

HEALTH & SAFETY COMMITTEE PWYLLGOR IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 January 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health and Safety Regulations: Control of Substances Hazardous to Health (COSHH) 2002 (as amended)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety & Security

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report is being presented to the Health and Safety Committee (HSC) under the standing agenda item to provide assurance against a number of key Health and Safety regulations. The report concerns the Control of Substances Hazardous to Health Regulations 2002, as amended.

A wide range of hazardous substances are in use across Hywel Dda University Health Board (HDdUHB). There are also situations where there may be a risk of exposure to dust, fumes, asphyxiants, carcinogens, asthmagens, and work-associated biological agents.

The legislative requirement is combined with an assessment against each regulation and can be found within the combined Background and Assessment section below, with a RAG (red, amber, green) rating applied against each.

Cefndir / Background and Aseiad / Assessment

The Health and Safety at Work etc. Act (HASAWA) 1974 is the primary piece of legislation covering occupational health and safety in Great Britain. It has over 100 delegated regulations under it, many of which are applicable to the healthcare working environment. The COSHH Regulations 2002 relates to substances and preparations (i.e. mixtures of two or more substances) when they pose a risk to health in the form in which they appear in the workplace.

There are other regulations covering hazardous substances specifically excluded by the COSHH Regulations. These are not included in this report, however are as follows:

- *Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) 2002*
- *Ionising Radiation Regulations 1999 (IRR 1999)*
- *Radioactive Substances Act 1993.*
- *Control of Asbestos Regulations 2012.*
- *Control of Lead at Work (CLAW) Regulations 2002.*

Employer duties

- **Regulation 2** lists substances and types of substance that are hazardous to health in the form in which they appear during a work activity. Therefore, this Regulation is used to identify hazardous substances present in HDdUHB.

Health, Safety & Security (HS&S) have created a database of chemical products in use HDdUHB, currently standing at 800. The database logs product, location, quantity and basic safety information. Not all substances on the database will require COSHH assessment, as many non-hazardous products are listed. Wards and smaller HDdUHB sites have yet to be included.

Chemical inventories for Estates, Hospital Sterilisation and Decontamination Units (HSDU), Catering, and Hotel Services are complete.

Cytotoxic medication: there are control measures, safe systems of work, and effective processes for recording/investigating incidents. These are being evaluated. COSHH assessments will be carried out as required. Pharmacy use the Q-Pulse document management system which ensures periodic reviews are undertaken.

Waste: obsolete chemicals identified at Withybush General Hospital (WGH), Glangwili General Hospital (GGH), and Prince Philip Hospital (PPH). HS&S are working with Environmental Officers to dispose safely via a licenced contractor.

Asphyxiants: liquid nitrogen training undertaken by key staff (delivered by BOC) HS&S to cascade as required e.g. porters, nursing staff and clinicians.

Some COSHH aspects linked to maintenance work require assessment

- **Regulation 3:** Duties to employees and others.

Employees

Provision of COSHH assessment, exposure prevention, and control measures, health surveillance, information, training, instruction, supervision, emergency procedures.

COSHH assessments exist for some substances in use in HDdUHB. There is also provision of control measures, health surveillance, training, and emergency procedures. Completion of COSHH assessments will identify gaps and any remedial actions required.

The focus of 2022 will be to complete the remaining COSHH assessments. This is further explained in **Regulation 6**.

Others on site

Contractors, visitors and patients require protection under Regulations 6,7,8,9,10,12,13 using the so far as is reasonably practicable principle (SFARP). Patients require protection from biological agents.

Contractors supply Risk Assessment/Method Statements (RAMS), containing COSHH Assessments and Safe Systems of Work for substances intended for use on HDdUHB sites. Operations Compliance Officers ensure substances

documented in RAMS match those brought to site. HDdUHB and Contractors co-operate to ensure duties are met.

Infection Prevention and Control (IP&C) policies manage the risk of exposure to biological agents for patients SFARP.

Completion of COSHH assessments will identify gaps and any remedial actions required to meet the duties towards others on site.

- **Regulation 4: Prohibited substances**

No prohibited substances listed in Schedule 2 COSHH are believed to be in use.

- **Regulation 5: Exclusions of certain situations and substances i.e. COSHH assessment not required. Other assessments e.g. DSEAR may be required.**

Risks to patients from substances administered as part of their treatment by a registered/appropriate medical profession are excluded. Exclusion of substances where the risk is solely due to radioactivity, high temperature, low temperature, flammability, or explosive properties.

Cytotoxic medication however is covered by the COSHH Regulations (see **Regulation 2**).

- **Regulation 6: Work shall not be carried out until a “suitable and sufficient” assessment of the risk from substances hazardous to health has been made, steps needed to comply with the Regulations identified, and those steps put into operation.**

This is not being complied with as only a small number of substances in HDdUHB have “suitable and sufficient” COSHH assessments.

Appointment of a COSHH specialist to the HS&S team to promote and support efforts to achieve full compliance; 350 managers have attended “COSHH for Managers” training in the Managers Health and Safety Induction course; additional training to perform COSHH assessments is to begin January 2022.

HSDU have substance-based assessments on outdated forms that would not be considered “suitable and sufficient”. Transfer to current forms is underway.

Pathology/Histology have task-based assessments. These will be transferred to the HDdUHB form within the COSHH Policy 703 V2 (pending approval). The documents are stored on the Q-Pulse document management system, which ensures periodic reviews are performed and conducted by staff on rotation.

- **Regulation 7: Prevention or control of exposure to substances hazardous to health – the “8 steps of COSHH management”**

There is compliance with elements of the “8 steps”, however the COSHH assessment process will collate the information to demonstrate where there is compliance and where gaps remain.

The 8 steps are presented in the HDdUHB COSHH Policy, which is discussed in Managers Health and Safety Induction (MH&SI). The hierarchy of risk is discussed in MH&SI. Approximately 350 managers have received this training.

Competent persons: HDdUHB has many “competent persons” to provide advice regarding control measures (e.g. ventilation).

- *Deliberate work with biological agents*

Microbiological laboratories in HDdUHB are GGH (Microbiology) and PPH (Pathology; Clinical Research Unit). These are approved by Public Health Wales, and equipped with suitable Containment Level 2 and Containment Level 3 facilities, with appropriate Microbiological Safety Cabinets.

- *Incidental exposure to biological agents*

Porters have been trained in handling waste bags. Medical sharps through/as a result of work are a route of entry into the body for blood borne viruses and other biological agents. HDdUHB actively works to prevent and manage medical sharps injuries.

- *Local Exhaust Ventilation (LEV)*

HDdUHB has regular Ventilation Group meetings. An LEV survey was recently conducted by HS&S to identify and log Local Exhaust Ventilation systems and their servicing. This covered fume cabinets, cutting tables, portable suction/filtering systems, and Microbiological Safety Cabinets. Pathology LEVs, Outpatients portable filtration units, and Microbiology MSCs are serviced every 12 months.

Estates LEV systems have not been recently serviced, however this has been raised at Ventilation Group meetings for action.

- *Appropriate RPE (Respiratory Protective Equipment)*

FFP3 masks, half mask respirators, and Powered Air Purifying Respirators (PAPRs) are available. Staff are trained in the correct use of RPE. HDdUHB user guides available for re-useable RPE. Donning and doffing guides are issued by IP&C. HDdUHB has 486 fit testers, 50 of which are trained as half mask fitters. Procurement ensure that all supplied PPE is CE marked.

- **Regulation 8: Use of control measures – take reasonable steps to ensure they are properly used**

There is likely to be compliance in some/many aspects, however completion of COSHH assessments will identify those control measures that are in place, training needs, safe systems of work, and any other remedial actions to ensure compliance.

- **Regulation 9: Maintenance and Testing of control measures**

Ventilation is a widely used control measure. The Ventilation Group oversees maintenance of ventilation systems.

RPE: HDdUHB staff are trained to check and maintain RPE (half masks and powered air hoods), and to document their findings. Half mask and PAPR trainers have been instructed to ensure this documentation is completed as required.

- **Regulation 10: *Monitoring exposure***

Exposure monitoring for certain substances may be required after COSHH assessments have been completed for all hazardous substances. The HS&S substance database has logged the presence of substances with workplace exposure limits. When these substances have been COSHH assessed, it may be necessary to monitor exposure to ensure these limits are not exceeded, or to assess possible exposure levels if control measures fail.

PPH HSDU, GGH HSDU, WGH HSDU and Bronglais General Hospital (BGH) Endoscopy employ continuous airborne monitoring (peracetic acid vapour monitoring).

Point measurements were performed by a contractor in Podiatry (South Pembrokeshire Hospital and Prince Phillip Hospital) for dust (grinding toenails and plastic orthotics) and organic vapour (adhesives). Results were below Workplace Exposure Limits without additional control measures.

- **Regulation 11: *Health Surveillance***

Occupational Health (OH) have knowledge of COSHH Regulations. COSHH discussed with OH recently to update regarding current COSHH management and future arrangements. Health Surveillance is already conducted with staff who have had incidental exposure to biological agents.

Health surveillance for staff handling specific substances will be guided by COSHH assessments when completed.

- **Regulation 12: *Information, Instruction, Supervision, and Training***

Many staff in HDdUHB who handle substances have received COSHH training (Hotel Services and HSDU). Contractors perform some tasks in Estates involving substances, including water testing and filling boiler water treatment tanks. Over 350 managers have received COSHH training through MH&SI.

A training package has been developed for managers/supervisors to perform COSHH assessments using worked examples, building on their previous MH&SI training. This is ready to deliver in 2022.

Estates staff and porters require up-to-date COSHH awareness training. HDdUHB COSHH Awareness Training to be developed and provided to all HDdUHB staff who handle/encounter hazardous substances in 2022.

- **Regulation 13: *Accidents, incidents, and emergencies***

Many departments have spill kits and have received training. Spill kits come with comprehensive instructions. HS&S will conduct a review of spill training and spill

kits in 2022 to ensure these are suitable, staff are trained to respond appropriately, and periodic rehearsals are performed (all guided by the COSHH assessments).

Argymhelliad / Recommendation

The Health and Safety Committee is requested to receive assurance from this report and that while there are key aspects not currently being complied with, work has been undertaken and is underway to support full compliance with the regulations. This work will begin in January 2022.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety 2.4 Infection Prevention and Control (IPC) and Decontamination
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	All Quality Improvement Goals Apply Protect Patients From Avoidable Harm From Care Reduce Duplication and Eliminate Waste
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Iechyd a Diogelwch:	No consultation to date but will be shared with Quality and Safety/Governance meetings as well as County Partnership Forums.

Parties / Committees consulted prior to Health and Safety Committee:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There may be financial implications if the issues identified require monetary rectification.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff safety, health and wellbeing through compliance with the COSHH Regulation.
Gweithlu: Workforce:	Potential for adverse future staffing impacts if this legislation is not complied with as it relates to employee safety.
Risg: Risk:	Risk to health and safety management.
Cyfreithiol: Legal:	Potential for enforcement action including Improvement Notices/prosecutions and claims due to breaches in legislation.
Enw Da: Reputational:	Potential for enforcement action including Improvement Notices/prosecutions and claims due to breaches in legislation.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	<p>Has EqIA screening been undertaken? Yes</p> <p>An Equality Impact Assessment (EqIA) document accompanies the COSHH Policy & Procedure.</p> <p>No evidence gathered to indicate a negative impact on any protected group/s.</p> <p>Evidence gathered indicates a positive impact on the protected characteristics of human rights and pregnancy / maternity.</p>