

**PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 July 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Control of Substances Hazardous to Health Regulations 2002 (COSHH) Compliance Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety, and Security Adam Springthorpe, Health and Safety Manager

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 paper is presented to the Health and Safety Committee to provide assurance regarding ongoing actions to bring the Health Board into full compliance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). The Health, Safety and Security (HS&S) team has a COSHH specialist and is working towards full compliance with the Regulations in the 2024-25 financial year.

This report focusses on chemical aspects of COSHH compliance (i.e. products purchased by the Health Board) and some environmental hazards. Due to the wide scope of COSHH compliance, aspects such as sharps safety, Infection, Prevention, & Control, and respiratory protection (which cover work-related exposure to biological agents) have not been included in this report.

Cefndir / Background

The Health Board uses a number of hazardous substances for a range of purposes, including medication, cleaning, and maintenance. Staff are also exposed to potential hazards in the environment where they work. Gaps in COSHH compliance could put the Health Board at risk of enforcement action by the Health and Safety Executive, as well as personal injury claims. To date, reported exposures to hazardous substances are rare and are mostly in the form of exposure to blood.

The regulatory background is as follows:

- The Health and Safety at Work etc. Act (1974) requires employers to ensure the health, safety, and wellbeing of employees (Section 2) so far as is reasonably practicable; the Management of Health and Safety at Work Regulations (1999) requires employers to make “suitable and sufficient” assessments of reasonably foreseeable hazards, and to provide suitable information and training.
- The Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH) requires exposure to hazardous substances to be eliminated where possible; where this is not possible, the risk from hazardous substances must be managed.

- Most substances in use in the Health Board present a low level of risk or are classified as non-hazardous.
- COSHH assessments are the foundation of compliance.
- Information, Training, Instruction, and Supervision forms the backbone of compliance as these practices result in safe handling of substances that may be a hazard to health – the COSHH assessments also support this effort by providing the Information component.
- The remaining elements of Information, Training, Instruction, and Supervision are being constantly developed by the HS&S team, Estates Compliance team, and Hotel Services Quality Manager in conjunction with staff, managers, and other relevant parties. Training includes a COSHH section for managers on the Manager's Health & Safety Induction course, which over 600 managers have attended to date.
- Other Health Boards have previously used a third-party system to help achieve compliance, but Hywel Dda University Health Board (HDdUHB) has opted for an in-house approach developed by the H&S COSHH specialist. This is more likely to achieve genuine compliance – it is a labour-intensive process but an approach that adds considerable value.

Asesiad / Assessment

Overall approach to COSHH management

- All identified substances in use are inventoried on a master database managed by the HS&S team. This allows the HS&S team to gain an overview of substances in use and track the availability of Safety Data Sheets and COSHH assessments.
- Local inventories are generated as a result of site visits and supplied to departments to form the basis of a physical or electronic COSHH file.
- It is expected that COSHH assessments will be made available on the HDdUHB intranet to avoid the need to maintain a physical file for low-risk items, manage version control, and ensure the most update information is available.

Environmental exposures

Entonox (nitrous oxide, analgesic gas):

- Initial work has been completed in Glangwili Hospital (GGH) Labour Ward; a report has been issued to Head of Midwifery and results reported to the Women's and Children's Directorate Quality, Safety & Experience meeting;
- The next phase involves GGH Midwifery-Led Unit and Community Midwifery.

Anaesthetic vapours and liquids:

- Substance issuers – Pharmacy;
- Substance users – Theatre, Intensive Care Unit (ICU), Day Surgery Unit;
- This is a well-controlled risk.
- COSHH assessments have been completed and waste / spillage procedures are in place. Compliant ventilation is also in place to achieve sufficient ventilation to control risks.

Exhaust emissions from ambulances outside emergency departments:

- This has been assessed by the Welsh Ambulance Service Trust (WAST), and at present it is assessed that HDdUHB staff are not being exposed to hazardous levels of particulates.

Clinical departments

General wards

- Site reviews have been completed for Prince Philip Hospital (PPH), GGH, and Bronglais Hospital (BGH).

- A site review for Withybush (WGH) is planned for the near future.
- Dirty utility (sluice) rooms were checked, and clean utility (medication) rooms were also checked where possible.
- HMC (cleaners) cupboards will be reviewed in due course with Infection Prevention & Control to ensure harmonisation of cleaning and promotion of safe working practices.
- A small inventory of substances is present; gaps in COSHH compliance are being closed.
- No significant COSHH risks have been identified on wards in PPH, GGH, and BGH.

Superabsorbent Polymer Gel Granules (SAPGG)

- These products are not covered by the COSHH Regulations, but the COSHH approach is being applied.
- These products have been subject to Patient Safety Alerts.
- Site reviews for COSHH (described above) also include ensuring that no SAPGG are in use, except where exceptional use has been agreed by Senior Nurse Managers, Clinical leads, and Heads of Nursing.
- No SAPGG products were found in PPH general wards; SAPGG was found in ICU but was removed after agreement from Senior Sisters.
- SAPGG products were found in one ward in GGH (now removed) and all general wards in BGH. This is being followed up to review usage and support risk assessment as needed.
- Endoscopy departments in PPH, GGH, and BGH have been visited. BGH does not use SAPGG; GGH has completed a risk assessment. Other sites are being supported. Health and Safety Officer is liaising with the Senior Nurse Manager to ensure completion of remaining risk assessments.
- Radiology in PPH has been visited; other site visits are planned. HS&S is liaising with the site Superintendents to ensure completion of the remaining risk assessments.
- All Theatres have been visited; currently WGH and GGH have completed risk assessments; support is being provided via Senior Nurse Managers and local leads.
- Remaining ICU and Day Surgery Unit (DSU) departments will be visited and HMC (cleaning) cupboards to ensure any remaining compliance gaps are closed.
- The risks are well-controlled in Theatre, DSU, Endoscopy, and Radiology. Controls are being documented to meet regulatory requirements for “suitable and sufficient” risk assessment.

Outpatients (OPD) (includes Dermatology)

COSHH risks in Outpatients are nearing full compliance with good management of mostly low risk items:

- PPH – all items have been COSHH-assessed; substances are suitably stored. Liquid nitrogen is used for dermatology, and training has been provided by HS&S for nursing staff. Doctors have been consulted, and do not require additional support. Storage of liquid nitrogen is being revised with a new storage cabinet now ready for use. Hyfrecation (with possible surgical smoke exposure) is conducted using suitable equipment, which is serviced according to COSHH. Exposure is risk assessed and the exposure is adequately controlled.
- GGH – very few hazardous substances, all COSHH assessments are in place; substances are suitably stored. No liquid nitrogen is in use but is under consideration. All relevant training and support will be provided by HS&S. Hyfrecation (with possible surgical smoke exposure) is conducted using suitable equipment, which is serviced according to COSHH. Exposure is risk assessed and the exposure is adequately controlled.
- WGH – most items have been COSHH-assessed; a Nurse is assisting with completing a small number of outstanding assessments. There is suitable storage and signage in place. Liquid nitrogen is in use; HS&S are assured that this is being handled safely, refresher training will be completed in due course.

- BGH – all items have been COSHH-assessed; substances are suitably stored; there are no significant COSHH risks due to the small quantities and the substances in use. No liquid nitrogen is in use.

Theatre/ICU/DSU

- Liquid anaesthetics have been COSHH assessed.
- High levels of ventilation coupled with absorbent canisters result in very low exposure during normal use. A procedure for spillages has been developed and communicated.
- Bone cement requires COSHH assessment.
- Formalin use has been COSHH assessed; formalin cabinets are suitable for the application and are being serviced according to COSHH requirements. Ongoing support is provided regarding formalin spillages.
- Surgical smoke assessment is required; most diathermy probes have on-tip extraction but surgeons may select non-extracted tools due to task requirements or personal preference.

Podiatry

- All substances in use have been COSHH assessed.
- Vapour cabinets used with orthotic adhesives have been assessed; they are suitable for the application and are being serviced according to COSHH requirements.

Plaster services

Isocyanate use is limited to the use of synthetic plaster casts used primarily on paediatric patients. A review has found that the isocyanate is unlikely to approach/exceed Workplace Exposure Limits due to the method of use and the chemical properties of the specific component. Training in the use of isocyanate is required under the recently amended Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) Regulations. This will be delivered in-house by the HS&S team.

MHLD

These sites are being visited by the HS&S team during Point of Ligature (PoL) assessment reviews. Substances are generally confined to those used by Hotel Services or cleaning contractors. Substances are generally kept away from patients and service users; some possess low level hazards (e.g. irritation) and no substances of high concern are used. Each site visited is being supported to ensure compliance is achieved.

Community and Managed GPs

Support has been provided during other HS&S audits; it is possible that some substances in use are not normally in use on acute sites but the risk is generally considered to be low; there may be small gaps in compliance but HS&S are actively working to close these.

Non-clinical departments

Estates and Facilities

- There has been a considerable reduction in substance inventory.
- Boiler treatment and water testing reagents are COSHH assessed.
- Estates has been inventoried; COSHH assessments are incomplete but work is ongoing.
- There are no substances or environmental exposures of high concern.
- Isocyanate use is now limited to the use of expanding foams. A review has found that the current use of isocyanate is unlikely to approach/exceed Workplace Exposure Limits due to the method of use and the chemical properties of the specific component. Training in the use of isocyanate is required under the recently-amended REACH Regulations. This will be delivered in-house by the HS&S team.

- A large number of redundant chemicals are being removed from use and storage, for responsible disposal by a licensed contractor. This improves safety and also reduces the inventory of substances to assess.
- An aim of the HS&S team is to work towards standardisation of Estates substances across all four sites to ensure the safest effective substances are used, assist in the promotion of effective shared learning, and improve COSHH admin efficiency.

Hotel Services

- Hotel Services have changed supplier from Ecolab to Diversey. Products that are manually applied to surfaces are pre-diluted using an automatic diluting system; diluted substances are generally non-hazardous; contact with concentrates is only possible when changing the auto-diluter bags; there is a good level of training and PPE use.
- COSHH assessment of the substances is required but key areas have COSHH files currently consisting of Material Safety Data Sheets. H&S will liaise with Hotel Services Quality Manager (who is experienced in H&S) to ensure full COSHH compliance.
- The new DiffX cleaning product is only subject to COSHH before mixing, and a COSHH assessment has been completed. Once mixed, DiffX is no longer a hazardous substance.

Laundry

- GGH Laundry has closed and Ecolab is due to remove the remaining hazardous substances. The use of hydrogen peroxide and formic acid has ceased and when removed from site, the risk level from hazardous substances on GGH site overall will therefore be lower.
- Microfibre laundry: this has been COSHH assessed; some site differences remain, and this gap is being closed. The risk is low due to infrequent replacement of containers.

Pharmacy

Site Pharmacies handle oral cytotoxic medication and liquid anaesthetics:

- General medication and medical products: these do not require COSHH assessment due to exemption from the Regulations and represent a low risk to staff. HS&S have supported the safe use of certain products in relation to staff with peanut/soya allergies (Hibiscrub) and risks relating to oxygen cylinders (Medical Oxygen is a prescription-only medication).
- Intravenous (IV) cytotoxic medication: HS&S Officer has visited the Aseptic Unit in WGH and has taken assurance from the safe practices observed. There is a large formulary of IV cytotoxics, and COSHH assessment is ongoing.
- Reported spillages of cytotoxic IVs in Chemo units are rare and each was followed up by HS&S. No spillage has met the requirements for reporting under the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR). HS&S has taken assurance from the good manner in which these incidents have been handled.
- Oral cytotoxic medication (tablets): this technically requires COSHH assessment, but the risk to staff is very low – the only realistic route of exposure that could lead to harm is intentional or accidental ingestion (considered a very low likelihood event).
- Liquid anaesthetics (isoflurane, sevoflurane, desflurane) - these have been risk assessed, and a disposal route for left-over liquid has also been developed. The risk is well controlled by the use of Safe Systems of Work and workplace ventilation in end-use departments.
- Other products: many are non-hazardous or represent a low hazard level, and COSHH compliance level is good.

Hospital Sterilisation and Decontamination Unit (HSDU) and BGH Endoscopy

- COSHH Assessments have been reviewed for all sites, with compliance nearing completion due to changes in product supply.

- Support has been provided with regard to respiratory protection in the event of large chemical spills. HS&S have attended their contractor-supplied spill training (Getinge) and has assessed it as suitable.

Pathology

- Pathology has its own H&S lead, document management system (Q-Pulse) for COSHH and MSDS management and has a large body of Standard Operating Procedures (SOPs) and COSHH assessments.
- There are no significant concerns about COSHH compliance with Pathology but this will be audited when the remaining compliance issues in HDdUHB have been completed.
- A large number of redundant and historic chemicals has been responsibly and legally disposed of; disposal of remaining items is underway.

Argymhelliad / Recommendation

The Health and Safety Committee is requested to:

- **TAKE ASSURANCE** from the progress made to date and the ongoing work to address the remaining gaps in compliance with the Control of Substances Hazardous to Health Regulations 2002.

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:	1332 (10)
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 8 Estates plans 10 Population health

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> • H.M. Government: Statutory Instrument (2002), <u>Control of Substances Hazardous to Health. The Control of Substances Hazardous to Health Regulations 2002 as amended</u>, H.M. Stationary Office, London. • HSE (2013), <u>The Control of Substances Hazardous to Health Regulations 2002 as amended, Approved Code of Practice and Guidance L5 (sixth edition)</u>, HSE Books, Norwich, England • HSE (2017), <u>COSHH Essentials: Control Exposure to Chemicals – A Simple Control Banding Approach</u>, HSE Books, Norwich, England • HSE (2012) <u>Working with Substances Hazardous to Health, A brief guide to COSHH INDG136(rev5)</u>, HSE Books Sudbury, England. • HSE (2007) <u>EH40/2005- Occupational Exposure Limits, Table 1: List of approved workplace exposure limits (as consolidated with amendments October 2007)</u>, HSE, England
Rhestr Termau: 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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Environmental assessments may need to be procured via external contractors. Training and compliance costs minimised through the use of internal expertise.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff and patient safety, health and wellbeing through compliance with health and safety regulations.
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>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>