

RISK & GOVERNANCE SAFETY UPDATE

August 2013

Issue 19

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NEW SAMPLE COSHH RISK ASSESSMENTS AVAILABLE ON THE HUB

The Trust's Health & Safety Managers in conjunction with the Pharmacy Department, have developed sample Medication COSHH Risk Assessments for staff.

New

- ◆ *Anti-Biotics*
- ◆ *Steroid Medicines*
- ◆ *Cytotoxic Medicines*

These sample COSHH medication risk assessments can be downloaded from the Hub.

These sample medication COSHH risk assessments are as a source of reference for Trust COSHH Risk Assessors when developing or reviewing COSHH risk assessments within the Trust.

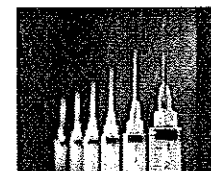
Other sample COSHH Risk Assessments have already been developed on:

- ◆ Actichlor Plus
- ◆ Boric Acid
- ◆ Difficil-S
- ◆ Entonox
- ◆ Liquid Nitrogen
- ◆ Venepuncture

Staff can book onto the Trust COSHH 1/2 day Risk Assessor Workshops on TAS.

For further information and advice on the any COSHH issue contact your partnered Health & Safety Manager, Pharmacy Department

REGULATIONS SHARPENED UP FOR HEALTHCARE SECTOR



The Health and Safety (Sharp Instruments in Healthcare) Regulations to control the risks posed by needles and other 'sharps' in healthcare recently came into force in Northern Ireland on 1.1th May 2013. The new regulations are there to help minimize the risks from blood borne viruses. These regulations supplement existing health and safety legislation that

already requires the Trust to take effective action to control the risk from sharps injuries. The Trust is required to:

- have effective arrangements for safe use and disposal (including using 'safer sharps' where reasonably practicable
- restricting the practice of recapping of needles

- placing sharps bins close to the point of use)
- provide the necessary information and training for workers
- investigate and take action in response to work-related sharps injuries. Guidance is available on the HSE website at <http://www.hse.gov.uk/healthservices/needlesticks/>

First Aid



First Aid

See *Appendix 4* of the Trust's *First Aid Policy* (accessible on the Hub – search "First Aid") for details of how to book a place

FORTHCOMING FIRST AID TRAINING**1 Day Emergency First Aid Training**

Tuesday 3rd September 2013
Tuesday 8th October 2013
Tuesday 12th November 2013
Tuesday 10th December 2013

3 Day First Aid at Work Training:

Thursday 29th August 2013, Thursday 5th & 12th September 2013

Thursday 26th September 2013, Thursday 3rd & 10th October 2013

Thursday 7th, 14th & 21st November 2013

Thursday 5th, 12th & 19th December 2013

2 Day First Aid at Work Refresher Training

For staff who have already completed First Aid at Work Training (3 or 4 day course) and are nearing the end of

their 3 year certificated period and wish to renew their qualification:

Wednesday 25th September 2013 & Wednesday 2nd October 2013

Wednesday 6th & 13th November 2013

Wednesday 11th & 18th December 2013

MUSCULOSKELETAL DISORDERS (MSDS) IN SONOGRAPHY

The report is available from:

<http://www.hse.gov.uk/healthservices/sonography-work-in-healthcare.htm>

A recent report describes a project to examine MSD Risk Management performance across a range of sonography operations at UK NHS Trusts.

The report highlights

concerns with the risk assessment process, risk reduction and controls, training, work organization, use of OHS and health surveillance and tackling the human factors. Section 6 of the report details the actions

required.

Sources of guidance include HSG60, L26 guidance from the Society of Radiographers and HSG218.

HEALTH & SAFETY LAW IN NORTHERN IRELAND POSTER

The Trust is required by law, to display the poster in a prominent place where all staff can see and read it. The poster has been revised but you can continue to use the old poster until 14th June 2014.

From 15th June 2014 the new poster must be displayed.

The Northern Ireland poster (standard) ISBN 97807176 63545 is available from The Stationery Office, (TSO) at <http://www.tsoshop.co.uk/bookstore/niposter>

LATEST GUIDANCE ON REPORTING PATIENT/ SERVICE USER FALLS UNDER RIDDOR

A fall is reportable under RIDDOR (Reporting of Injuries & Dangerous Occurrences Regulations (NI) 1997) when the fall has arisen out of or in connection with a work activity. This includes where equipment or the work environment (including how or where work is carried out, organized or supervised) are involved. This covers accidents which result in a person not at work suffering an injury and being taken to a hospital, or if the accident happens at a hospital,

suffering a major injury (as defined in Schedule 1 of RIDDOR) which would have required hospital treatment. The Health & Safety Team may make a number of enquiries upon receipt of a patient/service user fall incident form, prior to deciding if the incident is RIDDOR reportable e.g.

- Did the patient have a history of falls?
- Was the patient's falls risk assessment and bed rail assessment completed and implemented?

- Was fall protection equipment / measures in place at the time, including supervision, access to call bells etc?

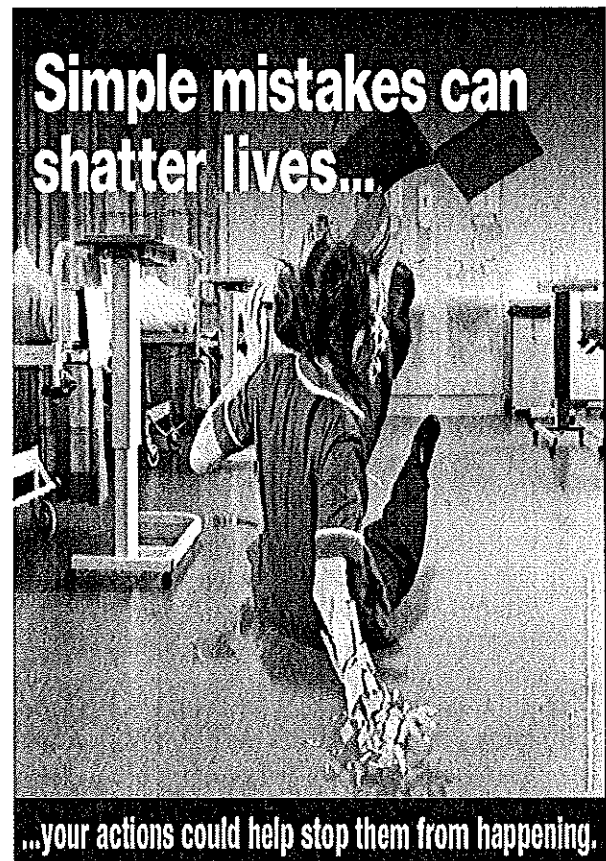
Incomplete documentation, measures not fully implemented or an environmental cause may result in a decision to report the incident to HSENI under RIDDOR. Further source of information: Health Service Information Sheet—April 2012—see link <http://www.hse.gov.uk/pubns/hsis1.pdf>

SLIPS AND TRIPS WITHIN IN THE BELFAST TRUST

37% (88 incidents) of all injury incidents reported by the Belfast Trust to the Health & Safety Executive for Northern Ireland (HSENI) in 2012/13, as required by RIDDOR resulted from slips, trips, falls and collisions.

31 of these incidents were categorized as major injuries; 13 involved a patient, client or service user and 18 involved staff.

1. See the Trusts Slips & Falls Policy on the Hub.
2. Complete a slips, trips & falls risk assessment relevant to your Service Area work activities (sample on Hub).
3. Provide relevant training and information in relation to your specific work activities and work environments.
4. Ensure that all staff attend (or complete by e-learning) mandatory Health & Safety Awareness Training (includes a new section on the prevention of slips, trips and falls)
5. Investigate all of your lost time and injury incidents and share lessons learnt with relevant persons.
6. The attached link provides some useful guidance: www.hse.gov.uk/healthservices/slips/index.htm
7. Also Ensure that you have a falls risk assessment completed for at risk patients / service users receiving care in our facilities. (See article above).



This image was supplied by HSENI

FIRE EVACUATION ARRANGEMENTS



Managers—Have you developed and displayed your fire evacuation plan arrangements to give staff information about which escape route to use, the names of staff nominated to help if there is an evacuation and the fire alarm system used in the area where they are working?

HEALTH & SAFETY POLICY

The Trust's 'General Health & Safety Policy' must be brought to the attention of all your staff by directing them to a copy or displaying it on a notice board where it can be easily seen and read. Click on the following link to obtain a copy of the policy [General Health & Safety Policy](#)

GUIDELINES FOR SAFE WARFARIN MANAGEMENT

Guidelines for safe warfarin management have been developed and should serve as a tool to guide all staff in their dealings with warfarin from its initiation, monitoring, assessing interactions and communication with primary care both at the time of the patients admission and discharge. <http://intranet.belfasttrust.local/policies/Documents/Warfarin-Safe%20Management.pdf>

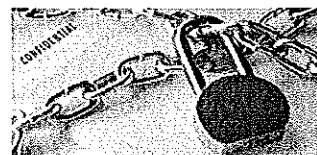
TRANSPORTATION OF RECORDS POLICY

The aim of this policy is to ensure that staff safeguard all confidential information

- while travelling from one facility/location to another during the course of their working day
- transferring confidential information through the use of third parties such as Royal Mail or other Courier Services.

This may include confidential information contained within work diaries, notebooks, case papers, patient medical records, social care records, and laptop computers, or other devices.

The guidance covers the following areas:
Tracking and tracing records, movement outside of the work base, records stored in the patient/clients



home, safeguarding of information transported between facilities/locations, use of postal or courier services and specific guidance for removable equipment and media. **It is the responsibility of all staff to familiarise themselves with the contents of this policy.**

<http://intranet.belfasttrust.local/policies/Documents/Transportation%20of%20Records%20Policy.pdf>

STORAGE OF MEDICAL GAS CYLINDERS

This article covers:

- Local (ward) stores, used to hold just a few cylinders for routine transport or emergency use.
- Ready to use stores, used to hold spare cylinders for immediate use such as theatres, EDs, CCU, ICU, PICU & delivery suites etc.

Local Stores may just consist of a cylinder on a trolley or cylinder support system in a corridor but they should be in an identified and designated "parking" area. They should not impede free passage in corridors or block any doorways or exits. The area should be clearly marked with a notice identifying their purpose.

All staff should be aware of their location and purpose. In areas that are accessible to the public or that not staffed continuously it is also important to consider the possibility of theft or tampering, either accidentally or maliciously.

Ready to Use Stores should only be used for full cylinders and empty cylinders should be removed as soon as possible. The cylinders should be held in specifically designated rooms that are well ventilated (high

and low level), and where practical should contain at least one external wall to facilitate natural ventilation. Also consider any potential moving/handling issues such as ease of access and space to manoeuvre trolleys etc.

The store should not contain any combustible materials, especially if holding oxygen, nitrous oxide or oxygen/nitrous oxide mixtures.

The store should be kept clean and tidy and free of grease and oil.

There should be appropriate restraints for the cylinders such as racks or wall restraints, especially for large cylinders. Large cylinders should be stored vertically and small oxygen cylinders may be held vertically or horizontally. Oxygen/nitrous oxide mixtures should be kept horizontal, stored above 10°C for 24 hours prior to use and placed away from ventilation openings where practical. Cylinders may be held on trolleys for immediate use and short term storage but the trolley should be of the appropriate size for the cylinder and be suitably restrained.

Keep different gases segregated and full and empty cylinders separated and ensure stock

rotation to ensure the oldest cylinders are used first, within their expiry date. The quantity of cylinders held should be assessed and reviewed periodically as all cylinders used in the Trust are rented and incur a fee whilst they are in our possession

Ensure a supply of suitable cylinder keys/wrenches is available in or near the store:

The room should be clearly labelled with: the types and numbers of cylinders contained, "no smoking" warning signs, medical gas cylinder identification chart, an "emergency actions" notice and details of key locations and contact numbers .

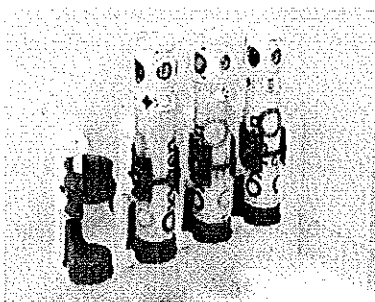
For any larger stores such as pharmacy stores where extra criteria may apply advice should be sought from Estates.

References

HTM 02-01 Medical gas pipeline systems – Part B: *Operational management*

EFA/2010/008 (NIAIC) *Unsecured medical gas cylinders, including cylinders on trolleys.*

More information is available from the Basic Medical Gas Safety training session bookable on TAS.



REVISED RISK MANAGEMENT STRATEGY AND NEW REGIONAL RISK MATRIX EFFECTIVE 1ST JULY 2013

The Risk Management Strategy has been revised to incorporate two significant developments; a new risk matrix for use across the HPSS in Northern Ireland and new criteria for corporate risks within the Belfast Trust.

Regional Risk Matrix - a standardised approach to severity and risk grading has been agreed across the region. For the Trust much remains the same in that the 5 x 5 risk matrix and the likelihood descriptors are unchanged.

There is no change to the descriptors, i.e. insignificant, minor, moderate, major and catastrophic. Only the domains and examples within the severity / consequence table have changed.

New criteria for Corporate Risks - the revised criteria for deciding if a risk should be on the Corporate Risk Register of the Trust is as follows:

A corporate risk can be of any grade but is only included on the corporate risk register once approved as meeting specific criteria by a Director as follows:

- ◆ Has been evaluated as 'Almost certain' x 'Catastrophic'(25)

Is evaluated as below 25 but:

- ◆ The risk or concern has ramifications beyond the immediate area of clinical or managerial control;
- ◆ The risk or concern cannot be satisfactorily managed within the immediate area of control because of a lack of resource or authority;
- ◆ Existing standards and guidance ignore or contribute to the risk;
- ◆ The risk requires escalation to another HSC body due to its significance or the need for commissioner involvement.

See the revised [Risk Management Strategy](#) for all the details.

INCIDENTS INVOLVING FIXTURES / FITTINGS INSTALLED TO PREVENT PATIENT SELF HARM

Device Bulletin, DB2010(NI)-01 'Reporting adverse incidents and disseminating alerts' has recently undergone a review and a subsequent update (version 2.0).

The DB encourages the reporting of incidents involving medical and non-medical equipment (including plant & building items), and the dissemination of safety alerts. There is an emphasis on the reporting of any instances where a fixture or fitting has been installed to prevent a patient self-harming and this safety feature has

failed leading to actual or potential harm.

It is important that in addition to high risk areas reporting any incidents, that ligature risk assessments are completed and appropriate action taken.

Further advice / support around the risk assessment process linked to this as well as further information on anti-ligature devices that are available can be obtained from the Health & Safety Team Tel: [REDACTED]



A NICE way to optimise prescribing...

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¹Pharmacy Department, ²Clinical pharmacologist
 Acknowledgement: BHSC Clinical Audit Department for data analysis

BACKGROUND

Belfast HSC Trust Therapeutic Review Steering Group was established in 2011 to ensure the Trust has in place systems to record, monitor & audit use of National Institute of Health & Clinical Excellence (NICE) technologies as requested by the Health & Social Care Board.

OBJECTIVES

Therapeutic Review audits were completed 2012 to establish if prescribing was in line with NICE standards for biologics in:
 -Inflammatory Bowel Disease (IBD)
 -Rheumatoid Arthritis (RA)
 -Psoriasis & Disease-Modifying Therapies (DMTs) in Multiple Sclerosis (MS)

METHOD

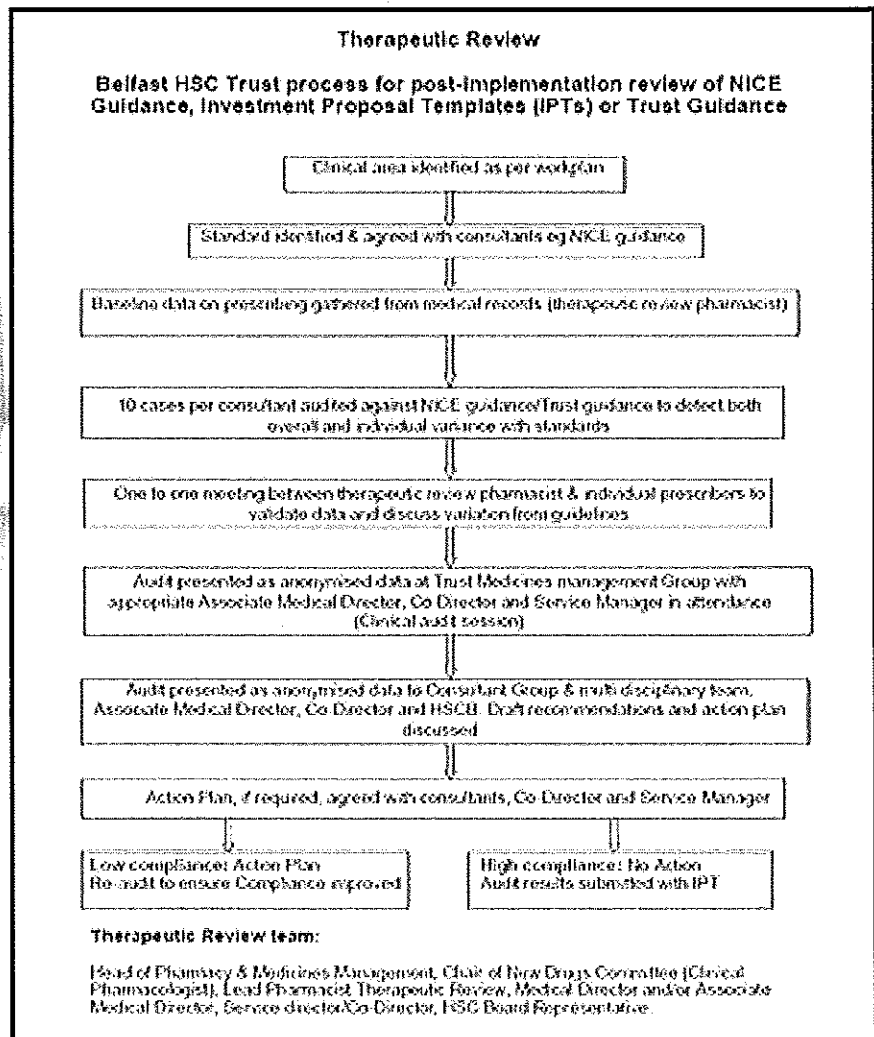
Therapeutic Reviews led by a pharmacist, audited prescribing in 10 cases per consultant against NICE guidance using a defined audit process (Figure 1). Standard of patient information provided, starting and stopping criteria & monitoring of patient on treatment were audited. One to one meetings were held with clinicians to discuss individual prescribing. Action plans were drawn up with deadlines for implementation.

RESULTS

- Non-compliance with NICE in IBD included need to trial 'off' drug at 12 mths.
- RA audit identified switches in biologic therapies that did not comply with NICE. 5% cases not reviewed within 6 months.
- Prescribing of biologics in psoriasis demonstrated managed-entry (PASI & DLQI scores measured) & 98% cases had 2 follow-ups within 9 months of starting.
- Audit of prescribing of DMTs in multiple sclerosis identified need to define starting criteria & review patients not responding.
- Potential savings of £55,000 (IBD) & £50,580 (RA) were identified

CONCLUSION: A transparent & challenging Therapeutic Review audit process has been developed and replicated Trustwide across specialties to progress prescribing in line with NICE.

Figure 1: THERAPEUTIC REVIEW AUDIT PROCESS



DISCUSSION

Results were presented to specialties as in Figure 1. Action plans were drawn up and agreed with lead clinicians before presentation to Medicines Management Committee. Initiatives following from the audits include:
 -Re-evaluation of the repeat prescribing system in RA to avoid patients being lost to follow up.
 -Introduction of Patient Information leaflet on IBD service
 -Establishment of a pharmacy/nurse telephone hotline to deal with patient queries around biologic supply
 -Introduction of a managed-entry checklist for prescribing of biologics in IBD and DMTs in Multiple Sclerosis
 Further Therapeutic Reviews were undertaken in Multiple Sclerosis (Disease-modifying therapies) to identify savings. Re-audits are underway in IBD.

STOP SMOKING SUPPORT SERVICE FOR STAFF

The Belfast Trust's Smoking Cessation Specialists provide free confidential support to staff who are motivated to stop smoking.

A recent enhancement to the service enables staff to be provided with 12 weeks of Nicotine Replacement Therapy (NRT); the same amount you would receive from attending your GP or Pharmacy Smoking Cessation Support Programme.

NRT is a way of getting nicotine into the bloodstream without smoking. It stops or reduces the symptoms of nicotine withdrawal without having unpleasant withdrawal symptoms. Used properly NRT can make stopping smoking easier.

Twice as many people who stop smoking succeed when using NRT as those who choose to go cold turkey. NRT is not harmful; it is the other chemicals in cigarettes that do the damage like the tar and carbon monoxide.

If you are interested in receiving motivational or behavioural support support to stop smoking or for more information please contact the relevant smoking cessation specialist:

Anne O'Brien if you work in North and West Belfast on

Paul O'Kane if you work in South and East Belfast on



The Belfast Trust and Electronic Cigarettes

The Trust has decided to prohibit the use of e-cigarettes in smoke free areas. E-cigarettes will not be allowed to be used in enclosed or substantially enclosed areas.

The British Medical Association, 2012 provided a briefing on e-cigarettes for workplaces.

'E-cigarettes are battery-operated products designed to replicate smoking behaviour without the use of tobacco.

They use heat to vaporise a liquid-based solution containing nicotine into an aerosol mist and have been proposed as a way to help smokers quit the habit.

But there is a lack of rigorous, peer-reviewed studies to support the use of e-cigarettes as a safe and effective nicotine-replacement therapy.

These devices may also undermine efforts to prevent or stop smoking by making cigarette use seem normal in public and at work'.

The Medicines and Healthcare Products Regulatory Agency (MHRA) June 2013, said the government had concluded that e-cigarettes currently on the market do not meet appropriate standards of safety, quality and efficacy. There will be no compulsory licensing of the products until 2016.



**Don't give up
giving up.**

Further information regarding future issues of the Risk & Governance Safety Update is available from Karen Cunningham, Lead Health & Safety Manager, Tel: [REDACTED].