



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>3<sup>rd</sup> December 2018</b>	<b>Agenda Item</b>	<b>3a</b>
<b>Report Title</b>	<b>Control of Substances Hazardous to Health</b>		
<b>Report Author</b>	Dr Laurie Higgs, Head of Health and Safety		
<b>Report Sponsor</b>	Siân Harrop-Griffiths, Director of Strategy		
<b>Presented by</b>	Darren Griffiths, Associate Director of Performance		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This paper informs the Health Board of current arrangements for the management for hazardous substances.		
<b>Key Issues</b>	These are shown within the main table		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
		✓	
<b>Recommendations</b>	The ABMU Health and Safety Committee is requested to receive this report.		

## 1. BACKGROUND

The Control of Substances Hazardous to Health Regulations (COSHH) requires that exposure to substances with a risk to health and eliminated or controlled. Due to the nature of its work the main risk in the Health Board are biological risks associated with infections. Chemical risks across the NHS have generally been reduced by changes in the chemicals used, improvements in equipment etc.

## 2. INTRODUCTION

The COSHH regulations apply to chemical and biological safety and certain other substances such as those which may replace Oxygen in the atmosphere creating an asphyxiating situation. Specific regulations apply to Legionella, Asbestos and radioactive substances.

Risks in the NHS from chemicals have been reduced by a variety of methods. These include: -

- Elimination of use of hazardous substances e.g. use of ultraviolet systems to decontaminate. However, these changes may themselves bring other risks

- Substitution with less hazardous materials e.g. elimination of the use of known asthma-risk chemicals in endoscopy to decontaminate scopes with a safer alternative
- Improved engineering controls e.g. scope washers that enclose the chemical process, safer means of loading chemicals into equipment
- Training
- Health surveillance

### 3. ABMU ARRANGEMENTS

#### **Procedure**

A revised procedure has been developed and agreed by the Operational Health and Safety Group. The procedure classifies chemicals into 3 levels of risk (high, medium and low). Guidance is included in the document for managers regarding appropriate levels of control.

#### **Risk Assessment**

For low risk chemicals etc. these may be widely used such as simple cleaning activities using detergents. Control measures will primarily be good security such as preventing patients, visitors and children from accessing storage cupboards. Consequently the risk assessment proforma is simplified and groups of broadly similar substances can be managed together

Medium risk substances will require higher standards of control including possibly engineering systems and maintenance of those systems. Here the risk assessment will be more in depth.

Higher risk chemicals will extremely limited in number but may require controls such as health surveillance.

#### **Training and Information**

The safe use of chemicals is primarily linked to a work process such as use of equipment. Historically general COSHH training has been provided but the current approach will be to include the COSHH control measures in the operating procedures. Examples are Standard Operating Procedures in Hotel Services and Pathology departments. Therefore the only general COSHH training is initially provided at induction within the Health and Safety online system.

#### **Competent Advice**

For chemical safety the current resource is limited to the Head of Health and Safety. Action will need to be taken as part of the review of ABMU management to identify further support within the health and safety team to provide this advice on a more sustainable and accessible level.

#### **Monitoring**

Certain substances should be monitored to confirm that control measures are effective. These include anaesthetic gases where engineering systems are provided but should be reviewed to confirm exposure levels and any possible deterioration in systems. There is currently no resource or budget for this work, though certain areas

such as Pathology have implemented local arrangements or have on an ad-hoc basis commissioned external contractors to measure levels e.g. recent work for Hydrogen Peroxide systems in Support Services.

### Health Surveillance

The joint Occupational Health and Health and Safety group is currently reviewing health surveillance arrangements. It is considered that due to changes in systems certain health surveillance programmes may now not be required. However, there is not a comprehensive risk assessment for the whole of the Health Board to inform ongoing health surveillance programmes. There is a potential gap for the review of skin conditions due to potential exposure to gloves and hand cleaning chemicals.

#### 4. Implementation of the Arrangements

A range of actions have been developed to support enhanced management of COSSH and these are set out in the table below.

Action	Matters to be addressed	Action	By Whom	By When
Competent advice	Though there is resource support available to directly support managers this resource is at senior level in the Health and Safety team	Review workload, resources and job descriptions to create Health and Safety staff capable of supporting Units etc.	Head of Health and Safety	June 2019
Training and Information	Provide training and information to managers on their roles and responsibilities, support etc. and to rollout this procedure	Develop training package based upon risk profile of chemicals used etc. Information system	Head of Health and Safety	June 2019
Monitoring etc.	Confirm areas that require monitoring, support and resources	Review of known high-risk areas Confirm funding etc.	Units	June 2019
Health Surveillance	Develop comprehensive risk assessment Develop procedure and arrangements for review of skin condition	Occupational Health and Health and Safety to complete review	Occupational Health/Health and Safety	August 2019

#### 5. RECOMMENDATIONS

The ABMU Health and Safety Committee is requested to receive this report.

<b>Governance and Assurance</b>										
<b>Link to corporate objectives</b>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
	✓		✓		✓		✓			
<b>Link to Health and Care Standards</b>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
	✓	✓								
<b>Quality, Safety and Patient Experience</b>										
Improved safety for staff, patients, visitors and contractors.										
<b>Financial Implications</b>										
Failure to effectively manage hazardous substances can have significant legal, moral and financial implications. These include increased sickness and absence, management of resources, equipment and premises and the potential risk of legal action both statutory and for compensation.										
Support for monitoring and testing of exposure levels for specific medium and high-risk chemicals										
<b>Legal Implications (including equality and diversity assessment)</b>										
Potential breach of UK Health and Safety law										
<b>Staffing Implications</b>										
Increased sickness and absence										
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>										
None										
<b>Report History</b>		Procedure to the Operational Health and Safety Committee for approval in July 2018								
<b>Appendices</b>		None								