

HEALTH & SAFETY

Safety Code of Practice: Control of Hazardous Substances

US
UNIVERSITY OF
SUSSEX
BRIGHTON

Executive Summary

A Safety Code of Practice (SCoP) is a university-wide document that supports policies to provide detailed practical information on how to ensure compliance with relevant laws, standards, and regulations, and must be followed by all Faculties and Divisions.

SCoPs are supplemented by associated Guidance documents, which provide additional advice and information on specific topics and are intended to assist in the development of local procedures.

This document is the first in the Safe Management of Chemicals, Other Hazardous Substances, and their Waste C800 series of SCoPs and is intended to support managers and teams in drawing up local operational documents.

Health, Safety & Wellbeing, HR Division

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1. Introduction

Many materials and substances used or produced at the University through work, research and educational activities could harm the health of those involved or those nearby. These substances can include dusts, gases or fumes that can be breathed in, or liquids, gels or powders that come into contact with the eyes or skin.

Health conditions can include occupational asthma and other diseases such as cancer, whilst some substances can damage the skin, and others can cause long term damage to the lungs. The effects can be immediate, such as dizziness or stinging eyes, or can take many years to develop, such as lung disease. Many of the long-term or chronic effects cannot be cured once they develop.

Harmful substances can be present in anything from paints and cleaners to wood dust, solder fumes, laboratory and workshop solvents, or waste. The risk of developing ill health caused by such substances at the University can be greatly reduced, and in some cases is entirely preventable by applying appropriate precautions and controls.

Substances hazardous to health are managed effectively throughout their lifecycle at the University, from purchase or production, to use and subsequent disposal. This Safety Code of Practice (SCoP) details what Faculties and Divisions need to do to ensure that:

- Health hazards associated with such substances are identified.
- Risk assessments are carried out to identify control measures for reducing harm.
- Controls are implemented, followed and maintained.
- Information, instruction, training and supervision are provided to those who need it.
- Monitoring and health surveillance are carried out in appropriate cases.
- Foreseeable emergencies are planned for.

By following this SCoP, Faculties and Divisions will fulfil their moral obligations by eliminating or reducing the likelihood of harm to individuals. They will also fulfil their legal obligations and reduce the risk of reputational damage and other financial damage because of incidents.

2. Scope

This SCoP applies to all staff, students, contractors, third parties and visitors undertaking work, research or educational activities involving substances hazardous to health and that are under the University's control.

Third parties and contractors who carry out activities with substances hazardous to health on University premises are required to co-operate and co-ordinate with the University.

Activities involving substances hazardous to health include purchasing, accepting delivery, handling, storage, use, production and responsible disposal.

Biological materials are excluded from the scope of this SCoP. Further information about biological safety can be found on the Health, Safety and Wellbeing Team's [Biological Safety webpage](#).

3. Definitions

Acute – immediate, short-term health effects.

Air monitoring – the measurement of airborne concentrations of hazardous substances.

Carcinogen – a substance classified under Classification, Labelling and Packaging (GBCLP) as causing cancer.

Chronic – long-term health effects that may take years to develop.

COSHH – The Control of Substances Hazardous to Health Regulations 2002 that set out the University's legal obligations in relation to hazardous substances.

Exposure – contact with a hazardous substance via inhalation, ingestion, skin/eye absorption and injection.

Hazardous substance – any substance that can cause harm to health, including chemicals, fumes, dusts, vapours and any substance with a Workplace Exposure Limit (WEL).

Health surveillance – ongoing staff health checks that are carried out when exposure could lead to identifiable disease.

Local Exhaust Ventilation (LEV) – an engineering control that captures and removes airborne contaminants at source.

Mutagen – a substance classified under GBCLP as causing genetic mutations.

Reproductive toxin – a substance classified under GBCLP as causing reproductive harm.

Safety Data Sheet (SDS) – a standardised document that outlines the properties, hazards and safe handling procedures for a substance.

Teratogen – a deprecated term that refers to reproductive toxicity. It may appear on older safety data sheets.

Workplace Exposure Limit (WEL) – the maximum concentration of a substance allowed in workplace air, averaged over a reference period (as per Health and Safety Executive document EH40). The actual concentration levels must be kept below this.

4. Responsibilities

4.1 Executive Deans of Faculty and Directors of Professional Services

Executive Deans of Faculty and Directors of Professional Services are responsible for making sure that there is a safe system of work in place to ensure that:

- COSHH risk assessments are carried out when hazardous substances are to be handled in connection with work, research or education.
- Exposure to hazardous substances is prevented where reasonably practicable.
- Where exposure is not preventable, control measures identified through COSHH risk assessments are implemented.
- Significant findings from COSHH risk assessments are communicated to those who may be affected.
- Staff and others under their control are competent to carry out their duties by ensuring they attend relevant training.

- Emergency response procedures are in place to deal with foreseeable incidents.
- Workplace inspection programmes include the management of COSHH.
- Exposure monitoring and health surveillance are carried out where required.
- Monitoring processes are implemented to ensure that staff and others follow control measures and procedures.
- Significant COSHH risks are discussed at Faculty Health and Safety Committees.
- When delegating COSHH related tasks, that these are delegated to competent individuals.
- People in the Faculty/Division are aware of how to report COSHH related incidents.
- Local reporting and escalation processes are put in place for reporting defective equipment that may impact safety of an activity involving substances that are hazardous to health.
- Records such as COSHH risk assessments, monitoring data and health surveillance information are retained for suitable timeframes, and in line with the University's retention period as a minimum.

4.2 Heads of School, Heads of Department, other Line Managers, Supervisors, Technical Managers and Principal Investigators

Heads of School, Heads of Department, other Line Managers, Supervisors, Technical Managers and Principal Investigators are responsible for ensuring that:

- They support the Executive Dean of Faculty / Director of Professional Services Division in meeting their responsibilities.
- COSHH risk assessments are carried out when hazardous substances are to be handled in the areas they are responsible for.
- Exposure to hazardous substances is prevented where reasonably practicable.
- Where exposure cannot be prevented, the hierarchy of control is followed to identify measures through COSHH risk assessments, to reduce exposure as far as possible and to ensure any specified WEL is not exceeded.
- Control measures are maintained, examined and tested at regular/required intervals.
- Their staff are equipped to access information such as hazards, exposure routes, workplace exposure levels (WELS) and control measures.
- Others who may be affected by their work are informed of key information that they need to be aware of.
- Staff they are responsible for have attended COSHH training and are familiar with the hazards presented by the hazardous substances they handle.
- COSHH risks are discussed, with significant risks being referred to the Faculty Health and Safety Committee or Campus Operational Safety Group. A decision may then be taken to raise this with the Hazardous Agents Safety Sub-Committee.
- Exposure monitoring and health surveillance are carried out where required.
- Monitoring processes are implemented to ensure that staff and others follow control measures and procedures.
- Staff they are responsible for are aware of the COSHH risk assessment for the activity and the associated emergency responses/procedures.
- Incidents relating to COSHH are reported on Sussex Direct and that they support health and safety colleagues with investigations where required.

- Contractors and other third parties are provided with the outcomes of University activity COSHH risk assessments that may affect them whilst working in an area.

4.3 Staff, Students, Contractors, Third Parties and Visitors

Staff, students, contractors, third parties and visitors are responsible for:

- Complying with all safety arrangements and procedures in place to protect them from risks arising from hazardous substances.
- Ensuring that in the case of third parties on campus, coordination and cooperation between themselves and the University in relation to their activities involving hazardous substances that may affect others.
- Cooperating with and following safety instructions, information and training from their Line Manager, Supervisor, Technical Manager, Principal Investigator, University contact, or other safety personnel.
- Using personal protective equipment and respiratory protective equipment as instructed, and not misusing, removing or interfering with such equipment.
- Attending health surveillance appointments where required and reporting any concerns about health conditions when they arise.
- Reporting incidents, near misses or concerns relating to hazardous substances via the appropriate mechanism i.e. via Sussex Direct, webform, or via their Line Manager, Supervisor, Technical Manager, Principal Investigator, University contact, or other safety personnel.
- Reporting any defects or faults with equipment or facilities used to control hazardous substances through their local reporting or escalation channels.

4.4 COSHH Risk Assessors

COSHH Risk Assessors are responsible for:

- Maintaining their competence by attending COSHH Risk Assessor training and regular refreshers.
- Supporting those in their Faculty/Division with the responsibility for carrying out COSHH risk assessments to do so.
- Seeking advice and support from either the FoSEM Health and Safety Team, or University Health, Safety and Wellbeing Team, where they believe the hazards/activity to be assessed are outside their level of competence.

5. Requirements

5.1 Risk Assessments & Approvals

Before beginning an activity that involves the use of any type of substance, Faculties and/or Divisions responsible for the activity must identify whether any of the substances to be used are hazardous to health. These could include substances that are:

- Brought onto campus for work, research or education that are handled, stored and used for processing.

- Produced or emitted by a process or an activity, such as fumes from soldering.
- Used for, or arise from maintenance, cleaning and repair activities.
- Produced at the end of a process, such as hazardous waste and residues.
- Produced from activities carried out by third party organisations and contractors operating on campus.

Where this is the case, Faculties and Divisions must ensure that a suitable and sufficient COSHH risk assessment is undertaken of the work, education or research related activity by a competent individual. If this competence does not exist within the University community, Faculties and Divisions may need to arrange for a competent consultant to carry out the assessment.

When carrying out the COSHH risk assessment, Faculties and Divisions must consider:

The work, education or research related activity, including the:

- Potential for the substance to cause harm from exposure by inhalation, ingestion, absorption and injection.
- Physical attributes of the substance e.g. liquid, gas, mist, fume or dust, its ability to become airborne, and how it could come into contact with the skin or other body membranes.
- Details of when and how exposure can occur and who may be affected, including staff, students and others, those who may be at more risk due to a pre-existing medical condition, where the reproductive health of those involved needs to be protected, or where someone has informed the University they are pregnant.
- Effectiveness of existing controls and the options for improving control where prevention is not possible.
- Substances hazardous to health involved in the activity including all those used, produced, synthesised, created as waste or by-products, and those released from processes, including any that are foreseeable during accidents, incidents and emergencies.
- Whether any of the substances to be used are prohibited or restricted (e.g. UK REACH) unless specific control measures or approvals are in place.

The hazards, including:

- The physical and chemical properties of the substances and the effects they could have on the body.
- Where those substances are likely to be present and in what form e.g. dust, vapour, mist, fume, and whether they are used or produced, in what amounts and how often.
- Substances known or suspected to be carcinogens, mutagens or asthmagens so that a decision can be made on whether these can be substituted for less toxic alternatives.
- Special hazards that may require further risk assessment, including the use of asphyxiants.
- The potential for combined or cumulative exposure where multiple substances are present.

Those at risk of exposure, including:

- Ways and extent to which, any group of people could be exposed to the hazardous substances. Consideration must be given to groups who may be at more risk than others and those people who may not be directly involved in an activity, but could still be exposed, such as cleaning staff, maintenance staff and shared lab users.
- The need to take extra care of particular groups who may be at more risk, such as trainees, young people under 18, those who are pregnant, those living with a disability or those known to be susceptible to certain illnesses such as dermatitis, asthma or other diseases which could be caused or made worse by exposure to hazardous substances.

The types and extent of potential exposure, including:

- An estimation of exposure that takes into account information that might be available around the likely concentration of the substance in the air that may be produced by the activity, the likelihood of skin contact, the effort needed to carry out the activity and, where applicable, if this will affect an individual's breathing rate and intake, and the effect of any engineering controls and safe systems of work currently in place to control this.
- Where an issue with the effectiveness of control measures is suspected, a comparison between the estimation of exposure against existing standards such as Workplace Exposure Limits (WELs) provided in EH40 from the HSE, to ensure that exposure does not exceed any stated WEL and is reduced to as low as reasonably practicable.
- Consideration of exposure through all routes including inhalation, skin contact, adsorption through the skin and other body membranes, ingestion and injection.

The potential health effects, including the:

- Likelihood of a foreseeable risk of ill health occurring.
- Severity of ill health should it occur.

Control measures that need to be put in place to either prevent or adequately control exposure, by following the hierarchy of control:

- Eliminating the hazardous substances all together.
- Preventing exposure by redesigning the activity or process.
- Substituting hazardous substances for less hazardous ones, or less hazardous forms e.g. using a tablet/pellet rather than powder.
- Implementing engineering controls such as containment with Local Exhaust Ventilation (LEV).
- Implementing management controls such as training and supervision.
- Providing worker-specific controls such as Personal Protective Equipment and Respiratory Protective Equipment.

Where a level on the hierarchy of control is bypassed, for example, by not substituting a hazardous substance for a less hazardous one, this must be justified within the COSHH risk assessment.

The eight principles of good control practice must also be considered:

- Design and operate processes and activities to minimise emission, release and spread of substances hazardous to health.
- Take into account all relevant routes of exposure – inhalation, skin absorption and ingestion – when developing control measures.
- Control exposure by measures that are proportionate to the health risk.
- Choose the most effective and reliable control options which minimise the escape and spread of substances hazardous to health.
- Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment.
- Check and review regularly all elements of control measures for their continuing effectiveness.
- Inform and train all employees on the hazards and risks from the substances with which they work and the use of control measures developed to minimise the risks.
- Ensure that the introduction of control measures does not increase the overall risk to health and safety.

When considering controls, Faculties and Divisions must also consider human factors as these can impact the effectiveness of control measures that are to be implemented, which may result in the potential for an increased risk of exposure to the hazardous substances. Faculties and Divisions must consider how easy the proposed controls are to use, work rates, how people interact with control measures and people's awareness and understanding of how to use them correctly.

Finally, within the COSHH risk assessment, Faculties and Divisions must consider:

- How control measures will be effectively maintained and tested through planned preventative maintenance, meet statutory inspection requirements and how records of such maintenance and testing will be kept.
- What periodic performance review and validation is required for the control measures which are implemented.
- If exposure monitoring will be required.
- If health surveillance will be required.
- The provision of information, instruction, training and supervision.
- Foreseeable emergencies and first aid incidents and how these will be dealt with.
- How key information from the risk assessment will be shared with those who need to be aware of it.

Once the COSHH risk assessment has been carried out, it must be signed off by an appropriate responsible person. This could be a Principal Investigator, line manager, or a colleague of equal or higher seniority, provided they have suitable knowledge and understanding of the activity. The person assessing the activity must not sign off their own risk assessment.

The risk assessment must also be signed by those who will be undertaking the activity to confirm that they have read, understood, and agree to follow the arrangements that have been put in place.

The risk assessment must be reviewed periodically, and if there is a change in the way the activity is undertaken, a change in staffing, a change in the law or best practice, or if an incident occurs.

5.2 Physical Controls

5.2.1 Facilities

Design and Layout

Where designing or redesigning work areas, where practicable, processes involving hazardous substances should be separated or contained from the general work area to ensure separation of the activity or controlling the distance it is from others. Surfaces should also be non-porous and easily cleanable to prevent contamination. This could also include the introduction of bunding in chemical stores to prevent the spread of chemicals should they be spilled.

General Ventilation

Provision of natural or mechanical ventilation to ensure substances hazardous to health are dispersed and diluted to a concentration that does not present a risk to health. In emergency situations, such as spills, general ventilation can be increased to dilute concentrations of hazardous substances more promptly.

Gas Detection and Air Monitoring Systems

Gas detection may be required where there is a risk of a build-up of a hazardous substance that could be a risk to health or life. For example, a liquid nitrogen leak depleting oxygen to unsafe levels, or carbon dioxide levels increasing towards the WEL.

Control of dust accumulation

This may include using water to dampen the air and prevent dust from becoming airborne, therefore reducing the chance of operatives breathing it in.

Access Control

Locations where hazardous substances are used or stored can have access restrictions applied so only named individuals can enter the area, for example via Salto entry system or an area requiring a key code.

Hand washing facilities

Provision allows operatives to wash their hands at regular intervals to reduce the risk of skin contact and absorption exposure to hazardous substances.

Emergency Showers

Provision allows for operatives to drench themselves to rinse hazardous substances off should they be involved in a spill or other similar incident. Faculties and Divisions must make sure that adequate provision is in place where an activity risk assessment identifies that an emergency shower is required.

5.2.2 Equipment

Local Exhaust Ventilation Systems

Used to draw airborne hazardous substances away from their source and the operative's breathing zone. They can either be ducted (contaminants expelled from stacks on the roof), or non-ducted (contaminants are filtered from the air that is drawn through the LEV system and expelled back into the room).

Storage cabinets

Cabinets suitable for the storage of hazardous substances, that are clearly identified as COSHH cupboards. These can also be ducted into the existing LEV and balanced so that cabinets do not hold a build-up of hazardous vapours.

5.3 Management Controls

5.3.1 *Training, Competency and Supervision*

Those involved in the activity or working in the area must be provided with training commensurate with their role. This must include training around the COSHH risks present and control measures in place to protect people, including the wearing of any personal protective equipment and respiratory protective equipment. Staff required to carry out COSHH risk assessments should attend 'COSHH Risk Assessor' training, and refresh this periodically as required by their Faculty or Division (e.g. every 2-3 years) by attending the University's 'COSHH and DSEAR Refresher' training course.

Faculties and Divisions must also ensure that those involved in activities with hazardous substances are supervised and monitored periodically to ensure that procedures continue to be followed correctly.

5.3.2 *Information and Instruction*

Faculties and Divisions must communicate relevant information and instruction about their COSHH risks and control measures to those who may be affected. This includes third parties, such as contractors, who may be required to work in or near areas where there are hazards presented by substances in use and storage.

Where works are arranged on campus that involve the use of hazardous substances, the person contracting the works must ensure that suitable arrangements have been put in place to control any additional risk presented, and that any safety procedures, such as permit to work processes are followed. Where a permit to work is required, these will not be issued unless risk assessments relevant to the proposed works have been provided and accepted.

5.3.3 *Environmental Monitoring*

Faculties and Divisions must decide whether there is a need to carry out environmental monitoring to check that control measures that are put in place are, and continue to be, adequate.

This must be done when compliance with a WEL needs to be shown and/or when control equipment or personal protective equipment needs to be shown to be working effectively. Monitoring can also indicate the spread of contamination, e.g. through the use of surface wipes. Other monitoring techniques that will need to be considered, depending on the substances being used will include screening through the use of things such as colorimetric detector tubes and meters to indicate worker exposure. Personal air monitoring may also need to be considered where the quantity of a substance an operative inhales needs to be measured.

5.3.4 Health Surveillance

Health surveillance is any activity that involves obtaining information about a member of staff's health which helps protect them and others from health risks at work. The main objectives of health surveillance are:

- Protecting the health of staff by the early detection of adverse changes or disease.
- Collecting data for detecting or evaluating health hazards.
- Evaluating control measures.

Faculties and Divisions must arrange health surveillance through the University's Occupational Health Service when:

- There is a disease associated with the substance/s in use (e.g. asthma, dermatitis, cancers).
- It is possible to detect the disease or adverse change and reduce the risk of further harm.
- The conditions in the workplace make it likely that the disease will appear.

Health surveillance must be commenced from the start of the member of staff's employment, or before commencing activities which fit the criteria above. Where health surveillance is required, this must be carried out regularly, results recorded and interpreted. Measures must then be implemented to eliminate or further control exposure if results identify any issues.

5.3.5 Waste Management

Faculties and Divisions must put arrangements in place for responsibly and safely disposing of waste produced as a result of a process involving hazardous substances. Waste will also be hazardous and must not be disposed of in a way that could harm the health of people or damage the environment. Faculties and Divisions must consider options available to them, for example, disposing of such waste via a reputable waste contractor, where documentation of waste collection is provided.

Faculties and Divisions must also put in place arrangements for the safe handling and storage of such waste, until it can be removed responsibly and safely by a hazardous waste contractor.

5.4 Personal Protective Equipment (PPE)

Where engineering and other controls don't adequately control exposure, personal protective equipment (PPE) must be detailed as part of the risk assessment as the final control measure in the hierarchy of control and provided free of charge.

Personal protective equipment may include lab coats, disposable aprons, disposable gloves, gauntlet gloves, face protection, safety glasses, safety goggles etc. PPE must be specific to the individual user, who must be provided with instruction, information, training and supervision to ensure correct use. Those provided with the PPE must use it in accordance with their training and report any defects or concerns immediately.

Where PPE is to be provided for emergency responses, for example to a spill, Faculties and Divisions must provide PPE that is suitable for these scenarios, which may mean providing a higher grade of PPE to that used day to day.

PPE must also be provided to the correct Standard and if there is a risk of a substance permeating through the PPE, the correct PPE material must be selected. Where this is the case, this will be documented in the substance's safety data sheet. PPE must also be suitable for the task that is being assessed, the level of expected exposure and be compatible with other PPE that may also need to be worn.

In terms of airborne contaminants, if an inhalation risk remains after other control measures have been implemented, Faculties and Divisions must provide respiratory protective equipment (RPE). Face fit testing for RPE and associated record keeping must also be put in place.

All PPE and RPE provided as a control measure to manage exposure to hazardous substances must be stored properly to avoid damage, regularly inspected, and repaired, maintained or replaced if damage is found. Faculties and Divisions must also put arrangements in place for the cleaning and decontamination of reusable PPE and RPE.

6. Emergency Arrangements

6.1 Emergency Planning & Preparation

Faculties and Divisions must put in place plans for responding to foreseeable emergencies such as spillages of hazardous substances and power outages that affect local exhaust ventilation and general ventilation etc. The plans must ensure that exposure is reduced during the incident and limit consequences to both health and the environment.

Consideration must also be given to how the safe shutdown of plant and processes will take place if this becomes necessary. Plans must be documented and link into the University's bronze, silver and gold emergency response plan and include arrangements for restricting access to contaminated areas until they are made safe. As part of the planning, Faculties and Divisions must ensure that substance safety data sheets, COSHH risk assessments and hazard information are available to those who may need to respond to an emergency.

Arrangements that are implemented for emergencies must be maintained and tested periodically to ensure they remain effective. For example, by carrying out scenario-based training for dedicated emergency spill response teams.

6.2 Emergency Response & First Aid

Faculties and Divisions must consider foreseeable first aid incidents that may arise from the activities that are carried out with hazardous substances. They must decide whether the existing University first aid provision in terms of Local First Aiders and first aid equipment are

sufficient to respond to such incidents. Faculties and Divisions must carry out a first aid needs assessment to identify what additional personnel and equipment are required. Where additional resource is required, Faculties and Divisions must ensure that this is put in place, maintained and replaced as required.

Where additional resource might be required to ensure clean up, decontamination and safe disposal, such as spill kits, pop-up emergency showers, chemical burn kits, Diphex kits and dedicated spill response teams, Faculties and Divisions must ensure that these are also put in place, maintained and replaced as required.

6.3 Reporting Incidents & Accidents

Faculties and Divisions must ensure that any incidents, accidents or near misses that occur in relation to an activity involving the handling, storage, use and/or disposal of hazardous substances are reported on the University's incident reporting system.

Faculties and Divisions must ensure that when an incident, accident or near miss occurs, that this is followed up with those concerned to make sure they are recovering, and to find out if anything can be done to prevent or reduce the likelihood of a repeat incident.

For more significant incidents, accidents and near misses, where the Health, Safety and Wellbeing Team carry out an investigation, Faculties and Divisions must support this process.

7. Transport

Where Faculties and Divisions plan to transport substances that are hazardous to health, this activity will be covered by the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009. Faculties and Divisions must therefore make sure that they are fulfilling their legal obligations under this legislation, in addition to COSHH.

8. Monitoring & Assurance

Faculties and Divisions must implement local arrangements for ensuring that control measures from COSHH risk assessments are implemented and followed.

The Health, Safety and Wellbeing Team will monitor the implementation of this SCoP through inspection, audit and the review of reported incidents.

9. Records & Retention Requirements

COSHH risk assessments must be retained for a minimum of 5 years once they have been superseded by an updated version. Where COSHH risk assessments cover substances that may lead to long latency occupational disease, such as cancer, these must be retained for a minimum of 40 years.

Any formal procedures relating to COSHH, must be retained for 10 years once superseded by an updated version. Any procedures that cover activities involving substances that may lead to long latency occupational disease must be retained for a minimum of 40 years.

Inspection records and audits relating to COSHH must be retained for 10 years following completion of any actions that were identified.

Health surveillance records must be retained for 40 years from the date of the last entry.

Exposure monitoring records must be kept for at least 5 years from the date taken. Where the record is regarding the personal exposure of named individuals, the retention period must be increased to 40 years.

10. Further Information / Guidance

- [HS F801 COSHH Risk Assessment Form \(High Hazard\)](#)
- [HS G801 Guidance on Completing High Hazard COSHH Assessments](#)
- [HS F802 COSHH Risk Assessment Form \(Low Hazard\)](#)
- [HS G808 Guidance on Completing Low Hazard COSHH Assessments](#)
- [HS G077 Soldering Safety Guidance](#)
- [HS G803 Guidance on Managing Asphyxiation Risk](#)
- [HS F805 Asphyxiation Calculator](#)

11. Legislation & Standards

- [The Control of Substances Hazardous to Health Regulations 2002](#)
- [The Control of Substances Hazardous to Health \(HSE ACOP L5\)](#)
- [HSE COSHH Webpage](#)

12. References

- [Chemical Safety and the Control of Substances Hazardous to Health Webpage \(UoS\)](#)
- [Biological Safety Webpage \(UoS\)](#)

13. Appendices

This section is not relevant to the scope of this document.

14. Document Control

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