

# THE CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH)

*This is a controlled document. It should not be altered in any way without the express permission of the author or their representative. On receipt of a new version, please destroy all previous versions.*

<b>Date of Issue:</b>	January 2015	<b>Next Review Date:</b>	April 2024
<b>Version:</b>	1.2	<b>Last Review Date:</b>	April 2022
<b>Author:</b>	Corporate Health and Safety Manager		
<b>Directorate:</b>	Estates and Facilities Management		
<b>Approval Route:</b> Health and Safety Committee			
<b>Approved By:</b>		<b>Date Approved:</b>	
Health and Safety Committee			
<b>Links or overlaps with other procedures/policies:</b>			
Health and Safety Policy			

#### Amendment History

Issue	Status	Date	Reason for Change	Authorised
1.1	Review	20/04/2020	Changes to job titles and nominated H&S Director	Jake O'Donovan
1.2	Review	June 2022		Health and Safety Committee

#### Please note:

**If you require a copy of this procedure in an alternative format (for example Large Print, Easy Read) or would like any assistance in relation to the content of this procedure, please contact the Human Resources (HR) team on 01803 656680.**

## CONTENTS

Purpose and Introduction	4
Responsibilities	5
Procedures	7
References	11
Appendices	11

## 1. Purpose and Introduction

The purpose of this document is to describe a process to ensure that the risks involved in using chemicals or other hazardous substances and/or materials is reduced, as far as reasonably practical, to prevent damage to people's health. It provides guidance on the standards and systems required to ensure compliance with legislation and the records to be maintained.

This procedure defines the management requirements to ensure the safety and health of personnel using or exposed to harmful substances.

Using hazardous substances can put people's health at risk. The Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended) requires the Trust to control the exposure to hazardous substances to protect both employees and others who may be exposed from work activities.

The COSHH Regulations are intended to prevent workplace illness and disease resulting from exposure to hazardous substances. The regulations require suitable and sufficient assessment of the risks to health arising from work activities associated with hazardous substances, the introduction of adequate control measures, maintenance of control measures and equipment associated with them, monitoring for the effectiveness of the measures and the health of employees, training of employees and arrangements to deal with accidents and emergencies.

The regulations apply to a wide range of substances which may cause harm if they are inhaled, ingested, injected or absorbed through the skin. Hazardous substances occur in many forms including;

- Liquids
- Gases
- Dusts
- Vapours
- Mists
- Fibres
- Solids
- Smoke

Substances that **must** be assessed under the COSHH Regulations are;

- Any substance or substances which are classified as dangerous to health and carry warning labels identifying them as Toxic, Very Toxic, Harmful, Corrosive, Irritant, Sensitizing or Carcinogenic etc
- Any substance with a Workplace Exposure Limit (WEL). These are listed in the Health and Safety Executive (HSE) publication EH40/2005: Workplace Exposure Limits
- Biological Agents (blood, bacteria and other micro-organisms)
- Any other substance which creates a risk to health, such as; asphyxiates, pesticides, medicines or substances produced in chemical processes

Certain substances are excluded from the COSHH Regulations and are usually covered by their own regulations:

- Radioactive Materials
- Substances only hazardous at high pressure
- Substances only hazardous at high temperatures
- Asbestos
- Lead and lead products
- Materials hazardous due to their flammability
- Biological agents that are outside the employers control e.g. catching an infection from a work colleague
- Substances used for medical treatment the risk to a patient is excluded but the risk to an employee is included

## **2. Responsibilities**

The Trust Health and Safety Policy sets out the responsibilities for Chief Executives, Directors, Managers, Employees and Working Groups for all health and safety policies, procedures and working guidelines and have the same relevance to this procedure.

### **2.1 Trust Board**

The Ultimate responsibility for health and safety is vested in the Board; executive responsibility is delegated by the Chief Operating Officer to the Director of Estates & Facilities as the nominated Director with responsibility for health and safety. Compliance with this procedure will be achieved by;

- Identification and assessment of risk
- Ensuring that adequate and appropriate resources and support are provided across the Trust to achieve risk elimination and reduction as far as is reasonably practicable
- Implementation of suitable and effective control measures

### **2.2 Managers**

Managers must ensure that this procedure is adopted in all areas under their control and that they familiarise themselves with work involving the use of or exposure to harmful substances and have the responsibility to ensure;

- The risks are reduced to the lowest practicable level
- All hazardous substances, used, produced or where employees in that department are exposed to have been identified on the COSHH Register Form (TSF/S006 –

COSHH Register) a copy of which can be seen at Appendix 1 along with instructions on its completion

- COSHH Risk Assessments have been carried out for each substance and its use in the department using the COSHH Assessment Form (TSF/S009 – COSHH Risk Assessment) a copy of which can be seen at Appendix 2 along with instructions on its completion
- COSHH risk assessments are documented and are stored in a COSHH or Safety file/folder along with the Material Safety Data Sheet (MSDS) in the department or on a central electronic file
- If COSHH is assessed as a 'High Risk' on the General Workplace Health & Safety Risk Assessment the outcome is logged on the departmental risk register.
- That all new substances and equipment using hazardous substances are assessed
- Control measures and safe working practices are followed by all staff and they must take all reasonable steps to document and deal with any concerns raised
- That action is taken if control measures and safe systems of work are not being followed
- Health surveillance (i.e. Occupational Health Referrals) is carried out where identified by the COSHH risk assessment and when unplanned exposure to a hazardous substance is reported
- The Trust Incident Reporting Procedure is followed in the event of an incident with a hazardous substance such as spillage or exposure to a substance
- All employees receive suitable and sufficient information, instruction, training and supervision on hazardous substances, their risks to health and the precautions that must be taken. All new employees must be provided with this information on their induction
- That Contractors employed to carry out work on site are informed of this procedure and provided with information on any hazardous substances they may come in contact with whilst carrying out their work. In addition, managers must ensure contractors have completed COSHH risk assessments for any hazardous substances they intend to use whilst working for the Trust

### 2.3 Employees Responsibilities

All employees have a duty under the Health and Safety at Work etc Act 1974 and the COSHH Regulations, to co-operate with their employer. Specifically employees must ensure that;

- They follow control measures and safe systems of work identified in COSHH risk assessments
- They report hazards and risks to their manager, including any health symptoms arising from their work with hazardous substances

- They attend health and safety training as required by health and safety legislation and Trust policies
- Must report any defects to their line manager

Where employees are responsible for purchasing hazardous substances they must also ensure the supplier provides the Trust with a MSDS for the substance.

### **3. Procedures**

#### **3.1 Substance Inventory**

In order to carry out COSHH risk assessments on hazardous substances in the work area they must be first identified. The Manager or a person nominated by the manager must identify all potentially hazardous substances in the work environment. This should be recorded on the departmental COSHH Register Form (TSF/S006).

#### **3.2 COSHH Risk Assessment**

The COSHH risk assessment should be undertaken by someone who knows the work area and the systems of work within the assessment area. The assessments should be generated in accordance with and recorded on the COSHH Risk Assessment form (TSF/S009).

The MSDS that is supplied by the manufacturers or suppliers of hazardous substances is crucial to enable the assessor to carry out a suitable and sufficient assessment of a hazardous substance. It provides key information on the hazardous substance and can help with the development of control measures. Safety data sheets however, do not replace the COSHH risk assessment or meet the requirements of the COSHH Regulations alone.

The assessment must include;

- The identification of all hazardous materials within the area
- Identify the level of risk those materials pose. It is therefore necessary to consider:
  - How much of the substance is used
  - The nature of the hazardous substance
  - What are the routes of entry to the body
  - The persons at risk of exposure
  - What are the potential hazards of the substances are
  - What are the potential ill health effects of the substances are
  - Emergency arrangements
  - Existing control measures
  - Further control measures necessary

If there is no risk to health or the risk is trivial no more action is needed. If health risks are identified the manager must then consider what else needs to be done to protect staff and other people and ensure compliance with the COSHH Regulations.

Assessments must be reviewed and updated annually, or;

- When a new hazardous substance is used in the workplace
- There has been a change in work procedure
- The substance is to be used for a different task
- The substance used has changed e.g. the manufacturer or concentration of the substance
- The HSE issue guidance relating to a hazardous substance or work activity
- Following an adverse incident involving the substance or work activity

### 3.3 Control Measures

Control measures set out within the COSHH risk assessment must prevent or adequately control the exposure of employees to substances hazardous to health. Departmental Managers are responsible for implementing safe systems of work to prevent and control exposure to hazardous substances in their work area.

Means of control that are inherently safe are always to be preferred because there are fewer opportunities for protection to fail. The HSE require a standard hierarchy of control measures that should be considered with the most preferred first:

- Elimination
- Substitution
- Isolation
- Reduction (i.e. time of exposure/numbers of employees exposed)
- Enclosure (fully or partially)
- Safe systems of work
- Housekeeping
- Information/instruction
- Personal protective equipment

Both employers and employees must ensure that control measures are effective, maintained and followed. Control measures need to work – all day, every day.

### 3.4 Safe Systems of Work

Safe systems of work must be documented and implemented for all work activities and employees must be trained and supervised in the systems to ensure the safety of themselves and other people. All control measures must be followed and any defects reported to managers. If necessary the manager should contact the relevant department to have the defect rectified, e.g. Estates & Facilities Management (EFM), the Health & Safety Team, Infection Control, etc.



### 3.5 Maintenance

All equipment used to control hazardous substances shall be tested and maintained in accordance with the COSHH Regulations and associated legislation; Approved Codes of Practice and Guidance. Maintenance records must be kept by the local manager of the system.

Testing includes visual checks, inspection, servicing and remedial work and where necessary correction of working practices. Maintenance means any work carried out to sustain the efficiency of the control measures. The tests and maintenance carried out must be recorded and records maintained.

All Local Exhaust Ventilation systems (LEV), including fume cupboards must be examined at least every 14 months and normally undertaken by arrangement with EFM. This includes air handling systems and scavenging units used in theatres.

### 3.6 Personal Protective Equipment (PPE)

PPE is a last resort and so should be provided following the implementation of all other measures. PPE should be regularly inspected and those inspections recorded. Staff should receive instruction and training in the correct usage, storage, maintenance and replacement of personal protective equipment issued to them.

PPE that is reusable should be allocated a clean and safe storage space with personal marking to maintain hygiene. Re-useable protective clothing should be kept clean and inspected in accordance with the manufacturer's guidelines. Disposable or single use protective clothing should not be reused and should be disposed of in accordance with the Trust's Waste Policy.

PPE will be provided free of charge, its selection will be based on a risk assessment which ensures as far as is reasonably possible it does not hinder a member of staff carrying out tasks while maintaining their health, safety and welfare.

In clinical environments select protective equipment on the basis of the procedure that you are about to perform and not simply whether the patient is known to be infected or not. This involves a risk assessment of the risk of transmission of micro-organisms from the healthcare worker to the patient and the risk of contamination of the healthcare practitioner's skin or clothing by the patient's blood, secretions, excretions and other body fluids.

### 3.7 Information, Instruction and Training

Where employees, are exposed to hazardous substances they must receive suitable and sufficient information, instruction and training so that they are aware of the following;

- The risks to health created by their exposure
- The precautions which should be taken
- The control measures, their purpose and how to use them
- How to use and store all personal protective equipment provided for their use

- The results of any exposure monitoring and health surveillance
- The results of any environmental monitoring carried out
- Emergency procedures including waste disposal and first aid

The department should ensure that there is a record of this training being completed (date, time, who attended, content of training).

Employees should be made aware of the arrangements for COSHH compliance within the department so that they can play an active part in improving health and safety standards.

Where a ward or departmental risk assessment identifies the need for specific COSHH training, advice should be sought from the Corporate Health and Safety Team.

Where employees from other departments or contractors may be affected, the responsible manager must ensure these individuals are informed, instructed and trained in accordance with the above and this training must be recorded and kept in a suitable file.

### 3.8 Health Surveillance

Routine surveillance of an individual's health must be undertaken when it is warranted by the degree of exposure and the nature of the effects. Health surveillance for those regularly using substances that pose a risk to health should be undertaken by the Occupational Health provider.

Employees should report any symptoms and concerns to their line manager who should contact the Occupational Health provider for advice.

### 3.9 Storage and Signage

All hazardous substances should be stored in accordance with approved codes or practice or official guidance and manufacturers guidelines. Appropriate hazard signage shall be provided on all storage areas and containers where a risk has been identified. The storage location and volume requires reviewing as part of the risk assessment

### 3.10 Emergency Procedures

Emergency procedures shall be established for limiting the extent of health risks and to regain adequate control in the event of leakage, spill or uncontrolled release of any hazardous substances. Written procedures should be put in place where current general emergency procedures under other Regulations are deemed insufficient. Managers are to ensure that staff are trained in accordance to these procedures, and this must include not only staff who use the substance but those that distribute and store it.

The MSDS's and COSHH risk assessments provide appropriate information on emergency procedures. Further information and advice can be sought from the Corporate Health and Safety Team and the Infection Control Team.

### 3.11 Disposal

Any substance hazardous to health and its container must be disposed of in accordance with the MSDS and Trust Waste Policy.

To help reduce risk, environmentally friendly products are recommended. Disposal of the packaging should be considered as part of the procurement process. An example is; empty hand gels bottles that do not contain Siloxanes can be disposed of as recyclables. If Siloxane is listed as an ingredient, the bottle must be disposed of as a chemically contaminated item.

Where waste is disposed of inappropriately this could lead to a non-compliant report being generated by the Waste Contractor. The non-compliant notices will be viewed as part of an audit process undertaken on the Waste Contractor by the Environment Agency. These notifications or other similar incidents could lead to enforcement or fines from the waste regulators; Environment Agency.

### 3.12 Incident Reporting and Investigation

Following any near miss, or incident, involving a hazardous substance the incident must be reported via the Trust's reporting system DATIX and the incident investigated, with any actions implemented. Following the investigation, the COSHH risk assessment for the hazardous substance should be reviewed, and if necessary revised or rewritten to ensure the incident does not reoccur.

### 3.13 Further Information

Any queries or questions relating to this document or matters around Health and Safety should be referred to the Corporate Health and Safety Manager.

## 4. References

### 4.1 References and Further Reading

- The Health and Safety at Work etc. Act 1974
- The Control of Substances Hazardous to Health Regulations 2002 (as amended)
- The Management of Health and Safety at Work Regulations 1999
- The Personal Protective Equipment Regulations 1992 (as amended)
- EH40/ 2005: List of Approved Workplace Exposure Limits

## 5. Appendices

Appendix 1 - Substance Inventory

Appendix 2 - COSHH Risk Assessment

## Appendix 1

### Substance Inventory

#### 1.0 Introduction

The manager and/or nominated COSHH assessor is responsible for identifying all potentially hazardous substances in their work area. A list of the substances used in the work area should be compiled using the COSHH Register Form (TSF/S006).

#### 2.0 How to Use the Form

The form is simple to use;

- In column 1:-*Ref no*, give a sequential number e.g. 1, 2, 3, etc. Use this same number on the COSHH assessment form
- In column 2:-*Product/Substance Name*, this can be found on the front of the MSDS e.g. Tristal. It may also state a common name so include this too if applicable
- In column 3:-*Manufacturer/Supplier*, give the name of the manufacturer or supplier
- In column 4:-*Date MSDS Issued*, this can be found on the front of MSDS
- In column 5:-*Date the COSHH Assessment completed*, put the date you completed the COSHH assessment
- In column 6&7:-*Review Date*, input the dates the COSHH assessment has been reviewed

#### 3.0 What do I do with the Form once it is Complete?

Once the Substance inventory is complete, a copy of the completed register form (TSF/S006) must be kept in section 3 of your departmental Safety File & Log Book. It should be reviewed regularly to ensure the hazardous substances you are using are up to date and COSHH risk assessments are being carried out.

#### 4.0 Annual Review

The substance inventory for your department should be reviewed formally and annually to ensure it is up to date and current. Once this review had been carried out and any necessary amendments made the review date should be signed off on the form.

**Control of Substances Hazardous to Health (COSHH)  
NHS Unclassified**

Appendix 1 continued...

Example picture of TSF/S006:

Torbay and South Devon <small>NHS Foundation Trust</small>						
Trust Standard Form						
COSHH Register						
Department.....						
Ref No	Product/Substance Name	Manufacturer/Supplier	Date MSDS Issued	Date COSHH Assessment completed	Date Reviewed	Date Reviewed
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
Rev 02 /January 2015			Page 1 of 1		TSF/S006 Authorised by: Director	

## Appendix 2

### **COSHH Assessment**

#### **1.0 Introduction**

A COSHH Assessment must be carried out for each hazardous substance, considering the way it is used and what measures can be put in place to protect people.

The procedure for COSHH assessments is divided into 5 easy steps, with guidance set out below to help you. If however you should have difficulties please contact the Health and Safety Team for further information.

#### **2.0 Step One – Identify the hazardous Substances - Substance Inventory**

Complete the substance inventory for all your hazardous substances and record your findings in the register (TSF/S006).

#### **3.0 Step Two – Evaluate the risk to health - COSHH Assessment**

Carry out a COSHH assessment for each substance and work activity as identified by the substance inventory. Record the reference number from the register on the COSHH assessment form (TSF/S009). Where the COSHH assessment is part of a general risk assessment the information regarding the COSHH control measures should be referenced on the general risk assessment form

#### **4.0 Step three – Manage and reduce the risk**

- Prevent or control exposure
- Communicate the hazards, risks and control measures with the staff in your department
- Instruct and train staff on use of product, emergency procedures and record training
- Use and maintain controls and monitor exposure
- Carry out health surveillance if necessary
- Ensure that COSHH assessments are available for reference in the COSHH file.










#### **5.0 Step four – If required record the risk - Risk Register**

If the level of risk is considered to be high record this on your local risk register.

#### **6.0 Step five - Review the Assessment**

Appendix 2 continued

Example of TSF/S009

Name of Assessor		Date of Assessment					
Department		Reference No					
<b>The Substance</b>							
Product or Common Name	Catalogue / Order Ref (if applicable)						
Manufacturer / Supplier	Date of Material Safety Data Sheet						
Use of substance	Product Code						
Type of Substance	Solid <input type="checkbox"/>	Liquid <input type="checkbox"/>	Gas <input type="checkbox"/>	Powder <input type="checkbox"/>	Dust <input type="checkbox"/>	Micro-organism <input type="checkbox"/>	Other please specify
Hazard symbols on the container label	 Acute Toxicity <input type="checkbox"/>	 Irritant <input type="checkbox"/>	 Carcinogenic / Respiratory Irritation <input type="checkbox"/>	 Environmental <input type="checkbox"/>	 Corrosive <input type="checkbox"/>	Other please specify	
	 Explosive <input type="checkbox"/>	 Flammable <input type="checkbox"/>	 Oxidising <input type="checkbox"/>	 Pressurised Gases <input type="checkbox"/>	Other please specify		
Possible route of exposure (tick all that apply)	Inhalation <input type="checkbox"/>	Ingestion <input type="checkbox"/>	Absorption via Skin <input type="checkbox"/>	Eye contact <input type="checkbox"/>	Injection <input type="checkbox"/>		
Potential Health Effects:	Inhalation: _____						
	Ingestion: _____						
	Eye contact: _____						
	Injection: _____						
Workplace exposure limit (WEL)	N/A <input type="checkbox"/>	Short-term (15 mins): _____		Long-term (8 hours): _____			
<b>The Work Activity</b>							
Describe activity substance is used for:							
Method of use	Diluted <input type="checkbox"/>			Undiluted <input type="checkbox"/>			
Use of Substance	Frequency	Duration	Quantity	Number Exposed			
Rev 03 / June 2017 Page 1 of 3 TSP/S009 Authorised by: Director							

Name of Assessor		Date of Assessment				
Department		Reference No				
<b>Control Measures</b>						
Alternative substance available?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Alternative substance and reasons for not using			
Handling and Storage Arrangements (i.e. well ventilated, secure, appropriate temperature)						
Precautions for Safe Use	Wash hands before & after <input type="checkbox"/>	Well-ventilated area <input type="checkbox"/>	Local Exhaust Ventilation <input type="checkbox"/>	PPE (see below) <input type="checkbox"/>	Other e.g. rotation of staff, automatic enclosed processes and safe systems of work, PPE	
Is Health Surveillance Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments			
Is Air Monitoring Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments			
Personal Protective Equipment (PPE)	Gloves <input type="checkbox"/>	Apron <input type="checkbox"/>	Lab Coat <input type="checkbox"/>	Overalls <input type="checkbox"/>	Safety Footwear <input type="checkbox"/>	Other please specify
	Eye Protection <input type="checkbox"/>	Face Shield <input type="checkbox"/>	Dust Mask <input type="checkbox"/>	Respirator <input type="checkbox"/>	Gas Mask <input type="checkbox"/>	
Staff Training Requirements	Details e.g. use of and spillage procedures					
NOTE: Managers are responsible for ensuring their staff have received adequate training and that this training is recorded.						
Rev 03 / June 2017 Page 2 of 3 TSP/S009 Authorised by: Director						

Rapid Equality Impact Assessment (for use when writing policies and procedures)

Policy Title (and number)	<b>Control of Substances Hazardous to Health (COSHH) Procedure TSP/S006</b>		Version and Date	1.2 June 2022	
Policy Author					
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
<b>EQUALITY ANALYSIS:</b> How well do people from protected groups fare in relation to the general population? <b>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</b>					
<b>Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)</b>					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>					
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language <sup>5</sup> used throughout?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are the services outlined in the policy/procedure fully accessible <sup>6</sup> ?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Does the policy/procedure encourage individualised and person-centered care?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
<b>EXTERNAL FACTORS</b>					
<b>Is the policy/procedure a result of national legislation which cannot be modified in any way?</b>				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)					
Regular full review as required by legislation and Trust policy					
<b>Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?</b>					
Members of the Health and Safety Committee; Staffside; Deputy Director of Estates and Facilities Management; Executive Directors; System Directors					
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts					
<b>Action</b>	<b>Person responsible</b>		<b>Completion date</b>		
<b>AUTHORISATION:</b>					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
<b>Name of person completing the form</b>	Suzanne Ellis	<b>Signature</b>	<i>Suzanne Ellis</i>		
<b>Validated by (line manager)</b>	Kevin Wood	<b>Signature</b>	<i>K. Wood</i>		

**Any issues Please contact Diversity & Inclusion Lead  
Debbie Maynard on [Debbie.maynard@nhs.net](mailto:Debbie.maynard@nhs.net) or Mobile Number 07976895349**

<sup>1</sup> Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated

<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives

<sup>6</sup> Consider both physical access to services and how information/ communication in available in an accessible format

<sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy