Leicestershire Partnership NHS Trust

Respiratory Sensitisers and Health Surveillance Policy

This policy sets out the organisational arrangements for the management of respiratory sensitisation including health surveillance.

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Target audience:	Staff who use substances with potential for occupationally acquired respiratory ill health, occupational asthma	
Type of Policy	Clinical	Non Clinical √
Which Relevant CQC Fundamental Standards?	Regulation 15 – Premises and Equipment All premises and equipment used by the service provider must be clean, secure, suitable for the purpose for which they are being properly used, maintained and appropriately located for the purpose for which they are being used	

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Health and Safety Compliance Team	Health and Safety Advisors NB: This policy was original written in 2012 by Mark Spencer, Health and Safety Advisor

Circulated to the following individuals for comments

Name	Designation
Members of LPT Health and Safety Committee	Agreeing committee
Divisional Health, Safety and Security Groups	Operational groups
Occupational Disease Group	Specialist Group

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Appendices

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	September 2012	New policy
2	December 2014	Health, Safety and Security Team amended to Health and Safety Compliance Team throughout Chief Operating Officer (COO) amended to Director with Responsibility for Health and Safety amended throughout Reference to Leicester, Leicestershire and Rutland Estates and Facilities Collaborative included Amended date for RIDDOR Regulations from 1995 to 2013 Risk Assessment Policy and Procedure amended to Risk Strategy
3	May 2017	No Changes
4	January 2020	Reference to LLREFMC amended Inclusion of Appendix 6 – Privacy Impact Assessment
4	February 2020	Amended policy to sync with current Trust COSHH and PPE Policies reviewed in 2019. Reference to LLREFMC removed Section 4.5 re-written

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Definitions that apply to this Policy

Respiratory Sensitiser	A respiratory sensitiser is a substance which when inhaled it can trigger an irreversible allergic reaction in the respiratory system. Once this sensitisation reaction has taken place, further exposure to the substance, even the tiniest trace, will produce symptoms. Sensitisation does not usually take place right away. It generally happens after several months or even years of breathing in the sensitiser. Respiratory sensitisers are subject to the Control of Substances Hazardous to Health Regulations (COSHH) 2002 (as amended).
Respiratory Sensitisation	The process by which an individual develops an allergic response to an antigenic substance to which they are exposed in their environment whether at work or home.
Health Surveillance	Is the examination of the health and well being of a person who is, or is liable to be, exposed to substances hazardous to health and where there is a valid and suitable technique for measuring the adverse effects on health.
Asthma	Asthma is a condition in which inflammation of the lining of the small airways of the lung together with spasms of the muscles around the airways, cause these airways to narrow and reduce airflow both into and out of the lungs. This produces wheezing, shortness of breath, chest tightness, and coughing. Most people with asthma have periodic attacks of symptoms separated by symptom-free periods. Symptoms can be aggravated by cold air and cigarette smoke and are often worse at night or early in the morning.
Work Related Asthma	Asthma is work-related when there is an association between symptoms and work, and can be divided into the following categories: • **Work aggravated asthma**: pre-existing or new onset asthma worsened by workplace exposure • **Occupational asthma**: asthma caused by substances inhaled at work, which can be typed as: • Allergic: where the immune system becomes sensitised to a substance at work. There is a gap between exposure, becoming sensitised and then developing symptoms. • Irritant: airway dysfunction caused by a reaction to an irritant substance which does not involve the immune system, symptoms develop within a few hours of exposure.
A Hazardous Substance	Is any solid, liquid, dust, fume, vapour, gas or micro-organism that could be harmful to health.
Workplace Exposure Limits (WELs)	Are maximum exposure limits in the workplace as defined by European Health & Safety organisations. It is not acceptable to aim simply to comply with the Workplace Exposure Limits. Adequate control also requires that you apply the eight principles of good practice set out in Schedule 2A of the COSHH regulations and, if the substance causes cancer, heritable genetic damage or asthma, you reduce exposure to as low a level as is reasonably practicable. Information about current WELs is found in HSE Guidance note

	EH40 and may also be recorded on a safety data sheet.
Monitoring	In the context of hazardous substances is the use of valid and suitable techniques to derive an estimate of the exposure of staff to substances hazardous to health. Personal and environmental monitoring techniques can be used.
A Safety Data Sheet	Is a document that must be provided by the manufacturer or the supplier of the substance. It should be the first point of reference prior to handling hazardous substances as it details precautions to be taken during handling, use and in the event of an emergency.
Respiratory Protective Equipment (RPE)	Is equipment designed to prevent or minimise the amount of hazardous substance to which the employee might be exposed from entering the lungs. It includes breathing apparatus used for full-scale respiratory protection where there is no breathable atmosphere; through to disposable face masks used to prevent an employee inhaling dust particles.
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policies and practices that meet the diverse needs of our local population and workforce. It is about creating fair and equal access to goods, services, facilities and employment opportunities for all and reducing disadvantage experienced by some groups in comparison to others.

This policy takes into account the provisions of the Equality Act 2010 and the general and specific duties, ensuring as far as possible the Trust eliminates discrimination, advances equality of opportunity and fosters good relationships. It also ensures no one receives less favourable treatment on the grounds of age, disability, gender, reassignment, marriage and civil partnership, pregnancy and maternity, race, religion of belie, sex (gender) or sexual orientation.

In carrying out its functions, the Trust will take into account the different needs of different groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

Due Regard

The Trusts commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

A due regard review found the activity outlined in the document to be equality neutral because this policy describes the arrangements in place for all staff across the Trust.

1.0 Summary

This policy forms part of the suite of policies which contribute to the overall objectives of the Trust Health & Safety Policy and in particular the arrangements set out in the existing Control of Substances Hazardous to Health (COSHH) Policy and Procedure. The Health and Safety Personal Protective Equipment (PPE) Policy is referenced too.

The Respiratory Sensitisers and Health Surveillance Policy applies to all employees of the Leicestershire Partnership NHS Trust referred to throughout this policy as ‘the Trust’; who may be required to use/handle or be exposed to known respiratory sensitisers during the course of their work as well as other staff including temporary employees (e.g. agency/bank, contractors/students).

2.0 Introduction

2.1 Duty of Care

Under the Control of Substances Hazardous to Health (COSHH) Regulations, the Trust has a duty of care to reduce and control risks from respiratory sensitisers in order to mitigate the incidence of ill health caused by exposure.

2.2 Health Surveillance

COSHH also places a duty on the Trust to provide suitable health surveillance where employees are exposed to a substance linked to a particular disease or adverse health effect and there is a reasonable likelihood, under the conditions of work, or that disease or effect occurring and it is possible to determine the disease or health effect. COSHH Regulation 11 states:

'Health surveillance shall be treated as being appropriate where the exposure of the employee to a substance hazardous to health is such that an identifiable disease or adverse health effect may be related to the exposure; there is a reasonable likelihood that the disease or effect may occur under the particular conditions of his work; and, there are valid techniques for detecting indications of the disease or effect'

Where health surveillance monitoring is identified as a requirement, records of monitoring will be kept. Where a monitoring record contains personal exposure of identifiable staff then these records will be retained in the staff member's Occupational Health record and must be kept for 50 years from the last date of entry. All managers must ensure that monitoring is forwarded to Occupational Health.

The Trust acknowledges that Health surveillance is not a substitute for preventative (substitution or elimination) and protective measures identified in COSHH Regulation 7 but can provide an indication as to whether these control measures in place are suitable and sufficient.

2.3 Recognition of the problem

It is recognised that exposure to certain materials used in the workplace can result in respiratory sensitisation in certain individuals which may result in ill health and potentially long term disability.

Respiratory sensitisation is the process by which an individual develops an allergic response to an antigenic substance to which they are exposed in their environment, whether at work or home. Clinical manifestations may include nasal stuffiness, rhinitis, watering or irritable eyes, cough, wheeze, shortness of breath. Once this sensitisation reaction has taken place, further exposure to the substance, even to the tiniest trace, will produce symptoms. Sensitisation does not usually take place right away. It generally happens after several months or even years of breathing in the sensitiser.

Once a person is sensitised, continued exposure can result in

- permanent damage to their lungs and increasingly severe symptoms.
- people with rhinitis may go on to develop asthma.
- asthma attacks are likely to become worse and can be triggered by other things such as tobacco smoke, general air pollution or even cold air. These attacks often continue for years after exposure to the sensitiser has stopped.

Symptom enquiry may be used to detect early symptoms and lung function testing (spirometry) may show evidence of airways obstruction before lower respiratory symptoms become apparent. Once this sensitisation reaction has taken place, further exposure to the substance, even to the tiniest trace, will produce symptoms.

Once a person is sensitised, symptoms can occur either immediately they are exposed to the sensitiser or several hours later. If the symptoms are delayed, they are often most severe in the evenings or during the night, so workers may not realise it is work that is causing the problem.

Wherever it is reasonably practicable, exposure to substances at work that can cause occupational asthma should be prevented. Where this is not possible, the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. For substances that can cause occupational asthma, COSHH requires that exposure be reduced as low as is reasonably practicable. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.

2.4 Common Respiratory Sensitisers within Healthcare

The most common respiratory sensitisers encountered within Healthcare and those persons likely to be exposed are listed within Appendix 1. This is not a comprehensive list and a more comprehensive list can be found in Health and Safety Executive (HSE) publications and reference occupational health texts.

2.5 Managing the risk

In order to mitigate the risk of exposure to respiratory sensitisers and the associated ill health effects the Trust will ensure that the risks are managed to the lowest level that is reasonably practicable following the hierarchy of controls within the existing Control of Substances Hazardous to Health (COSHH) Policy and Procedure. Similarly any control measures introduced must be determined by the level of risk to health and must take into account:

- Elimination and /or use of alternative/less hazardous substances where possible
- Modification of the use or process to eliminate, isolate or reduce exposure
- Elimination and/or reduction of the number of people exposed to the hazardous substance
- The outcome of any environmental monitoring, as appropriate, which has been undertaken by a competent person
- The provision, maintenance and use of any control equipment required
- The use of personal protective equipment/respiratory protective equipment (PPE/RPE) should be regarded as a “last resort” in providing protection from exposure to substances hazardous to health and in particular those identified as respiratory sensitising agents

- The findings of any respiratory health surveillance undertaken by a competent person (as defined within the Control of Substances to Health (COSHH) Policy and Procedure) on behalf of the Trust

  Line Managers will share the findings of risk assessments with their staff including the identified control measures required (safe systems of work) and provide information, instruction and training to ensure they are made aware of the hazards, risks and their duties.

3.0 **Purpose**

3.1 Legislative Requirements

LPT recognises its responsibilities under the Health and Safety at Work etc Act 1974 and the importance of providing a working environment that is safe for all patients, staff, visitors, volunteers and contractors.

This policy sets out the organisation's arrangements to meet the requirements of the aforementioned Act and the requirements of the Management of Health and Safety at Work Regulations 1999; the Control of Substances Hazardous to Health Regulations 2002 (as amended); the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 (as amended); the Personal Protective Equipment Regulations 1992 and to meet the outcomes identified in Care Quality Commission (CQC) Outcomes:

10 Safety and suitability of premises: People receive care in, work in or visit safe surroundings that promote their wellbeing
11 Safety, availability and suitability of equipment: where equipment is used, it is safe, available, comfortable and suitable for people's needs.
12 Requirements relating to workers: people are kept safe, and their health and welfare needs are met, because staff are competent to carry out their work and are properly trained, supervised and appraised.
14 Supporting workers: People are kept safe, and their health and welfare needs are met, because staff are competent to carry out their work and are properly trained, supervised and appraised.

The purpose of this policy and health surveillance procedure is to protect those persons for whom the Trust has a duty of care from occupationally acquired respiratory ill health, including occupational asthma.

Health surveillance for employees will allow for the detection of sensitisation at an early stage highlighting any action to be taken to prevent damage to health.

4.0 **Duties within the Organisation**

4.1 Chief Executive

- Responsible for ensuring the effective implementation of this Policy
- Monitoring the overall effectiveness of this Policy

4.2 Director with Responsibility for Health and Safety

- Has been designated as the lead Board member with the responsibility for Health and Safety and as such will ensure that robust management systems exist to reasonably minimise and or adequately control risks to patients, staff and others from exposure to and the adverse health effects of respiratory sensitisers
- Advising the Board on the review of existing policy arrangements
- Advising the Board on the allocation of resources to implement health and safety procedures
- Referring matters of a critical nature to the Board for resolution via the Corporate Risk Register
- Ensuring adequate safety arrangements exist within the Trust

4.3 Directors

- Must implement this policy and any associated guidance on respiratory sensitisers and task based COSHH assessments within their areas of responsibility
- Must ensure arrangements are in place for the monitoring of (and compliance with) this policy - This includes identifying who is responsible for doing what, together with identifying the name, number and location of people delegated to undertake task based COSHH assessments (in order to identify and manage respiratory sensitisation) within the Division/Corporate Services
- Ensure there are suitable resources available for the implementation of this policy

4.4 Line Managers

- Must communicate information to staff about all identified respiratory sensitising agents in their area of work and share with them the associated task based COSHH assessments
- Must complete COSHH inventories and ensure that these are reviewed and updated annually.
- They will ensure that, following completion of the task based COSHH assessment staff training in relation to COSHH products is adequate and appropriate to the individuals use and contact with the COSHH product. Staff training records relating to COSHH must be retained locally for five years from the date training took place. - Although Line Managers may delegate the task of completing task based COSHH assessments they will retain the responsibility for ensuring these have been completed and that COSHH inventories and records of known respiratory sensitising agents are kept and updated.
- If Line Managers delegate the task of COSHH risk assessments to a COSHH Assessor, each service does not necessarily require a COSHH assessor at each site. For example, in District Nursing there could be one assessor in each locality. The assessor would be responsible for ensuring all substances used and operations/procedures in District Nursing in that locality are assessed and all staff in the locality trained and aware of the task based COSHH assessment. This approach to appointing assessors

to be adopted across a range of services to ensure each site was not unduly duplicating the assessment procedures.

- Must, in the very first instance, refer all members of staff to Occupational Health should they report any symptoms of respiratory sensitisation
- Must report and record all incidents that relate to exposure and adverse reactions to respiratory sensitising agents in line with existing Trust policy and procedure
- Must maintain a system whereby all PPE/RPE is suitable for its intended purpose, appropriately maintained, cleaned, inspected, stored and replaced as required in adherence with the Health and Safety Personal Protective Equipment Policy.
- Must maintain a system whereby all physical control measures put in place as a result of risk assessments e.g. local exhaust ventilation (LEV) are inspected and maintained to ensure effectiveness

4.5 COSHH Assessors

- Will be responsible for attending COSHH risk assessment training, including update and refresher sessions
- Completing or updating an inventory of all hazardous substances within their area of responsibility and reviewing and revising as necessary (at least annually, but following any change, whichever is sooner)
- Collate relevant generic task based COSHH risk assessments and COSHH documentation identified on their inventory, from the LPT intranet centralised system. Review and amend risk assessments to fit their working environments and site specific processes
- Conducting suitable and sufficient task based COSHH risk assessments not on the centralised system with support from the Health and Safety Team
- Send a copy of the inventory, any local additional COSHH risk assessments and associated Material Safety Data sheets that are outside of the intranet centralised system, to the Health and Safety Team
- Reviewing COSHH risk assessments whenever there have been any significant changes in the matters to which they relate or there is a reason to suspect that they are no longer valid. Assessments should be reviewed at least every 2 years.
- Keep copies of the COSHH risk assessments available locally, including the inventory and safe systems of work documentation.
- Any risks identified during the assessment process that cannot be controlled locally (moderate and above) need to be entered on to the risk register
- Assist the Head of Service/Department/Line Manager in the development of safe systems of working
- Liaise with the Health and Safety Team, Infection Prevention and Control or Occupational Health, and other specialist advisors as required

4.6 All employees

- Will co-operate with the Trust by adhering to this Policy and the overarching arrangements within the COSHH Policy and PPE Policy

and the control measures identified in individual task based COSHH assessments.

- Will comply with all Health Surveillance requirements as identified as part of the task based COSHH assessment process.
- Will report any ill health effects immediately to their line manager and complete an incident form in line with the Trust's reporting policy.
- Will not bring products into work or buy via petty cash, for use at work, unless these are agreed by the line manager

4.7 Health, and Safety Compliance Team

- Will provide specialist advice and guidance where substances have an EH40 classification as indicated on the manufacturer's safety data sheet or are classified as WEL/health hazard H351 (Carcinogen) H334 (respiratory) H351 (skin irritation) specific specialist task based COSHH assessments.
- Advice on occupational hygiene monitoring services to ensure effectiveness of control measures and compliance with workplace exposure limits
- Provide COSHH training for COSHH assessors and additional support with locally based task based COSHH risk assessments
- They will liaise with other Specialist Advisors e.g. infection control, pharmacists, clinical leads or medical physics to ensure that products are carefully evaluated before being introduced into the workplace. Where appropriate they will ensure that task based assessments are completed.
- Will create and manage a centralised COSHH system containing generic COSHH inventory, Material Safety Data Sheets, task based COSHH risk assessment and safe systems of work/manufacturer's instructions for hazardous substances used across the Trust.

4.8 Infection Prevention Control Team

- Will provide expert advice on the risk from microbiological agents that may pose a respiratory risk or seek advice from expert sources e.g. consultant microbiologist
- Provide policies and procedures to ensure safe practices are in place to limit the risk and spread of micro-organisms
- Education and training of staff with regard to infection control policies and procedures

4.9 Estates and Facilities function (outsourced)

The Estates and Facilities function will, through audit, provide assurance to the Trust regarding ventilation compliance.

The Estates and Facilities function will:

- Provide expert advice on local exhaust ventilation (LEV) systems
- Retain on behalf of the Trust records of testing and any monitoring undertaken ensuring any deterioration is reported without delay to the appropriate manager and specialist advisors for action to be taken.

Sharing relevant documentation and records as required by the Trust to ensure staff and patient safety.

- Provide training and tool box talks to their staff re: health surveillance and appropriate use of PPE / RPE

4.10 Occupational Health Service (External)

Under the service level arrangement the service must ensure the following are provided:

- Post employment check for all clinical staff, all Hotel Services staff and all Estates and Facilities staff
- Any staff at interview who declare a Health problem may be seen prior to employment if the preferred candidate
- Advise Line Managers and employees of any necessary adjustment of restriction to their work activities
- Provide health surveillance (including follow-up) if required i.e. legal requirements, good practice or as identified following risk assessment
- Provide activity reports on quarterly basis to the Health & Safety Committee and Infection Prevention and Control Group
- Attend Trust meetings as required
- Will assist promote staff wellbeing in relation to any COSHH products used
- Report annually which staff groups have received health surveillance, why and the outcome
- Provide an early warning mechanism to any sensitisers

4.11 Contractors

- All contractors undertaking work within the Trust will be expected to undertake COSHH assessments prior to using products on site that fall within the Regulations and in particular any activities that use/handle or cause exposure to known respiratory sensitisers during the course of their work
- Contractors are not required to use the Trust COSHH assessment paperwork but must have a documented record of their COSHH assessments and share this information with the Project Manager responsible for the project
- Where contractors have restricted access to COSHH products to their own staff (for example cleaning contractors), they must provide a copy of their assessments to relevant Trust managers in case of accidental exposure when contractors are off site

4.12 Procurement

- All purchases of goods and substances must be procured via the approved purchasing process. No other purchasing approaches should be adopted. All substances/products are required to be COSHH assessed before use and assessed to ensure products/substances chosen have the least potential to cause any ill-health
- Manufacturers and suppliers of substances and materials have a duty to supply material safety data sheets for the materials provided

5.0 Training

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory.

Training and education on the use of gloves will be provided as part of the Trust's mandatory induction and mandatory clinical update training contained within the Infection Prevention and Control Hand Hygiene element for clinical staff.

A record of the event will be recorded on the electronic staff record and any locally held database.

The governance group responsible for monitoring this training is the Infection Prevention and Control Committee.

Staff identified to undertake task based COSHH assessments will be given suitable and sufficient training to carry out this role together with written guidance by the Health and Safety Compliance Team (as per Appendix 1 of Control of Substances Hazardous to Health (COSHH) Policy and Procedure).

Managers will ensure all staff required to use a COSHH substance as part of their work activity will be given training locally in the correct and safe use of the product and all associated personal protective equipment (PPE).

Managers will, (within their areas of control), ensure that all staff who use a COSHH substance which requires health surveillance as part of their work activity, are informed of the need to have regular health surveillance checks and are referred to occupational health service.

All staff who use a COSHH substance as part of their work activity who become pregnant or who are nursing mothers should inform their manager of their status so that the task based COSHH assessment can be reviewed for any contraindications of that product for new and expectant mothers and their baby.

Managers will ensure young people (as identified by legislation) who are required to use COSHH products will be identified on the task based COSHH assessment and will be given training suitable and sufficient to their needs.

Managers will ensure local Induction training will be provided for every new member of staff, providing details of local COSHH risk assessments and the safe systems of work in place that they will be required to work to.

Managers must ensure adequate supervision is given to employees where indicated until a satisfactory level of competency is reached. Competency must be maintained through regular updates. Records of all training given should be kept.
Staff are responsible for ensuring they attend Trust mandatory induction and update training which incorporates COSHH awareness.

The governance group responsible for monitoring the training is the Health and Safety Committee.

The course directory e source link below will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

6.0 Monitoring, Review and Audit

It is the intention of the Trust to ensure, so far as is reasonably practicable, every step is taken to ensure the health, safety and welfare of its employees and others in accordance with the Health and Safety etc at Work Act 1974. It is recognised also that working practices should conform and be subject to risk assessment in accordance with the Management of Health and Safety at Work Regulations 1999.

The Health and Safety Committee will monitor the indicators in Appendix 4 by receipt of reports identified.

The Health and Safety Committee will review the policy every 3 years or sooner where a change to legislation, national policy or guidance occurs.

7.0 Guidance and References

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health Regulations 2002(as amended)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Personal Protective Equipment Regulations 1992
- Health and Safety Policy
- Work wear/ Personal Protective Equipment Policy
- Occupational Dermatitis and Latex Policy
- Glove Policy
- Risk Management Strategy
- Associated Infection Control Policies and Procedures
- Associated Occupational Health Service Policies and Procedures
- INDG304 Understanding Health Surveillance at Work
- HSE, British Occupational Health Research Foundation, TUC – Occupational Asthma – A guide for Employers, Workers and their Representatives

Further guidance is available from the Health and Safety Executive – http://www.hse.gov.uk/

HSE Guidance EH40/2005 Workplace Exposure Limits - http://www.hse.gov.uk/coshh/table1.pdf

Risk and Safety Phrases - http://www.hse.gov.uk/chip/phrases.htm

Appendix 1

*Common Respiratory Sensitisers within Healthcare
(List not exhaustive or exclusive)

Agent (Asthmagen)	Use	Exposed Group
Orthophthalaldehyde (Cidex-OPA) or Glutaraldehyde Peracetic Acid (Gigasept, Perascope, Adaspore, Nu-Cidex)	Now rarely used in theatres	Nurses and doctors in endoscopy clinics and theatres or laboratory workers in slide preparation
Methyl methacrylate Constituent of bone cement	Constituent of bone cement	Orthopaedic surgeons and theatre staff, Dental lab workers
Latex	Gloves – infection control and other medical devices	Health care workers
Laboratory animals	Experimental laboratories	Animal handlers and research workers
Drugs (various)	Pharmacy	Pharmacists engaged in mixing loose powders and liquids
Isocyanates	Constituent of Neofract Used for spinal supports. Some paints	Occupational therapists Estates workers
Epoxy resins	Glues e.g. for flooring	Estates workers
Hard wood dust e.g. red cedar wood and dust of any kind when present at a concentration in air equal to or greater than 10mg.m3	Carpentry, wood/metal and brick processing High level cleaning e.g. pipework and ducting.	Estates workers Cleaners
Troclosene Sodium	Contained within Chlor Clean	Cleaners, Health Care Workers, Medical Staff
Diathermy and surgical Smoke	A surgical technique used to cut tissue or seal bleeding	Surgeons and theatre staff

***** Source: See 7.0, Guidance and Reference

Appendix 2

Policy Monitoring Section

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance. responsible for developing and monitoring any action plans to ensure future compliance.

Reference	Minimum Requirements to be monitored	Evidence for self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
1	COSHH risk assessments compliance reviewed 2 yearly. *(All Divisions and Corporate Services)*	Section 2.5, 4.4, 4.5	Manager checks Annual Health and Safety inspection	Divisions/LPT Health & Safety Committee	Annually
2	Managers undertake active monitoring of the arrangements in place locally *(All Divisions and Corporate Services)*	Section 4.4 , 4.5	Annual review of inventories and 2 yearly review of COSHH risk assessments as part of Health and Safety Inspection process. These will look that inventories are in date and assessments that have been carried out, within their review date and any control measures identified are being adhered to	Division/Corporate Services Health and Safety Action Group and Trust Health & Safety Committee	Annually

3	Audit of COSHH compliance *(Health & Safety Compliance Team)*	Section - 6	Health and Safety Compliance Team to audit Trust COSHH compliance including sufficiency of local auditing and inspection arrangements annually in line with local review frequency	Divisions/LPT Health & Safety Committee	Ad hoc
4	COSHH inventory in place and reviewed annually *(All Divisions and Corporate Services)*	Section – 4.4, 4.5	Annual Health and Safety inspection	Divisions/LPT Health & Safety Committee	Annually
5	Trained COSHH assessors in place *(All Divisions and Corporate Services)*	Section – 4.4, 4.5, 4.7, 5	Annual Health and Safety inspection	Divisions/LPT Health & Safety Committee	Annually

6	Number of reported staff ill-health in relation respiratory ill-health *(Occupational Health Service)*	Section – 4.10	Analysis of incidents, including themes and trends Quarterly reporting on any staff ill-health in relation to respiratory to LPT Division/Corporate Health Safety Action Groups & Healthy Organisation Groups	Occupational Health Service/LPT Health and Safety Committee/ LPT Healthy Organisation Group	Quarterly - minutes from Divisional Health Safety Security Action Groups/LPT Health and Safety Committee

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Appendix 3

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	Respiratory Sensitisers and Health Surveillance Policy
Type of training:	1. COSHH General awareness (embedded in health and safety eLearning package) 2. COSHH Risk Assessor 3. Clinical update including types and use of gloves
Division(s) to which the training is applicable:	√ Adult Learning Disability Services √ Adult Mental Health Services √ Community Health Services √ Enabling Services √ Families Young People Children √ Hosted Services
Staff groups who require the training:	1. All staff 2. Role specific, personal development 3.Clinical staff
Update requirement:	1. Mandatory induction and update every 3 years 2. Refresher (individual identifies) 3. In line with mandatory clinical update training, every 2 years
Who is responsible for delivery of this training?	1 & 3. Learning and Development as part of the Trust's mandatory induction and mandatory clinical update training 1. Local ward/department induction to COSHH used by line Manager/Supervisor/COSHH Assessor 2. Health & Safety Compliance Team
Have resources been identified?	Yes for all training
Has a training plan been agreed?	Yes for all training
Where will completion of this training be recorded?	Trust learning management system Other (local held file by service/ward/team/dept) Local file
How is this training going to be monitored?	Bi-monthly training report to the Health and Safety Committee Bi-monthly training report to the Infection Prevention and Control Committee

Appendix 4

Due Regard Screening Template

Section 1	
Name of activity/proposal	Respiratory Sensitisers and Health Surveillance Policy - arrangements in place to demonstrate compliance with legal statue pertaining to the Health and Safety at Work etc Act 1974, associated legislation e.g. COSHH & PPE
Directorate / Service carrying out the assessment	Health and Safety Compliance Team
Name and role of person undertaking this Due Regard (Equality Analysis)	Samantha Roost
.	

Section 2		
Protected Characteristic	**Could the proposal have a positive impact (Yes or No give details)**	**Could the proposal have a negative impact (yes or No give details)**
Age	No	No
Disability	No	No
Gender reassignment	No	No
Marriage & Civil Partnership	No	No
Pregnancy & Maternity	No	No
Race	No	No
Religion and Belief	No	No
Sex	No	No
Sexual Orientation	No	No

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? Is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? If yes to any of the above questions please tick box below.			
Yes		**No** √	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	√

Section 4
It this proposal is low risk please give evidence or justification for how you reached this decision:
This policy meets the legal requirements to comply with Health & Safety legislation to minimise all foreseeable risk of harm or injury from work activities where potential for ill-health where respiratory sensitisers are in use.

This proposal is low risk and does not require a full Equality Analysis:

Head of Service Signed B Keavney
Date: 22/01/2020

Appendix 5

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	☐
Respond to different needs of different sectors of the population	√
Work continuously to improve quality services and to minimise errors	☐
Support and value its staff	√
Work together with others to ensure a seamless service for patients	☐
Help keep people healthy and work to reduce health inequalities	√
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐

Appendix 6

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Respiratory Sensitisers and Health Surveillance Policy		
Completed by:	Bernadette Keavney		
Job title	Head of Trust Health and Safety Compliance	**Date**	22/01/2020

	Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	**No**
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.	**No**
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	**No**
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**No**
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	**No**
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	**No**
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	**No**
8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**

If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786
Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.

IG Manager approval name:	
Date of approval	

Acknowledgement: Princess Alexandra Hospital NHS Trust