

Policy Document

Policy Title:	Dangerous Substances Policy
Policy Group:	Health and Safety
Policy Owner:	Director of Operations
Issue Date:	June 2024
Review Period:	36 Months
Next Review Due	June 2027
Author:	J Speed
Cross References:	Health and Safety Policy, Safe Use of Oxygen, Clinical Procedure Manual, Infection Control Manual, Managing Asbestos Policy, Waste Disposal policy
Evidence:	HSE (2002) Control of Substances Hazardous to Health HSE A Comprehensive Guide to Managing Asbestos in Premises HSE (2002) Dangerous Substances and Explosive Atmospheres regulations
How implementation will be monitored:	Health and Safety audits Monitor Accident and incident reports
Sanctions to apply for breach:	Retraining
Computer File Ref.	O:new policy book: health and safety
Policy Accepted by H&S Committee/MT	4 th July 2024

Sign-off by CEO

Statement of purpose: The purpose of this policy is to describe the general arrangements made to ensure the safety of all persons at Holy Cross Hospital who may be in contact with hazardous substances. There are separate Policies dealing with medicines and medical gases. This policy requires that each Department maintain records of hazardous substances and relevant risk assessments.

Policy Statement: the management have a duty of care to ensure that all employees are protected from the effects of hazardous substances whilst at work.

This policy:

- Identifies the presence of hazardous substances of different categories
- Assesses the risk in each case of harm and who may be harmed
- Assesses options for replacement with a less harmful substance and
- Considers measures to ensure that any harmful substance is kept and used securely and safely and that employees are trained in this.

Contractors are required to confirm their acceptance of certain conditions and to comply with requirements concerning health and safety, including the use and storage of hazardous substances

Management Arrangements

The Chief Executive is responsible for putting in place the management arrangements and resources to implement the policy and is answerable to Trustees and regulators for its implementation.

The Director of Operations, with the support of the Health and Safety Committee, undertakes responsibility for implementing this policy and monitoring its effectiveness. The policy identifies senior staff in the organisation as being responsible for putting the policy measures into effect.

Advice is available from the Hospital's Health and Safety advisors (Assured Partners Client Hubs), the retained pharmacist, Control of Infection Officer and the Public Health Laboratory.

Employee's role

1. Employees must ensure that they have received training with regard to substances with which they come in contact. They must familiarise themselves with the information in the risk assessments within their department, asking their managers when there is any information that they do not properly understand.
2. Employees must make full and proper use of control measures, including personal protective equipment that is provided to comply with the legislation. If an employee discovers any defect in what is provided, then this must be reported to their line manager at once.
3. Employees must make themselves available for any health or medical surveillance procedures deemed appropriate in relation to substances with which they have come into contact at work.

Arrangements for review

This policy will be approved by Management Team and reviewed on a three yearly basis or sooner if appropriate. Departmental records will be reviewed during monthly health and safety inspections.

Equality and Diversity

This policy has been reviewed for adverse impact on people with protected characteristics within the meaning of the Equality Act 2010 and no such impact was found.

Procedures

The Policy considers substances:

- Acquired by purchase
- Arising from processes in the hospital and
- Produced as an end or by product.

Substances Acquired

Purchasing Arrangements - the hospital operates a centralised ordering system for most supplies. All orders (except for medicines and catering supplies) are signed by the Chief Executive and scrutinised at the time of signing to identify new and potentially hazardous substances. Person responsible for control: Chief Executive

Maintenance Workshop

Chemicals and solvent-based materials used in painting and decorating, cleaning, and in the operation and maintenance of vehicles are stored in the Workshop. There is a locked metal cupboard for storage of flammable liquids. The Workshop is a restricted area and only authorised persons are allowed entry

Person responsible for control: Caretakers

Housekeeping Stores

The Housekeeping Department keeps cleaning materials for use by the housekeeping department and the Catering department. Employees are trained in their safe storage and use, are required to keep them in marked containers and in secure cupboards and the quantity available is limited.

Person responsible for control: Director of Operations

Catering Chemical Stores

The Catering Department keeps cleaning materials for their use. Employees are trained in their safe storage and use, are required to keep them in marked containers and in secure cupboards and the quantity available is limited.

Person responsible for control: Head Chef

Clinical and Ward Stores

The nurses and care assistants make use of disinfecting agents. The materials are kept in secure storage.

Person responsible for control: Clinical Supply and Equipment Officer, Ward Sister on each floor and night sisters.

Substances arising from procedures

Clinical Departments

Infection may be transmitted from patient to staff or vice versa via body fluids or open wounds or aerosols. Training is given in the measures required to maintain hygiene including instruction about hand washing and decontamination of equipment and wearing personal protective equipment.

The use of gloves in clinical procedures can give rise to a risk of dermatitis and sensitivity and allergic reactions. The hospital controls this risk as far as is practicable, by removing unsterile latex gloves from use and providing vinyl gloves

Maintenance Procedures

Staff could be exposed to Hazardous substances in the form of dust, fumes, gases, vapours, mists or liquids during maintenance activities. Contracting out potentially hazardous tasks has reduced the level of risk to Support services Staff. (e.g. Cleaning and chlorination of water tanks)

The substances used by the Caretakers are the least hazardous available, and are used according to manufacturer's instructions.

Pool Water Treatment

Hazardous Chemicals are used for the treatment of the pool water in Hydrotherapy. The chemicals are stored in a locked chemical plant room. The correct personal protective equipment is available close to hand Caretakers have been trained in the use of the substances. A Risk assessment has been completed and action.

Person responsible for control: Caretakers

Substances produced as an End or By-Product

Clinical Departments generate substantial quantities of waste material including used incontinence products, disposable equipment such as syringes and used dressings. All are potentially infected and precautions are taken in handling and disposing of them.

Person responsible for control: Ward Sister on each floor and night sister for collection and storage; Caretakers and Housekeeping staff for waste collection arrangements.

Generic Assessment of risk

This section identifies different types of hazardous substances, where they are used and the precautions to be taken.

Use of Solvent-based and vaporising products by Maintenance Department

Purpose of products: gluing, painting, cleaning, fuel

Users: Support services Staff

Circumstances of use: routine maintenance work throughout hospital. May involve use away from Workshop.

Risk assessment: hazards noted are 1) improper use by others, 2) use in poorly ventilated areas leading to inhalation of vapours and 3) use near source of ignition giving rise to fire. In general hazards will be minimised by keeping quantity available to minimum, keeping products in original labelled containers and planning work in advance.

Action required: 1) keep securely at all times, 2) ensure thorough ventilation during and immediately after use and 3) keep away from naked flame and use warning signs if necessary to make hazards known to others who may enter work area. 4) Wear Suitable Personal Protective Equipment 5) Eating, drinking and smoking not permitted when using these substances

Use of Caustic Cleaning Agents in Maintenance Department

Purpose of products: descaling and cleaning

Users: Support services Staff

Circumstances of use: used in heating plant maintenance and with domestic appliances such as water boilers. Materials may be used away from Workshop.

Risk assessment: hazards noted are 1) "burning" skin by contact, 2) inhalation of fumes, 3) improper use by others. In general hazards will be minimised by keeping quantity available to minimum, keeping products in original labelled containers and planning work in advance.

Action required:

- 1) Use chemical-resistant, gauntlet gloves, goggles when spraying and wear overalls with sleeves
- 2) Use in thoroughly ventilated area,
- 3) Maintain secure storage and exercise care when products are used away from Workshop.

Use of Decontaminating substances

Purpose of products: to decontaminate surfaces, equipment and hands in clinical areas

Users: nurses, housekeeping staff and doctors

Circumstances of use: Substances are stored in Main Stores, taken to Ward Soiled Holding or cleaners' trolleys and used from original container in rooms or other clinical areas.

Risk assessment: hazard arises from splashing to eyes, ingestion and prolonged contact with skin. No products in use are likely to cause serious harm.

Action required: staff training in safe use. Careful storage out of reach of children or those with the likelihood of self-harm

Skin irritants

Purpose of products: latex gloves used in clinical procedures by staff working with patients with known or possible infections or other circumstances when skin protection is required. Also sundry products such as computer printer ink, photocopying toner and some cleaning products.

Users: all staff

Circumstances of use: gloves worn by nurses' doctors and therapists when working with potentially infected patients or materials. Office products and cleaning materials used in routine work situations.

Risk assessment: the inside surface of the gloves may still have the residue of chemical and proteins to which people can react if they wear gloves for long periods or don't wash and dry their hands after glove usage. This can give rise to allergic reactions or sensitivity, Staff need to be alert to the signs of this developing and to seek treatment at an early stage. Risk of serious harm arises only in those who are sensitised.

Hazards arising from irritant property of office and cleaning supplies is considered slight. Instructions for use included with all products. Vinyl Gloves available for use by housekeeping staff as required.

Action required: staff training and continuous monitoring by staff and managers. Latex gloves are no longer used by clinical or housekeeping staff, vinyl or Nitrile gloves are now routinely purchased.

Handling and Storage of Infectious Hazardous Waste

Handlers: nurses, housekeeping staff, Support services Staff, contractor's staff

Circumstances of handling: working with patients with infection (known or not) and moving waste from patient environment to soiled holding then to wheeled bin and to incinerator plant. Hospital staff all instructed to wear gloves when handling clinical waste. Waste is segregated into hazardous and non-hazardous and placed in the appropriate bags and wheeled bin. There are specific procedures for dealing with spillage. Material may include sharp objects such as needles and broken ampoules. All sharps to be placed in a sharps bin. Needles must not be re-sheathed. Containers placed in contractor's wheeled bins by Support services Staff. Precautions to be taken against unenclosed sharps include wearing gloves, taking sacks to contractors wheeled bin in trolley and not handling sacks after being placed in bin.

Risk assessment: risk is maintained at acceptable level by staff awareness and training and regular monitoring of compliance. Precautions include inoculation against blood borne infections such as Hepatitis B

Action required: on-going training to ensure compliance with procedures. (See Waste Disposal Policy)

Inhalation of Hazardous Non-Volatile Substances

Persons affected: mainly Support services Staff

Circumstances of Contact: asbestos, once widely used in buildings, is very harmful if the dust is inhaled. Dust may be caused if asbestos is disturbed in any way e.g. cutting, drilling, sanding.

Risk assessment: An asbestos survey was carried out in February 2005 by Adams Environmental. All Contractors have been informed that Asbestos is present on site, Support services Staff are aware of the locations and no work will be permitted in the area without a full risk assessment.

Action required: Ensuring Support services Staff and any others using the area are aware of the importance of avoiding any activity that would damage the asbestos and cause dust. Signage to indicate presence of asbestos is used. Eventually removal by specialist contractors and replacement

with non-hazardous material is desirable. However as long as the use of the accommodation remains very limited (archive store and similar) it is not considered necessary to do this.

Training and Access to Information

Risk Assessment - this policy only summarises the overall picture. Detailed written risk assessments are carried out in each Department and these assessments identify the need for training and information.

Training at Induction - all new employees receive general induction training at which information is provided on hazardous substances. This will include the health risks associated with any exposure and the control measures they should use. Also, detailed instruction is given and recorded in training file by the senior staff member in the Department. Particular attention required whenever young people are employed.

Training following introduction of new product or new contact with hazardous substance –

Senior staff member to be briefed on nature of hazards, to assess risks and control

Measures to be used before carrying out training and using product and to carry out training.

Availability of information - senior staff in Department to be Responsible for keeping up-dated Safety Data Sheets in accessible place for reference, with the COSHH assessment.

Other Sources of Advice - Pharmacist

Departmental Action

The following steps are required in each Department:

1. Compile list of Hazardous substances, ensure availability of Safety Data Sheets at point of use and record storage arrangements
2. Write a COSHH assessment for all hazardous substances (particularly in relation to young people or new and expectant mothers) including details of implementation of control measures to reduce risks to the lowest level reasonably practicable and emergency action in event of accident or improper use.
3. To provide personal protective equipment to prevent exposure that meets the EU standard and controls the risk, and to ensure that where it is needed it is worn.
4. Training records - training of new employees plus training with respect to new products or substances.
5. Review all risk assessments annually.
6. To regularly review whether stock levels are correct, whether substance is still needed and that it is within its expiry date.
7. If a staff member has any reaction to a substance, review risk assessment, give any appropriate first aid and refer to Occupational Health.

Appendix 2 –Equality impact Assessment (EIA) Tool

To be considered and where judged appropriate, completed and attached to any policy document when submitted to the appropriate committee for consideration and approval..

Policy Title	Dangerous Substances Policy	Name	Joanna Speed
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	Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	
	Race	No
	Gender reassignment	No
	Marriage & civil partnership	No
	Pregnancy & maternity	No
	Ethnic origins (including gypsies and travellers)	No
	Nationality	No
	Sex	No
	Culture	No
	Religion or belief	No
	Sexual orientation	No
	Age	No
	Disability- both mental and physical impairments	No
2.	Is there any evidence that some groups are affected differently?	No
3.	Is the impact of the policy/guidance likely to be negative?	No
4.	If so can the impact be avoided?	NIA
5.	What alternatives are there to achieving the policy/guidance without the impact?	NIA
6.	Can we reduce the impact by taking different action?	NIA
7.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NIA

Review

This policy has been reviewed for overt or implied discrimination within the scope of the Hospital's policies on equality and diversity and none was found.

The policy will be reviewed on a three yearly basis to ensure that the system described continues to provide an effective framework for Managing Dangerous Substances.