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Control of Substances Hazardous to Health (COSHH) Procedure

Ref: HS-0001-013-v4

Status: Approved

Document type: Procedure

Overarching policy: Health and Safety Policy

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1 Introduction

The Trust has a legal and moral obligation to manage risk. Where appropriate following this Control of Substances Hazardous to Health (COSHH) procedure will reduce risk.

This procedure links to Our Journey To Change as outlined within the Health and Safety Policy.

2 Purpose

This procedure sets out the required measures to protect everyone from ill health when working with specific substances and materials.

Following this policy will help the Trust to comply with its legal obligations:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations 2002

3 Who this procedure applies to

This procedure applies to all:

- Bank, locum, permanent, fixed term contract employees (including apprentices) who hold a contract of employment or are engaged with the Trust
- Seconded staff (including students).
- Volunteers.
- Non-Executive Directors and Governors.
- Those undertaking research work within TEWV Trust.
- External contractors (including Private Finance Initiative (PFI)), agency workers, including those within the Gig economy.
- Limb workers.
- Those on honorary contracts.
- Those on work experience and other workers who are assigned to TEWV Trust.

4 Related documents

This procedure describes what you need to do to implement duties under the Trust Health and Safety Policy.

This procedure also refers to:-

- ✓ [Risk Assessment \(H&S\) Procedure](#)
- ✓ [Personal Protective Equipment Procedure](#)
- ✓ [Ventilation Policy](#)
- ✓ [Waste Management Policy](#)

5 Procedure

Executive Directors and Senior Managers need to:

- Ensure that they, their operational managers, and employees are familiar with this Procedure.
- Ensure that COSHH risk assessments are completed across all areas.
- Ensure that COSHH substances are controlled appropriately across all areas.
- Ensure only Trust approved COSHH substances are in use.
- Monitor any COSHH incidents reported on the Trust Incident Reporting System at relevant meetings.

Managers need to:

- Ensure COSHH risk assessments are in place identifying:
 - The substances.
 - Method and duration of use.
 - Emergency precautions.
 - Routes of exposure.
 - Associated risks.
- Consider routes of exposure which include:
 - Inhalation – breathing in the gases, fumes, mist or dust.
 - Ingestion – swallowing the substances.
 - Absorption – through the skin by direct contact or via mucous membranes.
 - Eye contact – through direct contact with one or both eyes.
 - Injection – via skin puncture.
- Ensure they have copies of the appropriate Safety Data Sheets.
- Ensure risk assessments involve and are communicated to all appropriate staff.
- Ensure that when COSHH risk assessments are carried out any need for Personal Protective Equipment (PPE) is clearly identified, documented and provided for use.
- Ensure staff do not use any other substances than those provided by the Trust.

- Ensure that when processes change, or non-standard operations are undertaken the COSHH risk assessment is updated in advance of the change.
- Ensure that staff groups and individuals identified as being at risk are provided with appropriate information, instruction, and training, including updates and refresher training as necessary.
- Ensure users have received instruction in the use, storage and disposal of materials provided.
- Monitor the effectiveness of control measures.
- Consider that *“Some workers have particular requirements, for example young workers, migrant workers new or expectant mothers and people with disabilities.”*
HSE Website: Risk assessment: Steps needed to manage risk – HSE
- Ensure that new substances are purchased via Procurement.
- Maintain an inventory by assessment number of all COSHH substances under their area of control.
- Ensure that COSHH risk assessments are regularly reviewed in light of legislative changes, guidance changes, incidents, changes to task, changes to people etc.
- Ensure that incidents are investigated and reviewed.
- Ensure that there are emergency procedures in place. [See section 5.6 for further information.](#)

Staff need to:

- Ensure that they do not use any other substances than those provided by the Trust.
- Ensure that they follow all COSHH risk assessments.
- Ensure that they wear any PPE provided to them, report any damaged PPE to their line manager for replacement.

5.1 What is COSHH

COSHH is the law that requires employers to control substances that are hazardous to health.

This includes a requirement to risk assess any substance which is hazardous to health, for example:

- Chemicals.
- Products containing chemicals.
- Fumes.
- Dusts.
- Vapours.
- Mists.
- Nanotechnology.
- Gases and asphyxiating gases.
- Biological agents.
- Germs that cause diseases.

5.2 Risk Assessment

All substances or processes on site must be assessed by a competent person. A COSHH risk assessment template can be found in [Appendix 1](#).

The competent person should:

- Ensure they have an up-to-date Safety Data Sheet(s).
- Decide if a detailed assessment or exposure monitoring is required.
- Decide if health surveillance is necessary.
- Consider the level of exposure, how long the persons at risk are exposed for and frequency of exposure.
- Consider how and where the task is undertaken.
- Ensure the processes and activities minimise emission, release and spread of substances hazardous to health.
- Ensure that the introduction of control measures does not increase the overall risk to health and safety.
- Ensure appropriate storage of chemicals and control of access.
- Ensure emergency precautions are in place for accidental release and fire.
- Ensure emergency provisions are in place e.g., eye wash, spill kit and other items required in the event of ingestion.

5.3 Principles of Good Control Practice

Good practice in the control of substances hazardous to health can be encapsulated in the eight generic principles set out in Schedule 2A. They must all be applied to obtain effective and reliable control. The principles overlap in their application. They are not ordered by rank – the first is not more important than the last – although there is a logic to their overall order of presentation.

- Minimise emission, release and spread by good design and operation of processes.
- Consider routes of exposure.
- Choose control measures proportionate to the risk:
- Choose the most effective and reliable control options that minimise the escape and spread of substances hazardous to health.
- Personal protective equipment is the final option:
 - Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment.
- Check and regularly review all elements of control measures for their continuing effectiveness.
- Provide information and training.
- Ensure that the introduction of measures to control exposure does not increase the overall risk to health and safety.

5.4 Machinery/Facilities

- New or relocated machinery or facilities which generate substances hazardous to health must be assessed to ascertain their compliance to the relevant exposure standards.
- Where local exhaust ventilation is provided a test should be carried out by an independent competent person.
- Where staff are at risk of exposure to a substance hazardous to health and that exposure may lead to adverse health effects, for which there are valid techniques of detection, suitable health surveillance should be carried out under the control of the authorised medical provider.
- Where respiratory protective equipment (other than disposable respirators) is provided, a thorough examination of the respiratory protective equipment should be carried out and recorded once a month and any faults rectified.
- Where staff have been identified as requiring health surveillance, Managers should schedule the appropriate health surveillance, and they shall be released to attend appointments as arranged with Occupational Health.

5.5 Record keeping

Records of assessments should be kept for the period that they are valid, plus an additional period of not less than 5 years from the time they are no longer valid. Records of any monitoring shall be kept for:

- i. not less than 40 years for personal monitoring.
- ii. not less than 5 years in any other case.

Records of examinations and tests carried out on any local exhaust ventilation systems shall be kept for no less than 5 years.

If there are any incidents or alleged incidents records must be kept for evidential purposes regardless of whether the incident occurred or not. Records must be kept for 5 years.

Records of health surveillance will be kept for not less than 40 years from the date of the last entry made in it.

Maintain and hold records of employee training carried out.

5.6 Accident and Emergency Procedures

Managers need to:

- Establish appropriate accident and emergency procedures which should include safety drills and provision of first aid facilities where the level of risk dictates.
- Ensure information is provided to employees on the relevant work hazards, hazard identification, arrangements and hazards likely to occur at the time of the accident/emergency.

- Ensure suitable warning and communications systems are in place should an accident or emergency arise.
- Provide appropriate information to accident and emergency services in order for them to plan their response.
- Display emergency procedures where appropriate or applicable and circulate copies of the procedures to all interested parties.

5.7 COSHH and Patient Safety

For patients COSHH does not apply to the health effects from medication (e.g. cytotoxic drugs but would apply regarding protection of staff to exposure).

COSHH regulations will still apply for patients where unintended exposure could occur. This could be due to risks such as poor or insecure storage of chemicals, cleaning materials etc.

5.8 Waste Disposal

Ensure all waste is controlled in line with TEWV's Waste Management Policy arrangements and guidelines.

5.9 Hazard Symbol Identification

There are 9 pictograms (international symbols) as shown in the table within this section.

All have a white background with a red diamond frame and a black hazard symbol inside.

Chemicals are classified into 2 broad categories:

- Physical hazards (flammables, explosives, corrosives).
- Health Hazards (acute toxicity, irritant, carcinogen and several others).

Each substance has 'Danger' or 'Warning' on the label unless it is deemed of such a low hazard as to not require one.

- Danger = more severe hazards.
- Warning = less severe hazards.

All pictograms relating to transport are governed by "The Transport of Dangerous Goods" Regulations.

New Pictogram	Description	Hazard Class and Hazard Category
	Skull & Cross bones	Acute toxicity (fatal or toxic) (oral, dermal, inhalation)
	Exclamation mark	Irritant (skin and eye) Skin sensitizer / Skin irritation Acute toxicity (oral, dermal, inhalation) Eye irritation Narcotic effects Respiratory tract irritant Skin sensitization Specific Target Organ Toxicity Single exposure Hazardous to ozone layer (none mandatory)
	Environment	Aquatic toxicity Hazards to Aquatic Environment Acute hazard Chronic hazard
	Health Hazard	Respiratory sensitization Germ cell mutagenicity Carcinogenicity Reproductive toxicity Specific Target organ toxicity - single exposure Specific Target organ toxicity – repeated exposure Aspiration hazard
	Corrosion	Skin corrosion / burns. Serious eye damage Corrosive to metals
	Flame over circle	Oxidizers Oxidizing gases Oxidizing liquids
	Flame	Flammables (gases, aerosols, liquids, or solids) Self-reactive substances and mixtures Self-heating substances Pyrophoric liquids Pyrophoric solids Substances & mixtures (that when in contact with water) emit flammable gases Organic peroxides
	Gas Cylinder	Gases under pressure - Compressed gases - Liquefied gases - Refrigerated liquefied gases
	Exploding Bomb	Unstable explosives Explosives of Divisions that include self-reactive substances & mixtures Organic peroxides

5.10 Monitoring

If through the risk assessment process, it is identified that staff are potentially at risk from exposure to substances hazardous to health, then monitoring of staff groups may be implemented. This will include staff groups undertaking identical or similar tasks and being exposed to similar risks.

Monitoring will be carried out by an external professionally qualified body.

5.11 Health Surveillance

The objective of health surveillance is to:

- Check the health of individuals by detecting as early as possible adverse changes which may be caused by exposure to substances hazardous to health.
- Collect and keep up to date data and use this data to evaluate hazards so that action can be taken to prevent more serious diseases developing.
- Check control measures are working effectively and provide feedback on the effectiveness of the risk assessments and control measures and whether further steps to manage the risk are required.

Where health surveillance shows an employee's health is being affected the following steps should be implemented:

- Review of the risk assessment, and if necessary, modify control measures.
- Check the health of employees doing similar work.
- Refer employee to Occupational Health who will explain:
 - The results of health surveillance.
 - Arrange for further specialist assessment of health.
 - Continue with health surveillance.
 - Consideration of alternative employment within the workplace.

6 Health, Safety and Security Team

The Health, Safety and Security Team provides advice and support to all staff and managers around the management of risk.

Contact details for the team are: tewv.hss@nhs.net

7 Definitions

Term	Definition
COSHH	<ul style="list-style-type: none"> Control of Substances Hazardous to Health Substances that are hazardous to health which can take many forms.
Safety Data Sheet (SDS)	<ul style="list-style-type: none"> Document that summarises the performance and other technical characteristics of a product which contains information to assist with undertaking a risk assessment.

8 How this procedure will be implemented

- This procedure will be published on the Trust's staff intranet and Trust external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

8.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Hotel Services	Local Induction	1 hour	On appointment
	Mandatory Training	1 hour	Every three years
	Tool box talks	10 minutes	Post incident
Estates	Local Induction	1 hour	On appointment
	Mandatory Training	1 hour	Every three years
	Tool box talks	10 minutes	Post incident
Nursing Staff	Local Induction	1 hour	On appointment
	Mandatory Training	1 hour	Every three years
	Tool box talks	10 minutes	Post incident
Band 6 and above	COSHH Digital Learning via ESR.	15/20 minutes	On appointment Every three years

9 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Compliance with the legal requirements outlined within the COSHH Regulations 2002. <i>NB. There are 25 questions listed in the audit template that are assessed for compliance.</i>	<p>Frequency: Annual rolling audit programme.</p> <p>Method: COSHH audits will be carried for a sample of all teams utilising standard audit templates via an internet-based audit platform (iAuditor). Results are collated and discussed at Health, Safety, Security and Fire Group (HSSF GROUP) with quarterly report to be submitted to Quality Assurance Committee (QAC).</p> <p>Responsible: Undertaken by members of the Health and Safety Team as directed by the Head of Health, Safety and Security.</p>	Implementation and monitoring are directed by Quality Assurance Committee (QAC) and devolved to the HSSF Group.

10 References

- ✓ Health & Safety at Work Act 1974
- ✓ Management of Health and Safety at Work Regulations 1999 (MHSWR)
- ✓ Personal Protective Equipment at Work Regulations 2022
- ✓ Control of Substances Hazardous to Health Regulations 2002
- ✓ Working with Substances Hazardous to Health – A brief guide to COSHH
- ✓ The Control of Substances Hazardous to Health Regulations 2002. Approved Code of Practice and guidance; L5
- ✓ Transport of Dangerous Goods Act

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	14 July 2025
Next review date	14 July 2028
This document replaces	Ref: HS-0001-013-v3.1 Control of Substances Hazardous to Health (COSHH) Procedure
This document was approved by	HSSF Group
This document was approved	14 July 2025
This document was ratified by	EFM DMT
This document was ratified	10 July 2025
An equality analysis was completed on this policy on	10 April 2025
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v1	08 May 2015	New document	Withdrawn
v1	08 Sep 2016	Full review – no changes required	Withdrawn
v1	26 Sep 2019	Review date extended from 08 September 2019 to 31 March 2019	Withdrawn
v2	13 Feb 2020	Full Review: P9: 3.5 COSHH Risk assessment with link to InTouch pages added P10: 4 Definitions: Safety Data Sheets added P10: 5 Training Needs Analysis added	Withdrawn

		<p>P13: Appendix 1 COSHH Risk Assessment Format & Appendix 2 Example Completed COSHH Assessment</p> <p>P12: Section 9 - Appendices / Update COSHH Assessment Form</p>	
v2	July 2020	Review date extended by 6 months	Withdrawn
v3	19 Aug 2022	<p>Procedure reviewed in line with the new Trust template and aligned with Journey to Change.</p> <p>Wording amended throughout the procedure to aid clarity.</p> <p>The below has been amended and changed within the procedure:</p> <ul style="list-style-type: none"> • Section 5.4 Control now covered in Section 5.3 Principles of Good Control Practice. • Section 5.5 information, instruction, training and supervision – this is now included in section 5 procedure and section 5.2 risk assessment. • Section 5.11 Monitoring and Health Surveillance has now been split into two sections. 5.10 Monitoring and 5.11 Health surveillance. <p>The following has been added to the procedure:</p> <ul style="list-style-type: none"> • Section 5 procedure outlined for Managers. • Section 5.3 Principles of Good Control Practice added. • 5.4 Machinery and Facilities . • Section 5.7 COSHH and patient safety. • Section 6 Health, Safety and Security Team . 	Withdrawn
v3.1	11 Nov 2022	Minor Amendment to COSHH Risk Assessment form to make this more specific.	Withdrawn
V4	February 2025	<p>Added in roles and responsibilities in section 5 for Executive Directors and Senior Managers as well as Staff responsibilities.</p> <p>Added extra responsibilities in for Managers within section 5.</p> <p>Added additional training needs.</p>	Approved










Appendix 1 Control of Substances Hazardous to Health (COSHH) Risk Assessment Template

The template starts on the next page. A word version of this template is available at:

T:\Intranet Published Documents\Working here\Health and Safety\Health and safety toolkit\Risk Assessments

Control of Substances Hazardous to Health (COSHH) Risk Assessment Template

SECTION 1

Assessment Number:								
Assessment Completed By:					Signature:			
Department:					Job Role:			
Date Assessment Conducted:					Review Date:			
Substance(s) Used / Present:								
								
Toxic	Irritant / Harmful	Corrosive	Flammable	Oxidising	Explosive	Dangerous to Environment	Gases Under Pressure	Health Hazard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity / Process: <i>(How is the substance applied/used? e.g., applied by hand, sprayed etc. Where is the substance used?)</i>				
Amount Used:	Quantity of material used in one day:		State:	Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/>
	Duration:	<1/2 hr <input type="checkbox"/> 1/2 - 2 hrs <input type="checkbox"/> 2-4 hrs <input type="checkbox"/> 4-8 hrs <input type="checkbox"/> > 8 hrs <input type="checkbox"/> All day <input type="checkbox"/>		Area of Exposure

	Frequency:	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>		
People at Risk:	Staff <input type="checkbox"/> Patients <input type="checkbox"/> Contractors <input type="checkbox"/>	Public <input type="checkbox"/> Others <input type="checkbox"/> _____	By Products Produced:	Fumes <input type="checkbox"/> Vapour <input type="checkbox"/> Other Breakdown Products <input type="checkbox"/> Dusts <input type="checkbox"/>
Approx. numbers of people exposed to this material:				
SECTION 2 – Hazards & Control Measures				
Routes of Exposure:	<div style="display: flex; justify-content: space-between;"> <div> Absorption / Skin Contact <input type="checkbox"/> Eye Contact <input type="checkbox"/> Ingestion <input type="checkbox"/> </div> <div> Inhalation <input type="checkbox"/> Injection <input type="checkbox"/> </div> </div>			
Control Measures	<div style="display: flex; justify-content: space-between;"> <div> Re-design <input type="checkbox"/> Substitution <input type="checkbox"/> Engineering <input type="checkbox"/> Local Exhaust Ventilation <input type="checkbox"/> </div> <div> Maintenance Controls <input type="checkbox"/> Workplace Monitoring <input type="checkbox"/> PPE <input type="checkbox"/> </div> </div> Other: _____			

Personal Protective Equipment (PPE)	<div> <div>Full Face Visor <input type="checkbox"/></div> <div>Face Mask <input type="checkbox"/></div> <div>Goggles / Safety Glasses <input type="checkbox"/></div> <div>Gloves / Gauntlets (Chemical Resistant) <input type="checkbox"/></div> <div>Respirator <input type="checkbox"/></div> <div>Protective Clothing <input type="checkbox"/></div> </div>	
Specify type of PPE to be used: <i>(e.g., type of glove and material used, type of goggles/glasses etc.)</i>		
Maintenance Control Measures Identified: <i>(How are the control measures detailed maintained?)</i>		
First Aid Provisions:	Inhalation	
	Ingestion	
	Absorption	
	Eye Contact	
	Other / Site Specific:	
Fire & Emergency Provisions:		
Spillage Measures:		
Information, Instruction & Training:		

Handling & Storage:		
Disposal Procedures:		
Has the risk been adequately controlled after the control measures have been implemented?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If no what further action is required?		

Appendix 2 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Health & Safety, EFM
Title	Control of Substances Hazardous to Health Procedure
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	<p>The objectives of this procedure are to comply at all times with the:</p> <ul style="list-style-type: none"> • Health and Safety at Work etc. Act 1974. • The Management of Health and Safety at Work Regulations 1999. • The Control of Substances Hazardous to Health regulations 2002 • All other relevant statutory provisions;
Start date of Equality Analysis Screening	19 February 2025
End date of Equality Analysis Screening	10 April 2025

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All staff, patients, contractors and visitors and the general community.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO

	<ul style="list-style-type: none"> • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Veterans (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	There will be times when health and safety has to take priority and this may have an impact on a person's protected characteristics. TEWV would however always try and mitigate as much as possible any negative impact whilst ensuring health and safety legislation is followed.
Describe any positive impacts	Procedure is in place to reduce risk to all staff, patients, visitors, contractors etc.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Yes – See references section of Procedure
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes

If you answered Yes above, describe the engagement and involvement that has taken place	Programme of visits and audits have been undertaken where concerns have been discussed and documented. These have been considered while reviewing the procedure.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 3 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	14 April 2025
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/a	