

Health & Safety

Quick Set-up Guide



A Guide to Substances Hazardous to Health

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A. Induction

There are many substances both man-made or naturally occurring that your employees and/or service users could be exposed to within the course our work/operations that have the potential to cause harm. This document outlines the key requirements managers and employees must take to ensure compliancy with our **G27 – Control of Substances Hazardous to Health policy (COSHH)**.

B. COSHH

This section is designed to provide managers with simple guidance on the key requirements of the COSHH regulation. It outlines the steps/actions managers need following that will prevent expose of employees and other persons (pupils, service user's visitors, contractors etc.) to substances hazardous to health unless an assessment of the risks to the health has been carried out to determine the steps that are needed to prevent or adequately control exposures.

Carrying out COSHH risk assessments

Step 1 - Identify Hazardous Substances

A COSHH risk assessment follow the same process and principals as a normal task/operational based risk assessment but focusing primarily on any substance that are being used and identifying the potential to cause harm those present. The first step in a

COSHH risk assessment is identifying hazards these potentially harmful substances pose to the persons who may be exposed to them.

A key source of information and an essentially document to assist with identify that type of harm a substance can cause is the "Safety Data Sheet". This document should be supplied with any chemicals, substances or products purchased from a supplier and contain all the information about that produce, for example: -

- The physical health hazards its poses i.e. toxic, irritant, etc
- Is it flammable, corrosive, explosive, etc
- The environmental health hazards
- What protective measures are required for use
- What's the safety precautions for handling, storing, and transportation
- What Personal Protective Equipment (PPE) must be worn
- What the emergency/first aid requirements
- How to safety disposal of it

Furter details on Safety Data Sheets can be found [here](#).

A second source of information is the packaging or container itself; it should have information on the back giving simple instructions on how to use the produce, what PPE should be worn and what to do in the event of an emergency/first aid situation.

You may also see hazard pictograms (COSHH signs) on the container of the produce, these are designed to give the user a quick and easy reference to any significant hazards that product poses. These signs can be view [here](#).

Steps 2 and Step 3 - Assess risks to health and decide on the measures to prevent or adequately control exposures to hazardous substances.

Once a hazardous substance has been identified the next part you need to considered is the **Hierarchy of Control**



Elimination

1. Can it be eliminated for something less hazardous or non-hazardous solution/method? e.g. using screw or crimp connectors to join wires instead of soldering will eliminate the inhalation risks completely

Where hazardous substances cannot be eliminated the risks to health must be assessed and exposures prevented or adequately controlled



Substitution

2. Can I substitute the hazardous substance for a less hazardous one? e.g. Instead of using a product that's toxic to clean I swap for a substance that is only an irritant.

If substitution can't be used to manage/reduce the risk move onto the next control



Engineering Controls

3. Can I use or implemented a physical controls or system to reduce the risk e.g. local exhaust system to reduce/removes fumes

If engineering controls are not possible or practical, consideration should move to



Administrative Controls

4. Will employee training, and installation of signs and warning labels help to reduce the risk. **NOTE:** Administrative controls do not remove hazards but intend to limit or prevent people's exposure to the hazards.

And finally - if none of the above or a combination of the above does reduce the risk enough



PPE

5. The last rest that should be considered to reduce or control the risk(s) a substance by pose is Personal Protective Equipment (PPE) e.g. even with other controls, does the employee also need to wear PPE e.g. gloves, gloves or a mask to reduce the risk to an acceptable level?

Applying the eight principles of good practice set out in the COSHH Regulations, see below.

1. Not exceeding the workplace exposure limit (WEL) for the substance (if there is one – for further detail on WEL click [here](#)); and
2. If the substance causes cancer, heritable genetic damage or asthma, reducing exposure to as low a level as is reasonably practicable.

Eight Principles of Good Practice:

1. Design and operate processes and activities to minimize emission, release and spread of substances hazardous to health;
2. Take into account all relevant routes of entry;

Inhalation (breathing)
Skin (or eye) contact.
Swallowing (ingestion or eating)
Injection.
3. Control exposure by measures that are proportionate to the health risk.

4. Choose the most effective and reliable control options which minimise the escape and spread of substances hazardous to health;
5. Where adequate control of exposure cannot be achieved by other means, provide, in combination with other control measures, suitable personal protective equipment;
6. Check and review regularly all elements of control measures for their continuing effectiveness;
7. 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;
8. Ensure that the introduction of control measures does not increase the overall risk to health and safety.

Engineering controls measures, such as fume cabinets or local exhaust ventilation systems must be examined by a competent person at least every 14 months to ensure they remain effective at controlling the risks.

Where a substance has been identified hazardous there may be a need for health surveillance on the individual, to ensure that individual has not being affected by the substance. The nature of the health surveillance will depend on exposure routes. (See also document [G10.9 Health Surveillance](#)).

Step 4 – Record Findings and Implement Controls

The details of your findings **MUST** be recorded within a COSHH. Issued to employees who will be using or exposed to the harmful substance(s) and conformation gained that they fully understand the controls measures required.

Template COSHH assessment click here. – **(LINK STILL TO BE ADDED)**

Examples of completed COSHH assessments click [here](#).

Step 5 – Review your COSHH assessment

COSHH assessments **should be regularly reviewed and updated** to ensure that they are still relevant. ... COSHH assessments must also be reviewed after any accident, incident or near miss. If there is a change to legislation or if anything to do with the process has changed then they should also be reviewed immediately

COSHH Essentials – HSE Assessment Toolkit

COSHH Essentials sets out basic advice on what to do to control exposure to hazardous substances in the workplace. It takes the form of straightforward advice in 'factsheets' called 'control guidance sheets'. There are two types of sheets, industry-specific '**direct advice sheets**' and '**generic control guidance sheets**'.

Link to the [Direct Advice Sheets](#) toolkit

Link to the [Generic Control Guidance Sheets](#) COSHH e-tool

C. Bacterial & Viral infections from Soil, water or animals

Hazards

Employees working with soil, water and/or animals may be exposed to a range of viral or bacterial infections. The main hazards are Tetanus and Leptospirosis.

Employees likely to be exposed to the hazards are those:

- who work with soil or water which may have been contaminated by rats, other rodents or small mammals
- working with livestock (such as pigs, sheep and cattle), particularly those who may be infected by urine or foetal fluid
- in the following groups:
 - road/land workers (Lincslab, Countryside, caretakers and porters)
 - Emergency Services (Fire-fighters)
 - veterinary workers (Options trainees, veterinary nurses)
 - Animal Health and Welfare Enforcement Officers (Trading Standards)

Risk Control Measures

Employees who may be at risk from these diseases must:

- be given adequate protective clothing
- be advised that they should have regular vaccinations against tetanus and that their Medical Practitioner will advise on the frequency of these (additional guidance on vaccination is given in [G10.8](#))
- Read and understand Appendix 1 Employee Leaflet: *Bacterial and Viral Infections from Soil, Water or Animals* and an information card POEL17. These explain the precautions they should take and enable them to keep a record of tetanus vaccinations.

A first aid kit and supply of non-contaminated water to clean wounds should be kept available.

Any confirmed cases of Leptospirosis must be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985. For further guidance on RIDDOR reporting click [here](#).

D. Coming in to contact with Blood Borne Viruses

Hazards

Employees coming into contact with blood or other body products may be exposed to a range of viral infections. The main hazards are infection with the Human Immunodeficiency Virus Hepatitis B and Hepatitis C. Infection with Poliomyelitis may also be a hazard in certain caring situations.

Work related routes of exposure are through:

- skin puncture by contaminated sharp objects such as hypodermic needles, glass and metal (e.g. from vehicles involved in road traffic accidents, waste material on footpaths and grounds)
- contamination of open wounds and skin lesions such as eczema
- splashing mucous membranes of the eye, nose and mouth
- deep human bites when blood is drawn

Employees and others likely to be exposed to these hazards are:

- care staff (especially those working with intravenous drug users)
- teachers and school ancillary and support staff
- road/land workers (Countryside, caretakers and porters)
- Fire Fighters
- working with service users who have lived in a residential setting for several years
- First Aiders and anyone clearing up spills in First Aid Rooms
- employees who carry out procedures that are 'exposure prone'; mostly those working with penetrating deep wounds
- Volunteers

Extent of Risk

The extent of risk will depend on:

- the frequency and scale of contact with blood and other body products
- the number of people an employee is in contact with
- the prevalence of infection in the community
- whether or not blood comes from infected individuals
- the control measures used

Risk Control Measures

Employees and volunteers (including First Aiders) who may be at risk should be given appropriate training and information. This should be kept under review.

Exposure to sharps (needles, glass, metal etc.) should be avoided when possible. If this is unavoidable particular care should be taken in the handling and disposal of these. Sharps training is available for employees, for details click [here](#).

Contamination of clothing or the person and injuries from sharps should be avoided by providing appropriate protective clothing and equipment, such as:

- disposable latex or vinyl gloves
- heavy duty gloves (rubber, latex or cotton fully coated with PVC)
- protective footwear (heavy soles)
- plastic apron
- specialist equipment, e.g., plastic containers (sharps containers) and handling tongs for discarded syringes and needles
- mouthpieces (for First Aiders)

All breaks in exposed skin should be protected by means of waterproof dressings and/or gloves.

Employees should be advised to take the following action after exposure to possible infection:

- wash skin thoroughly with soap and running water. Clean, cold tap water should be used if the mouth, nose or broken skin are affected
- wash out splashes in the eye preferably using an eye wash, or tap water if this is not available
- encourage bleeding if the skin has been broken
- the wound should be cleaned, and a dressing applied
- report the injury to your line manager and seek medical attention without delay

Surfaces should be cleaned thoroughly, using one part of good quality bleach diluted with ten parts of water. (Stocks of bleach must be renewed every six months to ensure that the correct strength of chlorine is available).

Contaminated waste should be disposed of safely, including 'sharps' and disposable protective clothing. A single use kit for the safe disposal of sharps is available for First Aid Suppliers. Advice on the disposal of clinical waste and 'sharps' is available from the local District Council.

Clothing should be cleaned thoroughly, in an ordinary washing-machine using the hot cycle or by dry cleaning if this is not possible.

Immunisation (e.g. Hepatitis B vaccinations) should be considered as a protection measure for those employees working with at risk groups, or those who carry out 'at risk' procedures (e.g. those likely to come into contact with hypodermic syringes).

The need should be assessed as part of the risk assessment, but this should only be seen as a supplement to the procedural controls set out above and the use of protective equipment. Adequate records should be kept of vaccinations offered and vaccination undertaken. Advice on the arrangement of vaccination is given in [document G10.8](#). Advice in relation to whether or not vaccination is appropriate is available from the County Council's Medical Advisers.

A procedure should be available for employees who feel that they have sustained an injury. This should include screening of the employee, and the service user, if known. (More information is available from the County Council's Occupational Health Advisers.)

Reporting Procedures

The normal reporting procedures for accidents, injuries and work-related illnesses must be followed where an incident occurs that may have exposed an employee to infection. For detail click [here](#).

Further Advice

Appendix 2 Bloodborne Viruses: Advice for Employees and First Aiders can be used to complement departmental procedures or for general information.

E. Carbon Monoxide

This section has been written with an emphasis on the workplace but may also be of use to people who work from home or give First Aid. It has been produced to:

- highlight the health hazards from gas/solid fuel appliance and carbon monoxide
- tell you what you need to do to avoid being exposed/harmed
- give you advice on what you need to do to avoid being exposed or what to do if you believe that you may have been exposed to carbon monoxide.

What is carbon monoxide?

Carbon monoxide (CO) is a colourless, odourless, tasteless, poisonous gas produced by incomplete burning of carbon-based fuels, including gas, oil, wood and coal. Carbon-based fuels are safe to use. It is only when the fuel does not burn properly that excess CO is produced, which is poisonous. When CO enters the body, it prevents the blood from bringing oxygen to cells, tissues, and organs.

How does carbon monoxide cause problems?

Incorrectly installed, poorly maintained or poorly ventilated household appliances, such as cookers, heaters and central heating boilers, are the most common sources of carbon monoxide.

Blocked flues and chimneys can also prevent carbon monoxide escaping, allowing it to build up to dangerous levels.

The risk of carbon monoxide poisoning can occur at any time in any home or enclosed space.

What are the symptoms of carbon monoxide poisoning?

Early symptoms of carbon monoxide (CO) poisoning can mimic many common ailments and may easily be confused with food poisoning, viral infections, flu or simple tiredness. Symptoms to look out for include:

- headaches or dizziness
- breathlessness
- nausea
- loss of consciousness
- tiredness
- pains in the chest or stomach
- erratic behaviour
- visual problems

If you or you become aware that anyone is experiencing any of the above symptoms and believe you may have been exposed to carbon monoxide, you should seek urgent medical advice from either your GP or an A&E department.

How can I protect myself from expose?

Several employee guidance sheets have been produced:

Appendix 3 – Employees Working within Domestic Premises Guidance

Appendix 4 – Safety Information Sheets

1. Gas Appliances
2. Oil Heating Appliances
3. Portable Heating Appliances
4. Solid Fuel/Wood Burning Appliances

Further Information/Support

[Rospa Fact Sheet](#)

[GasSafe Register](#) – Check to ensure your heating engineer is registered.

[Carbon Monoxide Poisoning](#) - are you at Risk? NHS

Health and Safety Executive – [Gas Safety](#)

Appendix 1

Bacterial and Viral Infections from Soil, Water or Animals

INTRODUCTION

Employees working with soil, water or animals may be exposed to a range of viral or bacterial infections. The main hazards are Tetanus and Leptospirosis. This information has been produced to:

Highlight the health hazards connected with working with soil, water or animals.

Tell you the risk control measures to take to avoid being infected.

Give you information to pass on to your GP. You should do this if you have any of the following symptoms:

- flu like symptoms
- a persistent severe headache
- fever
- chills

These symptoms may be from a range of illnesses but could be from infections contracted through work. The information will enable your GP to consider the health risks from your work for the treatment of illness. (This can be done by showing your GP this information or the information card, click [here](#).)

HAZARDS

Employees likely to be exposed to the risk of infection are:

road/land workers (Lincslab, Countryside, caretakers and porters)
Emergency Services (Fire-fighters)
veterinary workers (Options trainees, veterinary nurses)
Animal Health and Welfare Enforcement Officers (Trading Standards)

TETANUS (Lock Jaw)

Tetanus is a potentially fatal disease that can affect any person whose work involves contact with soil. The disease-forming spores enter the body through cuts, abrasions or puncture wounds, e.g. those made by splinter wounds or thorns. The spores may be spread by vermin or by disturbing dead animals, birds or their droppings.

LEPTOSPIROSIS

There are two forms of this serious and sometimes fatal infection:

1. Leptospirosis (Weil's Disease)
2. The Hadjo form

It is transmitted by rats, rodents other small mammals and livestock (including cattle, sheep and pigs) through animal urine or foetal fluid from cattle mouth, throat and eyes

after contact with infected urine or contaminated water or animal feedstuffs the bacteria entering the body through cuts and scratches and through the lining of the

RISK CONTROL MEASURES

It is important that all of the following precautions are followed.

Always:

- wash your hands thoroughly with soap and water or waterless hand cleaner:
- after working with anything that may have been contaminated
- after handling any animal
- before eating, drinking or smoking
- after removing protective clothing that may be contaminated
- Cover all cuts and broken skin with waterproof plasters before and during work. Clean any wound thoroughly beforehand.
- Avoid rubbing your nose, eyes or mouth during work.
- Wear all protective clothing which has been provided and dry wet clothing as soon as possible.
- Report all accidents at work, however small.
- Report any illness to your doctor and show this leaflet or the [Information card](#).

Make sure that you keep your Tetanus vaccinations up to date, and that you keep a record of these so that you know when the next booster is due. A section is provided below for this purpose. You should see your own doctor for advice about the frequency required.

FOR THE ATTENTION OF YOUR DOCTOR

The employee's work may bring him/her into contact with Tetanus or Leptospirosis (either 1. Icterhaemorrhagiae or 2. Hadjo) and other bacterial and viral infection from soil, water and a variety of animals.

FURTHER INFORMATION

If you have any concerns, please speak to your manager or doctor.

There is also additional information on other bacterial and viral illnesses in the following documents:

[POEL7 Bloodborne Viruses – Advice for Employees and First Aiders](#)

[POEL12 Your Health and Pregnancy at Work](#)

Information Card

CARRY THIS CARD WITH YOU FOR THE ATTENTION OF YOUR DOCTOR

The cardholder's work may bring him/her into contact with Tetanus or Leptospirosis (1. Icterhaemorrhagiae or 2. Hadjo) and other bacterial and viral infection from soil, water and a variety of animals.

The disease is treatable if caught in the early stages. The early stages mimic influenza. Jaundice and other serious complications can occur later. Therefore, it is important that you show this card to your doctor or hospital if you feel ill, as well as after a known injury.

The infection enters through breaks in the skin, so it is important to follow advice given and to ensure thorough first aid treatment of all wounds.

Always:

- Wash hands thoroughly before eating, drinking or smoking.
- Clean any wound beforehand.
- Cover all cuts and broken skin with waterproof plasters before and during work.
- Avoid rubbing your nose, eyes and mouth during work.
- Wear all protective clothing which has been provided and dry wet clothing as soon as possible.
- Report all accidents at work, however small.
- Report any illness to your doctor and show this card.
- Keep your Tetanus vaccinations up to date and make a record of them.

Pocket Card: Please cut this card out, laminate it and keep it on your person.

Information Card

Lincolnshire
COUNTY COUNCIL
Working for a better future

EMPLOYEES WORKING WITH SOIL, WATER OR ANIMALS

CARRY THIS CARD WITH YOU FOR THE ATTENTION OF YOUR DOCTOR

The cardholder's work may bring him/her into contact with Tetanus or Leptospirosis (1. Icterhaemorrhagiae or 2. Hadjo) and other bacterial and viral infection from soil, water and a variety of animals.

The disease is treatable if caught in the early stages. The early stages mimic influenza. Jaundice and other serious complications can occur later. Therefore, it is important that you show this card to your doctor or hospital if you feel ill, as well as after a known injury.

COVER ALL CUTS AND ABRASIONS WITH A WATERPROOF PLASTER BEFORE STARTING WORK. ALWAYS WEAR PROTECTIVE CLOTHING

The infection enters through breaks in the skin, so it is important to follow advice given and to ensure thorough first aid treatment of all wounds.

Always:

- Wash hands thoroughly before eating, drinking or smoking.
- Clean any wound beforehand.
- Cover all cuts and broken skin with waterproof plasters before and during work.
- Avoid rubbing your nose, eyes and mouth during work.
- Wear all protective clothing which has been provided and dry wet clothing as soon as possible.
- Report all accidents at work, however small.
- Report any illness to your doctor and show this card.
- Keep your Tetanus vaccinations up to date and make a record of them.

Appendix 2

Blood-borne Viruses (BBVs) Advice for employee and First Aiders

What is the purpose of this guidance?

This leaflet has been written with an emphasis on the workplace but may also be of use to people who give First Aid. It has been produced to:

- highlight the health hazards from working with blood and other body products
- tell you what you need to do to avoid being infected
- give you advice on what you need to do if you believe that you may have been exposed to infection

What are blood-borne viruses (BBVs)?

BBVs are viruses that some people carry in their blood that may cause serious disease in some people and no symptoms in others. The virus can spread to another person even if the carrier of the virus is not ill.

The main BBVs of concern are:

- Hepatitis B and Hepatitis C which both cause hepatitis, a disease of the liver
- Human Immunodeficiency Virus (HIV) which causes acquired immune deficiency syndrome (AIDS) affecting the immune system of the body

The viruses can be found in other body fluids. Care should be taken because even though there is minimal risk from these the risk is increased if blood is present, and this is not always obvious.

Who is likely to be exposed to infection?

Employees and others likely to be exposed to these hazards are:

- care staff (especially those working with intravenous drug users)
- teachers and school ancillary and support staff
- road/land workers (Countryside, caretakers and porters)
- Fire Fighters
- working with service users who have lived in a residential setting for a number of years
- First Aiders and anyone cleaning up spills in First Aid Rooms
- employees who carry out procedures that are 'exposure prone'; mostly those working with penetrating deep wounds
- volunteers

The extent of risk will depend on:

- the frequency and scale of contact with blood and other body products
- the number of people an employee is in contact with
- the prevalence of infection in the community
- whether or not blood comes from infected individuals
- the control measures used

How can I protect myself from infection?

The very specific routes by which infection may occur means that the great majority of employees will not be at risk of exposure to the virus when at work. However, where there is a possibility of exposure to blood or other body fluids at work certain precautions must be taken. (This will also include possible contamination from clinical waste or "sharps" such as hypodermic needles.) Your manager will be able to give you separate advice on this.

In general, this will mean:

- applying the rules of good hygiene to all situations, such as hand washing
- wearing protective clothing and using equipment when provided
- taking extra care where contaminated materials may be found
- taking extra care where sharps such as needles, glass, metal etc. are present
- ensuring that clinical waste and "sharps" are disposed of safely
- ensuring that you follow the advice given to you in relation to spillages and other forms of contamination

(Additional advice for First Aiders is contained in the [G3 First Aid webpage](#))

A vaccine is available which can be offered to employees whose work may bring them into contact with the Hepatitis B virus. Your manager will advise you if it is felt that this is appropriate in your circumstances. There is a possibility of adverse reaction, but this is minimal and should not prevent vaccination.

It is important to note that vaccination does not guarantee immunity. The emphasis should be on appropriate personal protection (such as gloves), hygiene precautions and the use of protective clothing.

What should I do if an incident or accident occurs which may have exposed me to infection?

You should take action without delay, taking into account the advice given to you by your manager. This will include:

- washing splashes off your skin with soap and running water (if you have a bleeding wound encourage it to bleed and rinse thoroughly under running water, wash splashes out of eyes with tap water or eye wash bottle), rinse mouth without swallowing
- tell your manager immediately and follow his or her advice on the treatment of wounds
- if you cannot get medical advice on site, contact the nearest Accident and Emergency department or your GP immediately
- follow the normal reporting procedures for accidents and disease and incidents relating to violence at work.

Where can I find out more information on the subjects of aids and hepatitis B?

Please contact your immediate supervisor or manager or your doctor if you have any concerns you wish to discuss.

Appendix 3

EMPLOYEES WORKING WITHIN DOMESTIC PREMISES GUIDANCE

This guidance note has been developed to assist employees to recognise hazards relating to gas/solid fuel/carbon monoxide in people's homes and action to take for their own safety and the safety of people being supported.

Identify appliances during assessment for services, relocating beds and during first visits:

- Check with service user/family if annual gas safety inspection is in place (gas appliances)

- Check if Chimney swept, flue checked or safety checks/maintenance in place (solid flue)

- If **YES** - Record date in assessment/support plan
- If **NO** - Provide advice to Family/Person/Landlord to contact GasSafe Engineer/Gas Supplier/Solid Fuel Appliance Engineer and Refer to Lincolnshire Fire & Rescue for Home Fire Safety Check Telephone: 01522 582222/580397

BE AWARE OF HAZARD SIGNS & SYMPTOMS

Hazard Signs - Gas Appliances:

- Sooting, Staining around appliance
- Excessive condensation
- Lazy yellow/orange flame (not blue) except flueless appliances which display this colour flame

Hazard Signs - Solid Fuel/Other Appliances

- Sooting, Staining around appliance
- Excessive condensation
- Smoke filled room/lack of ventilation
- Blocked chimney/flue

Health Symptoms – Key signs of possible Carbon Monoxide Exposure (staff and occupants)

- Flu Type Symptoms
- Nausea
- Erratic Behaviour
- Dizziness
- Headaches
- Stomach and chest pains
- Tiredness
- Loss of consciousness

NB person may feel better when outside or away from appliance/area

EMERGENCY ACTION

IF YOU SMELL GAS OR IDENTIFY ANY OF THE HEALTH /CARBON MONOXIDE HAZARDS:

1. If you smell gas turn off appliances at control valve if possible/safe
2. If you smell gas get everyone to leave the property if possible/safe, where appropriate ring 999
3. If health symptoms are identified ring 999 and follow control operator instructions
4. Phone National Gas Emergency Number 0800 111 9999
5. Inform Manager/Out of Hours

Appendix 4

Safety Information Sheet 1: Gas Appliances

This provides safety information if you have a gas appliance in your home, e.g., a gas fire, gas boiler, space heater, gas cooker or water heater (*Includes LPG heating installations*).

- It is important to make sure gas appliances are working properly to prevent the risk of gas leaks, fires or carbon monoxide build up.
- Carbon monoxide is a poisonous gas. It has no taste, colour or smell and can make you feel seriously ill.
- All gas consumers are advised to have their gas appliances checked for safety at least every 12 months by a Registered Gas Safe Engineer and for them to be serviced regularly according to the manufacturer's instructions.
- The Gas Safe Engineer must be qualified to carry out work on your particular type of appliance. You should always check the back of the engineer's ID card.
- If you are a tenant in rented accommodation, your landlord is responsible for maintaining gas appliances in a safe condition and arranging an annual gas safety check by a Gas Safe Engineer. Your landlord should also give you a copy of the gas safety check record.

You are particularly at risk if you sleep in a room where a gas appliance is present as you will not be able to recognise the early symptoms of carbon monoxide poisoning.

If you sleep in a room with a gas appliance present, it is strongly recommended that a gas safety check is carried out by a Gas Safe Registered Engineer.

- By law you must not use any gas appliance or fittings you know or suspect to be unsafe.
- It is advisable to install an audible carbon monoxide alarm as a back-up precaution, alarms should be marked to EN 50291 and bear a British Standard Kitemark.
- You could be entitled to a free safety check and details are available via your gas supplier.

Further advice can be obtained from:

Gas Safe: 0800 408 5500 or visit www.GasSafeRegister.co.uk

Lincolnshire Fire and Rescue - Community Fire Safety 01522 582222/580397

Safety Information Sheets2: Oil Heating Appliances

If you have an oil heating appliance in your home you should be aware of the following safety information.

- It is important to make sure your oil fired appliances are working properly to prevent the risk of fires or carbon monoxide build up.
- **You increase the risk of your appliance producing carbon monoxide if it is badly installed, poorly maintained or if the flue is blocked.**
- Carbon monoxide is a poisonous gas. It has no taste, colour or smell and can make you feel seriously ill.
- All oil fuel users are advised to have their appliances checked for safety at least every 12 months by a registered competent person ie an OFTEC Registered Technician and for them to be serviced regularly according to the manufacturer's instructions.
- OFTEC Registered Technicians carry a photo ID card which lists the type of work they are qualified to do. You should always check the back of their ID card.
- You must follow the manufacturer's instructions for the safe use of the appliance.

You are particularly at risk if you sleep in a room where an oil fuel appliance is present as you will not be able to recognise the early symptoms of carbon monoxide poisoning.

If you sleep in a room with an oil fired appliance present, it is strongly recommended that a safety check is carried out by an OFTEC Registered Technician.

- If you are a tenant, your landlord may be responsible for any safety checks for the oil appliance and you should contact them to confirm responsibilities or check your tenancy agreement.
- It is advisable to install an audible carbon monoxide alarm as a back-up precaution, alarms should be marked to EN 50291 and bear the British Standard Kitemark.

Further Advice can be obtained from:

OFTEC (Oil Firing Technical Association)

Telephone: 0845 65 85 080 or visit: www.oftec.org

Lincolnshire Fire and Rescue - Community Fire Safety 01522 582222/580397

Safety Information Sheets 3: Portable Heating Appliances

This leaflet provides important safety information for people who use portable heaters in their homes.

People have been killed or injured in their homes when using gas and paraffin portable heaters.

- It is important to make sure your portable appliances are used safely and are working properly to prevent the risk of fires or carbon monoxide build up.
- Carbon monoxide is a poisonous gas. It has no taste, colour or smell and can make you feel seriously ill.
- You increase the risk of your portable appliance producing carbon monoxide if it is badly maintained, used incorrectly or if there is inadequate ventilation.
- Always follow the manufacturer's operating and maintenance instructions.
- Keep the heater clean and well maintained.
- Ventilate the room in which the heater is being used as per the manufacturer's instructions.
- If a heater is to be used in one place for a long time, fix it securely to a floor or wall.

You are particularly at risk if you sleep in a room where a portable heating appliance is present as you will not be able to recognise the early symptoms of carbon monoxide poisoning.

If you sleep in a room with a portable heating appliance present, it is strongly recommended that you seek further advice or consider alternative heating methods.

- It is advisable to install an audible carbon monoxide alarm as a back-up precaution. Alarms should be marked to EN 50291 and bear the British Standard Kitemark.

Further Information can be obtained from:

The appliance manufacturer.

For LPG appliances - Gas Safe: 0800 408 5500 or visit www.GasSafeRegister.co.uk

Lincolnshire Fire and Rescue - Community Fire Safety 01522 582222/580397

Safety Information Sheet 4: Solid Fuel/Wood Burning Appliances

If you have a solid fuel/wood burning open fire or appliance in your home you should be aware of the following safety information.

- It is important to make sure your solid fuel fires/appliances are working properly to prevent the risk of fires or carbon monoxide build up.
- You increase the risk of your fire/appliance producing carbon monoxide if it is badly installed or poorly maintained or if the chimneys or flues are blocked.
- Carbon monoxide is a poisonous gas. It has no taste, colour or smell and can make you feel seriously ill.
- All solid fuel users are advised to have their appliances checked for safety at least every 12 months by a registered competent person ie a HETAS Registered Installer and for them to be serviced regularly according to the manufacturer's instructions.
- Chimneys should be swept at least once a year or more frequently depending on the fuel you are burning. Chimney sweeps should be a member of a recognised association e.g. HETAS or National Association of Chimney Sweeps.
- You must follow the manufacturer's instructions for safe use of the appliance.
- HETAS Registered Installers carry a photo ID card which lists the type of work they are qualified to do. You should always check the back of their card.

You are particularly at risk if you sleep in a room where a solid fuel fire or appliance is present as you will not be able to recognise the early symptoms of carbon monoxide poisoning.

If you sleep in a room with a solid fuel fire or appliance present, it is strongly recommended that a safety check is carried out by a HETAS Registered Installer.

- If you are a tenant, your landlord may be responsible for any safety checks for the appliance or chimney sweeping and you should contact them to confirm responsibilities or check your tenancy agreement.
- It is advisable to install an audible carbon monoxide alarm as a back-up precaution, alarms should be marked to EN 50291 and bear the British Standard Kitemark.

Further Advice can be obtained from:

The Solid Fuel Association - Telephone: 0845 601 4406 or visit www.solidfuel.co.uk

HETAS Heating Equipment Testing and Approvals Scheme - Telephone: 0845 634 5626 or visit www.hetas.co.uk

Lincolnshire Fire and Rescue - Community Fire Safety 01522 582222/580397