type and level of exposure, and in a convenient but uncontaminated place.
- Changing - when PPE is used or outdoor clothing could become contaminated. These

should be located and designed to stop the spread of contamination from PPE to personal clothing or RPE, and from one facility to another.

- Eating and drinking - convenient to the work area and with washing facilities to enable sufficient personal hygiene to control exposure and avoid the spread or ingestion of hazardous substances.

Employees must be given suitable training, supervision, and instruction as to why, how, and when they must be used.

See also UNISON's guidance on the Health and Safety Six Pack or the Workplace (Health, Safety and Welfare) Regulations (iii) which also covers the provision of welfare facilities.

Safety Rep Checklist

- Is prevention possible – by elimination, substitution, or using a safer form?
- If not reasonably practical, have adequate control measures been put in place?
Consider:
 - The hierarchy of control,
 - The principles of good practice, and
 - The additional requirements for carcinogens, mutagens, and biological agents.
- Are the measures of prevention and control: used, checked, tested, cleaned, maintained, and repaired as appropriate? Ask to see any records to check that these are carried out as often as necessary, and that deficiencies are remedied.
- Encourage workers to be proactive by reporting defects and checking that the control measures they use have been checked and tested, etc.
- Are WELs always met and does the employer aim for as low as reasonably practical inhalation exposure?
 - Ask to see any records, but there should be no need to get into discussions about “parts per million.” If workers are suffering from work-related ill-health, there is a problem.
 - Conduct a simple survey of the symptoms reported and use this to support a demand for action, regardless of the exposure levels.
- Are controls in place to minimise exposure by skin or ingestion?
- Is the provision of PPE and RPE satisfactory?
- Are there adequate welfare and hygiene facilities?
- Have workers been given adequate training, instruction, and information on the hazards, risks, and various measures of prevention and control (see page 11)?
- If you have any specific problems where you need further help or advice, your local branch health and safety officer or branch secretary may be able to assist. If not, they may pass on your query to a regional officer, who may in turn contact UNISON's Health and Safety Unit (see page 29).

3) Record the assessment

Employers should make a record (on paper or electronically) of COSHH risk assessments once they have been carried out, including the significant findings:

- What the hazards and risks are,
- Who may be harmed and how,
- The details of any groups of employees particularly at risk,
- What measures are being taken to prevent or control the risk of exposure and why, and
- Who is responsible for ensuring that these are implemented or followed up.

If the employer has five or more employees they must make this record, but it is good practice for very small employers to do this as well. Having this record shows that they have carried out a risk assessment should a health and safety inspector carry out a visit. The employer will also be able to use it in the future, as a reminder to check that they have done everything that was required, and to decide if there is anything more that can be done when carrying out a review.

It is important that any steps identified to prevent or reduce the risks in the assessment are carried out. A risk assessment which is just filed away, without these measures being implemented is of little use and does not meet the requirements of the law.

The employer must share the findings with the safety rep and the employees doing the tasks or working in the place assessed. As a safety rep you have a right to this information. Employees need to know about the risks identified, the preventative and protective measures, and the procedures for serious and imminent danger. This will enable them to implement or carry out the necessary precautions and understand why they are necessary.

Safety Rep Checklist

- Has the employer recorded the key findings of the risk assessment, including:
 - The hazards,
 - The risks,
 - Who may be harmed and how, and any particularly vulnerable groups,
 - The measures taken to prevent or reduce the risks?
- Does the risk assessment record who will ensure that it is implemented or at least followed up?
- Have you as a safety rep been consulted on the risk assessment?
- Have the employees been informed of:
 - The risks,
 - The measures the employer has taken to prevent or reduce the risk of harm,
 - The measures they need to apply, and
 - What to do in the event of serious and imminent danger?
- If you have any specific problems where you need further help or advice, your local branch health and safety officer or branch secretary may be able to assist. If not, they may pass on your query to a regional officer, who may in turn contact UNISON's Health and Safety Unit (see page 29).

4) Keep the assessment under review

Even a good risk assessment that has been applied cannot just then be forgotten about. Things change, so a risk assessment must be looked at again on a regular basis. How frequently will depend on the hazard, the likelihood that someone may be harmed, and the severity of that harm, but it should usually be at least once per year.

Reviews must also take place whenever it is suspected that they are no longer valid, for example following new information or when there has been a significant change. New information includes:

- Identified health risks,
- Checks on control measures,
- The results of air monitoring,
- Health surveillance results or relevant sickness absence,
- Work related ill-health,
- Complaints, and
- Near-misses, incidents and “accidents”.

Significant changes include:

- New ways of working,
- New or different equipment,
- New ways of preventing or controlling risks, and
- Using a different substance or in a different form.

If the review demonstrates that changes to the risk assessment are required, then they must be made.

When reviewing an assessment, employers must consider preventing exposure or improving control measures even further. Changes in technology (control methods or equipment) or in the cost of alternatives may mean that it is now reasonably practicable to prevent or further reduce exposure.

Safety Rep Checklist

- Is there a date given for when the risk assessment should be periodically reviewed?
- Are reviews conducted as necessary, both periodically and when there is new information or a significant change?
- Are methods of preventing and controlling exposure reconsidered during reviews?
- If you have any specific problems where you need further help or advice, your local branch health and safety officer or branch secretary may be able to assist. If not, they may pass on your query to a regional officer, who may in turn contact UNISON’s Health and Safety Unit (see page 29).

5) Monitor exposure

Employers must measure the amount of hazardous substances workers are exposed to whether by

skin, ingestion, and/or inhalation in the following instances:

- Where necessary to protect employees from a serious health effect (if for example, control measures were to fail);
- Where necessary to ensure that exposure limits are not exceeded;
- To establish the risks of exposure;
- Where control measures might not be working properly or are no-longer effective (where for example the control was a limit in the quantity of substance used or a particular system of work and a larger amount, new process, or new equipment are now used); or
- The risk assessment shows that it is necessary to monitor for the presence of biological agents outside the primary physical containment area.

In the above circumstances, not monitoring may only be acceptable where there is another system for checking exposure such as an automatic alarm, or the assessment shows that any WEL for a carcinogen or mutagen is most unlikely ever to be exceeded.

Monitoring must be carried out in accordance with a suitable procedure following any change which might affect exposure, and at appropriate regular periods. This will depend on various factors including the substance, the control measures used, and how close the exposure levels already are to the exposure limits.

Those carrying out the monitoring must be competent to do so. They must have:

- Appropriate training and experience;
- Knowledge of and familiarity with relevant standards, limits, methods and strategies for control; and
- Knowledge of the particular industry, process, task, etc.

Suitable records (or a suitable summary) of the monitoring must be kept for five years, except where they specifically relate to individuals, which must be kept for 40 years from the last entry. They must be

in a form that enables comparisons with any health surveillance records and to be suitable must include:

- The employers name and address,
- The substances name and CAS number (almost all chemicals have this, a unique identifying number),
- Any WEL,
- The process or task,
- The date of monitoring, sampling, and reporting,
- The type of sampling and how it was carried out,
- The work activities during the monitoring,
- Information on the types of control in place (to enable an assessment of their adequacy),
- A summary with sufficient detail to determine if exposure is adequately controlled, and
- The authors name and assurance about their competency.

Copies of these records must be supplied to the HSE as required. They must also be offered to the HSE if the employer ceases trading. Upon reasonable notice employers must give workers access to their personal monitoring record and confirm whether or not it demonstrates adequate exposure control.

Safety Rep Checklist

- Have a look at the monitoring records (you are entitled to them in a form which doesn't identify individuals) and check that where necessary, monitoring is taking place and that exposure limits are not breached.
- With an individuals consent, you can have a look at their records too.
- If you have any specific problems where you need further help or advice, your local branch health and safety officer or branch secretary may be able to assist. If not, they may pass on your query to a regional officer, who may in turn contact UNISON's Health and Safety Unit (see page 29).
- If someone has been exposed, injured, or made ill by work; access UNISON's legal assistance scheme by contacting UNISONdirect on 0800 857 857 (see page 27).

6) Health surveillance

Employers must pay for, and carry out during work time, health surveillance of employees' exposed to hazardous substances where appropriate for their protection and:

- a) There is a reasonable chance of an identifiable disease or adverse health effect occurring, and
- b) Detection is both possible and a low risk procedure to the employee.

Whether the disease is likely to occur is a judgement based upon:

- The frequency, duration, and type of exposure;
- Toxicological data (the substances nature, effects, and how it is treated); and
- Comparisons with other like substances, situations, and studies.

Examples of where surveillance is appropriate include previous cases of work-related ill-health in the workplace or industry, or where there is reliance on PPE as a control measure (due to its risk of failure).

Further guidance for employers is available from hazard specific guidance from the HSE, trade associations, other professional sources, and the results of their own risk assessments

The purpose of health surveillance is to:

- Protect employees' health by detecting adverse effects as soon as possible;
- To collect, keep up-to-date, and use data to help detect and evaluate hazards and then enable steps to prevent serious disease from developing;
- To check that the current controls are sufficient and working properly, and identify where further steps might be necessary; and
- To assess the immunity of employees working with biological agents (as they may need vaccinations).

Employees and their union reps should be consulted before health surveillance is set up, and should be

informed about the symptoms, and with biological agents the early signs of infection to look out for. Health surveillance must not be used to discriminate against the less fit or more susceptible.

If there is a gap between exposure and when the possible ill-effect might occur, health surveillance may need to continue once exposure has ceased. For example, as with carcinogens, but only for as long as detection is possible at a sufficiently early stage.

Suitable facilities should be provided by the employer for the health surveillance to take place; including a clean, warm, suitably furnished, and private room.

Employees must turn up for health surveillance. However, it must be suitable and appropriate to the hazard and risk, be low risk and as non-invasive as possible, and acceptable to the workers.

Health surveillance may include:

- A review of relevant information such as the results of any monitoring;
- A review of risk assessments;
- Checks by a suitably trained supervisor or manager (for example, skin checks for dermatitis or questions about breathing for asthma); and
- The taking of samples or measurements, enquiries about symptoms, or clinical examinations by medical and occupational health professionals.

Records must be kept for at least 40 years from the last entry, in paper or electronic format but with suitable back up in case of failure. Copies of these records must be supplied to the HSE as required. They must also be offered to the HSE if the employer ceases trading. Employers must also give workers access (following reasonable notice) to their personal monitoring record and confirm whether or not it demonstrates adequate exposure control.

The record format should allow comparisons with any exposure monitoring records, and include:

- Dates of any vaccinations and when boosters or follow up screening might be required,

- The individuals personal details,
- Details of the jobs that caused exposure,
- The substances exposed to,
- Results of all other health surveillance procedures,
- Whether the worker is fit for work including continued exposure or restrictions, and
- If any increased surveillance is needed.

Confidential clinical data should not be included.

If the health surveillance shows that an employee is found to have a disease or adverse health effect as a result of exposure to a hazardous substance, the employer shall:

- a) Ensure that a suitably qualified person informs the employee and provides information and advice about the results, further health surveillance, and any necessary action or changes;
- b) Review the risk assessment, the measures of prevention and control, and consider any advice by the HSE or a medical or occupational health professional;
- c) Consider in consultation with the worker or their representative, the advice of the medical or occupational health professional, and of moving them to alternative work to avoid further exposure; and
- d) Check that the health of any other employee similarly exposed is reviewed including a medical examination if advised by the HSE or the medical or occupational health professional.

Also, the relevant medical professional shall be permitted to inspect the workplace or any record kept under COSHH.

Further information on health surveillance is available from the HSE's website. (xix)

Safety Rep Checklist

- Have a look at the health surveillance records (in a form which does not identify individuals unless they consent) and check that there are no health effects which are of concern.
- Negotiate regular check-ups (as appropriate depending on the exposure risks) because health surveillance (and air monitoring) is the only certain way of knowing how much the workers are exposed to and what the effects on them are.
- Ensure that health surveillance is not used to discriminate against the less fit or more susceptible.
- If you have any specific problems where you need further help or advice, your local branch health and safety officer or branch secretary may be able to assist. If not, they may pass on your query to a regional officer, who may in turn contact UNISON's Health and Safety Unit (see page 29).
- If someone has been exposed, injured, or made ill by work; access UNISON's legal assistance scheme by contacting UNISONdirect on 0800 857 857 (see page 27).

7) Plans and procedures for accidents, incidents, and emergencies

If there is a risk of an accident, incident, or emergency leading to exposure way above the normal day-to-day risks then a plan must be drawn up. Situations covered by this include:

- Risk of possible failure to contain biological, carcinogenic, mutagenic or sensitising agents;
- Risk of a serious spill or flood of corrosive agents liable to make contact with skin;
- Risk of a serious failure of controls which could lead to a sudden release of chemicals or a significant exposure over a WEL.

A plan is not necessary where:

- a) The quantities of each hazardous substance would present only a slight risk to health;
- b) The regular control measures are sufficient; and
- c) The substance is not a carcinogen, mutagen, or biological agent.

The purpose of the plan is to enable an immediate response by following set procedures, such as emergency procedures, and on how to warn and notify workers and the emergency services, etc.

The plan must be regularly practised as 'safety drills.' How often will depend on the circumstances. The plan needs to be reviewed, updated, and/or replaced as circumstances change. Appropriate first-aid facilities must also be provided.

If an uncontrolled escape takes place, immediate steps must be taken to minimise the harmful effects and to return the situation back to normal. Employees who may be affected must be informed.

All persons not concerned with the emergency should be excluded from the area and others must be provided with the appropriate safety equipment including PPE; and RPE where dealing with a carcinogen, mutagen, or sensitisers.

If the incident leads to a release of a carcinogen, mutagen, or a biological agent that could cause severe human disease, as soon as practicable, the

workers or their representatives must be informed of the cause and the measures to be taken. In case the employer only notifies the workers, discuss with them the potentially serious nature of this potential exposure and ask them to inform you also.

Safety Rep Checklist

- Is an accident, incident, and/or emergency plan necessary?
- If there is one, is it sufficient?
- Are drills carried out and does everyone know what to do?
- If you have any specific problems where you need further help or advice, your local branch health and safety officer or branch secretary may be able to assist. If not, they may pass on your query to a regional officer, who may in turn contact UNISON's Health and Safety Unit (see page 29).
- If someone has been exposed, injured, or made ill by work; access UNISON's legal assistance scheme by contacting UNISONdirect on 0800 857 857 (see page 27).

8) Information, instruction, training, and supervision

Employers must provide employees, contractors, agency workers, and any others liable to be exposed, and their safety reps with suitable and sufficient information, instruction, training, and supervision on all aspects of achieving or maintaining adequate control.

This should cover:

- **The details of the hazardous substances,** including:
 - name/s,
 - risks,
 - any exposure limits and all possible routes of entry,
 - severity of hazard,
 - safety data sheets (or similar information – see page 6), and

- any relevant applicable laws such as COSHH and those applying to flammable, explosive, or other substances (if applicable).

- **The findings of the risk assessments and any reviews,** including:

- the likelihood, type, severity, and risks of exposure;
- any new information;
- what changes may be necessary; and
- how this will affect the way work is done.

- **The measures of prevention and control,** including:

- their purpose;
- how and when to use them; and
- any good practice.

- **PPE and hygiene facilities,** including:

- the reasons for and the importance of using them;
- how and when to use PPE - including the correct method of removing, refitting, cleaning, storing, and disposing of them; and
- the length of time they can be used before they need to be changed.

- **Monitoring.** The arrangements for reviewing the results of any workplace health and safety monitoring systems. If an exposure limit has been exceeded, the worker and their rep must be informed immediately.

- **Health surveillance.** This should cover the employees duty to attend any sessions, its purpose, the collective results in a form which doesn't identify individuals, and the arrangements for individuals to look at their own records.

- **Any accident, incident, and emergency procedures.**

- **Group 4 biological agents.** Where the work includes work with these or materials that may contain them, written instructions and where instant access might be required, displayed notices must outline the procedures for handling these.

CASE STUDY

Cleaners working for an employer in the north-west were using a whole range of cleaning products from different manufacturers. The products were not labelled, so the cleaners did not know when and where they should and should not use each one, or what safety precautions they needed to take.

Using unlabelled chemicals is extremely dangerous. Some must be diluted to a particular strength for safe use. Others must never be mixed, such as acids (some cleaning agents) and bleach (an alkaline) for risk of a dangerous reaction. Some cleaners had noticed that certain substances they were using irritated their skin, others smelt strange and caused headaches.

The UNISON safety rep held a meeting with the cleaners to get their views and then carried out her own inspection. She reported all the risks that she found, in writing, to management. She also asked them for their COSHH risk assessments and for a meeting to discuss the problem. It transpired that no formal COSHH assessments had been carried out. It was then agreed that management would obtain all the manufacturers' safety data sheets for each substance used, as a first step towards conducting the assessments.

The UNISON branch reached agreement with the employer that only three main cleaning substances would be used. These would be kept in different coloured and labelled containers and the cleaners were to be given training in their safe use.

Employers must provide adequate and suitable training, supervision, and instruction to people working at their premises (employees and contractors). This is to ensure that they can effectively apply and use: the control methods, the PPE, and the emergency procedures. The training must be adapted to cater for significant changes in the type of work or methods, and must be appropriate to the level, type, and duration of exposure. Workers need to have the appropriate amount of information but must not be

overburdened by too much or too detailed technical specification. New workers will need proper induction training, including on emergency and evacuation procedures.

Safety Rep Checklist

- Agree with the employer that you, in addition to the employees concerned, will be notified whenever any limit is exceeded. Workers or their rep must be notified immediately if a WEL is exceeded, but in case the employer only notifies the workers, discuss with them the potentially serious nature of this and ask them to inform you also.
- Check that the training, information, instruction, and supervision are appropriate, cover all the issues and is presented in a form which the workers can understand.
- Check that new workers are picked up with prompt training, information, and instruction (as appropriate) when they start.
- If you have any specific problems where you need further help or advice, your local branch health and safety officer or branch secretary may be able to assist. If not, they may pass on your query to a regional officer, who may in turn contact UNISON's Health and Safety Unit (see page 29).

Who conducts the risk assessment, and who is consulted?

The employer is responsible for carrying out risk assessments, or ensuring that they are carried out.

Competent persons – to carry out the assessments

Risk assessments should be conducted by "competent persons" with a preference for someone who already works for the employer, rather than an external consultant. If management cannot find

the competent person from within their workforce, they should look to get sufficiently trained and experienced staff.

Specialist help may be sought when there is no one with sufficient competence. However, whilst consultants may be a quick fix; they may not have the depth of knowledge about the work, and may be unable to follow through the assessment process to ensure full implementation. In the long run, they can also be more expensive.

To be competent, the individual should have all the necessary information, knowledge, training, and experience. This should allow them to:

- Understand COSHH;
- Understand the work and processes (how the substances are used, produced, or created);
- Make correct decisions about the hazards and risks, the measures of prevention and control (including ventilation and PPE, and the human and technical reasons why these may fail);
- Understand the importance of following the principles of prevention;
- Be able to design, develop, and implement appropriate strategies and plans;
- Know their limitations and when to call in more specialist expertise.

They also need the ability and authority to collate all the necessary and relevant information.

Where more than one person is involved in this process, someone should be nominated to:

- Co-ordinate, compile, and ensure implementation of the risk management measures,
- Monitor their effectiveness, and
- Consider the need for review.

Employers should not delegate risk assessments to safety reps just because they are a safety rep – it is not the job of a safety rep to carry out risk assessments. If your employer is trying to delegate this role to safety reps, then speak with your local UNISON steward, branch safety officer, or branch

secretary. However, it is possible that a safety rep may as part of their regular job with the employer, be delegated the task of conducting or reviewing some risk assessments. In this case, the safety rep may wish to consult with another safety rep on these risk assessments. This will avoid any possible conflict of interest and provide that useful second opinion that safety reps can provide to any risk assessor.

Safety reps and workers – right to be consulted

It is a legal right of safety reps to be consulted on the appointment of the competent persons and on the employer's risk assessments. See UNISON's guide for health and safety reps (v) and the guide Health and Safety Inspections at Work (iv) for more information on your rights. It is not the role of a safety rep to carry out a risk assessment. But safety reps can be involved in the process, and some UNISON safety reps have found that this is the best way of improving the quality of their employer's risk assessments.

Safety reps and workers can certainly play an important role in judging whether a risk assessment is suitable and sufficient (see page 24). They know how the job is done, whether the measures in place to prevent or control the risks are practical, and possibly whether they are effective. They may identify hazards, risks, the failings of safety measures, and solutions that those less familiar with the work may otherwise miss. Research shows that health and safety measures are far more effective when they involve safety reps and workers, so health and safety must not just be left to management. See the TUC's report, *The Union Effect*, for more information. (xxii)

It is also important for the purposes of consultation that non-union members are also consulted by safety reps. Employers are required to consult on health and safety with all workers. If union safety reps cover all workers for consultation, the employer needs do no more than consult with those safety reps. If however non-members are not covered by a union safety rep, then the employer has to make separate arrangements which can include arranging for other reps that do not have the support of the union.

Safety Rep Checklist

- Are safety reps consulted on the appointment of competent persons?
- Are risk assessments carried out by competent persons? This means someone who:
 - Preferably already works for the employer.
 - Has a knowledge and understanding of the work, the applicable hazards, the principles of risk assessment and prevention, and of up-to-date health and safety measures.
 - Can identify health and safety issues and assess the need for action,
 - Can design develop and implement strategies and plans.
 - Is able to promote health, safety, and welfare advances and good practices; and
 - Can identify their own limitations and know when to call in more specialist expertise.
- Are safety reps and workers meaningfully consulted on all parts of the risk assessments process (see pages 7 - 23)?
- If you have any specific problems where you need further help or advice, your local branch health and safety officer or branch secretary may be able to assist. If not, they may pass on your query to a regional officer, who may in turn contact UNISON's Health and Safety Unit (see page 29).

A proper risk assessment – suitable and sufficient?

COSHH requires the employer to conduct a suitable and sufficient risk assessment – which means it must:

- Identify the hazards;
- Decide if they have the potential to cause harm;
- Identify those at risk and how, including particularly vulnerable groups; and
- Identify further measures of prevention and control that need to be applied.

The risk assessment must be based on the real life situation. That is how the work is actually done, taking into account when and where it is carried out, and with the actual number of staff available to do the work, not the theoretical staffing levels.

Management are often keen to carry out generic risk assessments which involve risk assessing a sample rather than assessing every individual task, job, or workplace. The HSE accepts that generic risk assessments may be used, so long as the jobs and workplaces they are applied to are very similar. UNISON advises caution. Employers may be too keen to use generic risk assessments even when not appropriate because it may reduce the workload. Of course, using generic risk assessments when not appropriate only reduces the workload up until when someone is harmed or a health and safety inspector visits the workplace. In addition, there may be less obvious or one-off hazards that may be missed by generic risk assessments.

Safety Rep Checklist

- Have all the appropriate chemicals and other hazardous substances, been considered? See section 1a above.
- Has proper consideration been given to how likely it is that someones health will be effected? See section 1b above.
- Have all those at risk been considered including those off-site, or who work outside of normal office/ opening hours such as cleaners, and those who may be particularly at risk or vulnerable? See section 1b above.
- Have non-routine or infrequent tasks been considered, such as maintenance or cleaning?
- Has how the work is actually done been assessed rather than how the work is “supposed” to be done?
- Have existing measures of prevention and control been reviewed – are they working and used? See section 1c above.
- Have further measures of prevent and control been adequately considered, including the hierarchy of control and the principles of prevention? See steps 2a and 2b.
- Have the additional requirements for carcinogens, mutagens, and biological agents been considered? See step 2c
- Is the risk assessor competent (see page 22)?

Also, check that:

- The employer takes adequate steps to ensure that control measures keep working? See section 2d.
- Proper consideration is given to controlling exposure by inhalation and WELs (see section 2e) and by skin and ingestion (section 2f), PPE (section 2g), and welfare and hygiene facilities (section 2h).
- The risk assessment is adequately recorded (section 3) and kept under review as appropriate (section 4).
- Exposure is monitored as appropriate (section 5).
- Health surveillance is carried out where appropriate (section 6).
- There are plans and procedures as appropriate for accidents, incidents, and emergencies (section 7).
- Workers and others are given appropriate information, instruction, training and supervision (section 8).
- If generic risk assessments have been used, have they been used only where appropriate and with any necessary alterations? (see above)
- If you have any specific problems where you need further help or advice, your local branch health and safety officer or branch secretary may be able to assist. If not, they may pass on your query to a regional officer, who may in turn contact UNISON’s Health and Safety Unit (see page 29).

Make contact with members and non-members

Members and non-members alike value UNISON's health and safety work. So representing members and the workforce in general on health and safety matters can be used as an organising and recruitment opportunity. It is therefore important to talk to your colleagues about risk assessments, and to advertise your successes. Further guidance on recruiting, organising, and campaigning around health and safety can be found in UNISON's guide for safety reps, *Organising for Health and Safety*. (vi)

If a non-member raises concerns, this is an opportunity to ask them to join UNISON. Even if they do not join, the issue raised may be a risk to members so you may still want to raise it in a general way with management. Regardless of what management claims about the findings of any risk assessment, if members or other workers say that they are experiencing a problem, they are probably right. So the risk assessment should be reviewed. If a member raises a concern, they should be given individual support and advice. This may also be an opportunity to ask them if they would like to get more involved by becoming a safety rep, steward, or even as a first step, a workplace contact.

What if there is still a problem or something goes wrong?

Is there still a risk?

An employer must not carry out work which is likely to expose workers to hazardous substance unless it has been risk assessed (Regulation 6(1) COSHH). Workers should be informed about the hazards, risks, and the methods of prevention and control. For clarity, UNISON branches may want to negotiate for this as a policy with the employer. This could specify that no work is carried out unless it has been risk assessed and the relevant information has been communicated to the workers. It could also state that no worker will be subject to any disciplinary action for refusing to undertake work that is not risk assessed.

The Management of Health and Safety at Work Regulations require employers to have procedures to cover events which may lead to serious and imminent danger. This includes "enabling the persons concerned (...in the absence of guidance or instruction [by others]...) to stop work and immediately proceed to a place of safety in the event of... being exposed to serious, imminent, and unavoidable danger." See regulation 8, which also requires such persons at risk to be prevented (but for in exceptional circumstances) from resuming work where serious and imminent danger remains. Regulation 13 of COSHH requires the employer to have emergency plans and procedures to deal with accidents, incidents, and emergencies. These must include what employees should do in such a circumstance, for both those who may deal with the incident and those who won't.

So workers should not be expected to work where this would put them at serious, imminent, and unavoidable risk; or at risk of exposure beyond the normal day-to-day levels. UNISON branches may also want to negotiate for a provision on how the branch and the employer jointly agree as to when: a) relevant tasks have been suitably and sufficiently re-assessed following the incident, etc, and b) when it is safe for the work to continue.

If you have concerns that a risk assessment is not suitable and sufficient and your employer is not taking the issue seriously, put your concerns in writing. Ask to be consulted on the risk assessment with the criteria they have used explained, and ask for it to be jointly reviewed. See the attached appendices which may be of use for this action (see pages 29 - 32).

You may also want to investigate any concerns further by speaking or holding a meeting with members and non-members, carrying out a survey, or conducting a workplace safety inspection. Further guidance is available from UNISON in the following guides: *Health and Safety – a guide for UNISON safety reps*, (v) *Health and Safety Inspections at Work*, (iv) and *Organising for Health and Safety*. (vi)

What if someone has been exposed, injured, or made ill?

UNISON works on behalf of its members to claim compensation from their employer where they have been injured or made ill by work. Compensation claims can also show employers that ignoring health and safety issues is not a cost-effective option. Generally it has to be shown that the injury or illness was caused by work and that the employer should have prevented it.

The quickest way to access our legal assistance scheme is for members to contact UNISONdirect on 0800 857 857. UNISONdirect will transfer your case to our lawyers for action. Alternatively ask your branch secretary for a UNISON 'PI' legal services form, which members can then complete and send on to our lawyers. Once our lawyers have details of your case they will be able to advise whether or not a claim should be pursued.

Safety Rep Checklist

- Do workers feel able to stop their work in the event of serious, imminent, and unavoidable danger, including an accident, incident, or emergency which risks exposing them to hazardous substances beyond the normal day-to-day levels?
- Does the employer ensure that no work will be carried out (except in exceptional circumstance) if there is serious and imminent danger?
- Does the employer have a suitable plan and procedure for incidents, accidents, and emergencies?
- Has the branch considered clarifying the position by negotiating a policy that no work is carried out unless it has been risk assessed, with relevant information being passed to the workers?
- If you have concerns about whether a risk assessment is suitable and sufficient, and these are not being taken seriously –
 - Put your concerns in writing,
 - Ask to be consulted on the risk assessment in question with an explanation of the criteria, and
 - Ask for a joint review.
- Consider investigating your concerns further by speaking or holding a meeting with members and non-members, conducting a survey, and/or workplace safety inspection.
- If you have any specific problems where you need further help or advice, your local branch health and safety officer or branch secretary may be able to assist. If not, they may pass on your query to a regional officer, who may in turn contact UNISON's Health and Safety Unit (see page 29).
- If someone has been exposed, injured, or made ill by work; access UNISON's legal assistance scheme by contacting UNISONdirect on 0800 857 857 (see page 27).

Next steps

You should now have a thorough understanding of what a COSHH risk assessment is, what your employer should be doing, and how you can ensure that any that are conducted are good. Use the above checklists to assist you.

Some further sources of information and resources are listed below, followed by some draft forms which you may use or amend for communications about COSHH risk assessments with your employer.

Further sources of information and resources

UNISON guidance and other materials

- i) UNISON produces leading trade union guidance on a range of health and safety hazards relevant to our members. Most of our general health and safety materials, including those mentioned below and those for recruitment are available on the web at <http://www.unison.org.uk/get-help/health-and-safety/health-and-safety-guidelines> or <http://www.unison.org.uk/knowledge/health-and-safety>
Some job or sector specific materials are produced by the relevant national service group. Items such as guides, leaflets, and posters can also be downloaded or ordered from the online catalogue at <http://www.unison.org.uk/for-activists/help-and-advice/communicating/online-catalogue/>.
- ii) Risk Assessment, a guide for UNISON safety reps (stock no. 1351) – on the requirement to carry out general risk assessments under the Management of Health and Safety at Work Regulations.
- iii) The Health and Safety Six Pack / the Workplace (Health, Safety and Welfare) Regulations (stock no. 1660).
- iv) Health and Safety Inspections at Work (stock no. 1939) – guide for safety reps on workplace safety inspections.

- v) Health and Safety Reps Guide (stock no. 1684) – on the role and rights of safety reps.
- vi) Organising for Health and Safety (stock no. 2994) – guide to organising, campaigning, recruiting, and surveying on health and safety.
- vii) Are you at Risk? (stock no. 2720) – an awareness-raising leaflet on risk assessment aimed at members and non-members.
- viii) Are you at Risk? (stock no. 2447) – an awareness-raising poster on risk assessment aimed at members and non-members.
- ix) Managing and preventing sharps injuries (stock no. 3427) – guide for safety reps on needlesticks and other sharps injuries, covering health and other workers.

HSE guidance and other materials

- x) HSE COSHH webpages - www.hse.gov.uk/coshh.
- xi) COSHH essentials (HSE advice on identifying appropriate control measures for a wide range of hazardous substances and task combinations). www.hse.gov.uk/coshh/essentials.
- xii) Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the Health and Safety Sharp Instruments in Healthcare (Northern Ireland) Regulations 2013 (HSE guidance) – <http://www.hse.gov.uk/pubns/hsis7.pdf>.
Note HSENI also refers to this HSE guidance for use in Northern Ireland.
- xiii) HSE's Approved Code of Practice (and regulations) on COSHH – www.hse.gov.uk/pubns/priced/l5.pdf.
- xiv) HSE's LEV webpages – <http://www.hse.gov.uk/lev>.
- xv) EH40/2005 Workplace Exposure Limits, available here – www.hse.gov.uk/coshh/basics/exposurelimits.htm.
- xvi) Managing Skin Exposure Risks at Work - www.hse.gov.uk/pubns/priced/hsg262.pdf.
- xvii) Respiratory Protective Equipment at Work a practical guide, available here –

www.hse.gov.uk/respiratory-protective-equipment.

- xviii) HSE Biosafety webpages –
<http://www.hse.gov.uk/biosafety>.
- xix) HSE Health Surveillance webpages –
www.hse.gov.uk/health-surveillance.

Other useful websites and resources

- xx) The Advisory Committee on Dangerous Pathogens - www.hse.gov.uk/aboutus/meetings/committees/acdp.
- xxi) The United States Agency for Toxic Substances and Diseases Registry –
www.atsdr.cdc.gov/toxfaqs/index.asp.
- xxii) The Union Effect (a TUC report) –
www.tuc.org.uk/sites/default/files/tucfiles/union_effect_2011.pdf.
- xxiii) The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance –
<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>.

Training for UNISON safety reps

A number of topical health and safety courses, including one on the roles and rights of a safety rep (and also covers the risk assessment process) are available from UNISON –
<http://www.unison.org.uk/for-activists/training>.

The TUC also has a range of courses available to UNISON safety reps, including topical hazard based courses, plus stage 1 and next steps (formerly stage 2) for safety reps –
<http://www.unionlearn.org.uk>.

Specific help, advice, and case studies

If you have any specific problems where you need help or advice, your local branch health and safety officer or branch secretary may be able to assist. If not, they may pass on your query to a regional officer, who may in turn contact UNISON's Health and Safety Unit.

And do not forget UNISONdirect, a service dedicated to providing information and advice for members. The number is 0800 0 857 857.

We also want to share your experiences and successes. So if you have a case study, an example of good practice, or a local campaign or story to share, email UNISON's Health and Safety Unit at healthandsafety@UNISON.co.uk, or write to UNISON, Health and Safety Unit, UNISON Centre, 130 Euston Road, London, NW1 2AY.

If someone has been exposed, injured, or made ill by work; access UNISON's legal assistance scheme by contacting UNISONdirect on 0800 857 857 (see page 27).

Draft forms

See over, photocopy, insert the relevant details, and amend as appropriate.

- 1) UNISON Risk Report Form – for where a suitable and sufficient risk assessment has not been conducted.
- 2) UNISON Request for Risk Assessment Records – for where you have not been provided with a copy of the risk assessments.
- 3) UNISON Request for a Risk Assessment Review – for where the employer needs to review a risk assessment.

UNISON Un-assessed Risk Report Form

(keep a copy of this form)

The Management of Health and Safety at Work Regulations 1999 and the Control of Substances Hazardous to Health Regulations require employers to make a suitable and sufficient risk assessment of the hazards from work and implement measures to prevent or control exposure to these hazards.

A risk assessment has not been carried out as required by law – the relevant details are specified further down. An assessment should now be carried out, in consultation with the relevant safety reps (as indicated below).

Task, area of work, job, hazardous substance:

.....
.....
.....

Description of problem / hazard / risks:

.....
.....
.....
.....
.....

Name(s) and signature(s) of safety rep(s):

Date:

.....
.....

Management reply (including action taken with date or reasons why action not taken):

.....
.....
.....
.....
.....

Name and signature of manager:

Date:

.....

UNISON request for a Risk Assessment Review

(keep a copy of this form)

The Management of Health and Safety at Work Regulations 1999 and the Control of Substances Hazardous to Health Regulations require employers to make a suitable and sufficient risk assessment of the hazards from work and implement measures to prevent or control exposure to these hazards.

The risk assessment(s) as specified may be/is/are no-longer valid for the reasons given, and should therefore be reviewed, in consultation with the safety reps (as indicated below).

Task(s), area(s) of work, job(s), or hazardous substance(s):

.....
.....

Description of problem / hazard / risks:

The assessment was last reviewed more than a year ago (give date):

The risk assessor was not able to conduct a/suitable and sufficient risk assessment/s because they did not:

- | | |
|--|---|
| <input type="checkbox"/> Have enough training | <input type="checkbox"/> Have enough time |
| <input type="checkbox"/> Have enough relevant information or knowledge | <input type="checkbox"/> Consult with staff and safety reps |

An accident, emergency, near-miss, ill-health incident has occurred (give details):

.....
.....

The following control measures are not working/being used (give details):

.....
.....

There has been a significant change in the matter it relates to (give details):

.....
.....

Other reason(s) (give details):

.....
.....

Name(s) and signature(s) of safety rep(s):

Date:

.....
.....

Management reply (including action taken with date or reasons why action not taken):

.....
.....

Name and signature of manager:

Date:

.....

