

## PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	08 January 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Health and Safety Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Director of Nursing, Quality and Patient Experience (Interim)
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Tim Harrison, Head of Health, Safety and 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 presented to the Health and Safety Committee (HSC) to provide a general update including specific details on assurance with Entonox (Nitrous Oxide) exposure within the Midwifery departments, Points of Ligation compliance, work to reduce the risk of harm associated with the use of superabsorbent polymer gel granules and a brief Security management update.

##### Cefndir / Background

#### **Entonox**

In March 2023 the Director for Royal College of Midwives (RCM) Wales contacted the Health Board seeking assurance on Hywel Dda University Health Board (HdDUHB) compliance in managing the risks associated with Entonox exposure amongst our Midwifery staff.

Entonox® is comprised of oxygen and nitrous oxide (N<sub>2</sub>O) and is commonly used in areas, such as acute trauma, labour wards, community settings (home births), as well as during wound dressings and suturing. Entonox is administered through a mouthpiece: when the patient inhales, a valve opens and allows the gas to be released – however, vapours can also be released into the room.

Clinical staff might inhale Entonox, known as occupational exposure, when working with a patient who is using it to manage pain, particularly if the room is poorly ventilated.

This can lead to adverse health effects including a decrease in mental performance, audio-visual ability and manual dexterity. Staff might even experience addiction to Entonox, and over time, the gas can prevent the body from absorbing vitamin B12, leading to anaemia and other neurological effects.

#### **Superabsorbent polymer gel granules**

Superabsorbent polymer gel granules (including sachets, mats and loose powder) are used to reduce spillage onto bedding, clothing and floors when patients use urine bottles or vomit

bowls, or when staff move fluid-filled containers (for example washbowls, bedpans). The gel interacts with the liquid and solidifies it.

In 2017, NHS Improvement issued a Patient Safety Alert warning of the asphyxiation risk associated with the use of these gel granules following the death of a patient who had ingested a sachet of gel granules that had been left in a urine bottle in their room.

Since 2017, there have been a further 12 reported incidents of ingestion by patients; two patients died, and two patient's required emergency treatment. These involved polymer gel products left in their urine bottles or vomit bowls or left for nearby patients to use. These incident reports, and NHS purchasing patterns, suggest providers have been relying on local awareness raising rather than reviewing their overall approach to the use of these products.

## Asesiad / Assessment

### **Entonox – Nitrous Oxide Monitoring**

N<sub>2</sub>O gas can present a health risk to staff when control measures do not reduce the level of gas to or below the Workplace Exposure Limits (WELs), required to comply with the Control of Substances Hazardous to Health (COSHH) regulations.

Control of Substances Hazardous to Health (COSHH) risk assessments associated with the use of N<sub>2</sub>O highlight various mitigations in helping to reduce staff exposure including the following:

- Environmental ventilation
- Local extract ventilation (LEV)
- Gas scavenging
- Staff positioning relative to exhaust N<sub>2</sub>O and the direction of ventilation flow
- Awareness of the COSHH risk assessment and its controls
- Training in the administration of gas and air
- Adherence to the mitigations
- Awareness and review of monitoring results.

The efficacy of these mitigations will now be demonstrated by monitoring exposure to N<sub>2</sub>O.

The Health and Safety team have purchased two devices that measure and record airborne N<sub>2</sub>O. Both have been suitably programmed to record sufficient data for exposure monitoring.

The device draws in air and stores the data for later analysis. A Health and Safety Officer has prepared an outline plan for exposure monitoring and discussed this with Midwifery department leads. The two devices were left with staff at Glangwili Hospital (GGH) Labour ward, and training was provided in their use. Both the Health and Safety and Midwifery teams were satisfied with the methods used to ensure the data could be interpreted appropriately.

So far, data covering only a limited number of shifts has been obtained due to patients not using Entonox (for example epidurals and receiving other medication). This hasn't been enough to draw significant conclusions, and it is felt that a minimum of ten shifts would need to be measured to complete the initial phase.

Due to the relatively low use of Entonox at present, background air monitoring is now being conducted simultaneously. This is likely to take a further 4-6 weeks. The next phase is to monitor a smaller cohort of staff, each staff member monitored over five shifts, in order to

provide sufficient data to calculate a representative workplace exposure. This phase is likely to take around 3 months due to Entonox usage.

A detailed report will then be prepared for the Midwifery and Estates Management Teams. All results will be shared with the individual staff who participated and with the Royal College of Midwives (RCM) Trade Union Representative who has been fully engaged with this work.

The report will include advice on safe systems of work, any changes that may be required to control exposure. After completion of the work at GGH, it will be extended to other sites and departments, such as Endoscopy. In collaboration with the Trade Union Representative, monitoring in a home birth situation will also be undertaken.

In addition, the Estates Department have been asked to undertake a physical check on the Air Change Rates of the rooms within the Midwifery Units.

### **Superabsorbent polymer gel granules**

As a result of incidents, new guidance reinforcing that polymer gels are only required for exceptional infection control purposes has been issued stating that any organisation still using these products must protect patients by introducing restrictions on their use.

The Health and Safety (H&S) Team have previously highlighted the risk via Global E-mail and during Quality and Safety meetings but have taken steps in collaboration with Procurement colleagues to restrict the products purchase unless absolutely essential and only following the completion of a detailed risk assessment. An approach similar to the way non-safety sharps are ordered is being introduced.

In addition the Procurement Department are looking at the use of bed pan/vomit bowl covers to be considered which will avoid the need to use gel granules for certain higher risk tasks for example taking sachets to bed side prior to moving items to sluice rooms.

### **Point of Ligature (PoL) assessments**

All Hywel Dda University Health Board (HDdUHB) sites within Mental Health and Learning Disability (MHL) have now been subjected to Point of Ligature assessments as per HDdUHB Policy/Procedure 1069, for example, a total of 36 units, both community and acute sites have been visited.

A Health and Safety Officer has also completed the task of visiting every site with the exception of the following: Greville Court, Pembroke Dock, Ty Elwyn, Llanelli and Coleshill Day Centre, Llanelli these will all be visited by the end of February.

All site visits are conducted with a local manager to review the assessment and recent visits have included Psychiatric Intensive Care Unit (PICU) at Cwm Seren and Morlais Ward at GGH.

As well as helping to ensure the assessments are "suitable and sufficient", it is an opportunity to form links with department managers, offer relevant support, and to gain familiarity with the environment to guide/improve future support.

The Estates Department are involved in remedial works at a number of acute inpatient sites, while community sites generally contain managed risks. The H&S team have been supporting other general H&S actions at these sites as part of the PoL site reviews. Especially during the course of the PoL work, the Health, Safety, and Security team have developed a good relationship with MHL managers which will continue to benefit the safety of staff and patients into the future.

PoL audits have also been conducted outside of MHL D sites; the dedicated mental health room at the Minor injuries Unit (Prince Philip Hospital), Accident & Emergency Unit (GGH), and Steffan ward (also in GGH). This will be extended to selected departments elsewhere in HDdUHB as appropriate.

## Security Update

During the most recent In-Committee meeting held on 13 November 2023 an action was raised requesting the Executive Team to consider a number of recommendations to improve the Health Boards ability to protect staff, patients and critical assets and provide safe and secure environments. The Director of Nursing, Quality and Patient Experience presented a paper to the Executive Team on 6 December 2023.

The following headlines were covered

**Physical security** including the use of Security staffing.

**System Security** including access control systems and improvements to the CCTV systems for Emergency Departments and Minor Injuries Units.

**Human Factors** including ownership of security and training compliance with Portering staff.

## Violence and Aggression Poster Campaign

The Communications Team are producing a number of HDdUHB specific posters that will be widely displayed in departments across the Health Board. Two examples detailed below.



## Argymhelliad / Recommendation

The Health & Safety Committee is asked to:

### TAKE ASSURANCE

- That suitable steps to manage ligature risks within MHL D have been implemented and ligature risks are constantly being monitored.
- That work is being undertaken to provide assurance that N2O exposure is within work exposure limits.
- That more robust management of Superabsorbent polymer gel granules usage is being implemented.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
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:	N/A
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	2. Culture and valuing people
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	2.1 Managing Risk and Promoting Health and Safety
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do
Amcanion Cynllunio Planning Objectives	2a Staff health and wellbeing
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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 Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Health and Safety Advisory Group

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not applicable.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.
<b>Gweithlu:</b> <b>Workforce:</b>	Sickness/absence and injury from staff subjected to violence and aggression
<b>Risg:</b> <b>Risk:</b>	Risk to health and safety management
<b>Cyfreithiol:</b> <b>Legal:</b>	Health and Safety at Work Act
<b>Enw Da:</b> <b>Reputational:</b>	N/A
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A
<b>Cydraddoldeb:</b> <b>Equality:</b>	No evidence gathered to indicate a negative impact on any protected group/s