Lothian NHS Board

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Our Ref: 10245
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Dear

FREEDOM OF INFORMATION – FORMALDEHYDE

I write in response to your request for information in relation to formaldehyde exposure in NHS Lothian.

Question:

1. Can the Trust provide evidence that formaldehyde exposure in its histopathology department(s) is kept *as low as reasonably practicable,* noting that compliance with the WEL is necessary but not sufficient to demonstrate adequate control.

Answer:

We support COSHH processes by reducing risk, we use 10% neutral buffered formalin (or 4%w/v) rather than concentrated formaldehyde where possible. Areas where Formaldehyde is used have local exhaust ventilation (LEV) control in place. In addition we regularly monitor formaldehyde levels using a formaldemeter to ensure compliance with WEL as well as monitoring the LEV. Most areas also have options to be ventilated in addition to the LEV if necessary. Colleagues are trained to work with formaldehyde with COSHH assessments, spill drills and RPE. We have also implemented human factor practice within SOPs and there is a good culture of calling out if colleagues have any formaldehyde concern regarding WEL. If there are any formaldehyde concerns through monitoring with RPE, clearance of the room is routine practice.

Question:

2. If the Trust has decided that *totally enclosing* the handling of formaldehyde is *not reasonably practicable* in its histopathology department(s), please provide the formal assessment that was used to reach this conclusion.

Answer:

A total enclosed process is not reasonably practicable. Although we currently have COSHH assessments, there are no documents from the building design to state the decision as to the use of LEV i.e. use of down draft benches rather than class 1 safety cabinets.

Question:

3. If no such formal assessment has taken place, please state this and clarify the reasons why this has not been done.

Answer:

No formal assessment has taken place. This is due to historical implementation.

Question:

4. If the Trust relies on open systems for formaldehyde handling (e.g. AFOS tables and LEV), please justify how this represents a “high standard of control” with respect to formaldehyde exposure in the Trust’s histopathology department(s).

Answer:

We have MSDS, COSHH assessment and SOPs with human factors implemented. We have adequate numbers of LEV. All staff are trained (training logs and competencies) to ensure that e.g. prior to working on LEV that they are in operation. LEVs have thorough examination testing performed yearly with a 6 month service. Formaldemeter is used to monitor levels. LEVs are monitored and any issues escalated. If LEV has issues it is not used. If there is any incident, staff have training and RPE face fit masks with ABEK filters and routine PPE is in place. We actively report any issue on our incident reporting systems called DATIX and also any incident is communicated to the corporate Health and Safety team and RIDDOR is raised for Health and Safety Executive review. We have eye protection available, eye wash stations and an Emergency Department on site if required. Referral to Occupational Health is also available.

Question:

5. Can the Trust provide evidence of the procedures and processes employed in its histopathology department(s) to maintain compliance with the COSHH Section 7(4)(c)

Answer:

Trained colleagues work within specific areas i.e. dissection areas and they are rostered to work there or permanently employed to be there. From both a Health and Safety and workload perspective all areas are managed and colleagues who are not trained to work in the area are not permitted to be there. The department has security access preventing external access. Formaldehyde is kept in chemical cupboards or locked in an outdoor chemical store.

NHS Lothian operate a safety management system in accordance with the Management of the Health and Safety at Work Regulations 1999; under Section 3 of said Act, a suitable and sufficient risk assessment and safe system of work has been undertaken to identify and mitigate or remove significant risks. The risk assessments are undertaken by such staff who possess the knowledge, competency, and experience to undertake such risk assessments and implement the hierarchy of controls within the control of substances hazardous to health regulations.

Question:

6. Can the Trust confirm if laboratory employees are expected to undertake duties not directly related to the dissection of human tissue (for example, administrative tasks), in environments exposed to formaldehyde.

Answer:

Yes, dissection areas are not used for any other purpose.

Question:

7. Can the Trust provide evidence that the frequency with which it monitors formaldehyde exposure in its histopathology department(s) is at least as frequent as *when any change occurs that may affect exposure*.

Answer:

For LEV or formaldehyde associated procedures, monitoring takes place on a monthly basis. In these areas procedures do not experience change i.e. dissection is performed. If there is any concern then increased readings are taken as required. An example of a formaldehyde monthly monitoring sheet is attached.

Question:

8. Please provide evidence that the Trust has informed its histopathology staff that formaldehyde is a known human carcinogen and provided details regarding the specific malignancies associated therein, and has also provided education regarding the non-cancer-related health effects of formaldehyde exposure.

Answer:

The COSHH assessment that is distributed to all staff is attached. We do not have formal education regarding non-cancer-related health effects of formaldehyde exposure; staff have access to the COSHH assessment that describes effects of formaldehyde.

Question:

9. Please provide evidence of the procedures and processes in place to provide the results of formaldehyde exposure monitoring to staff, including but not limited to when the work exposure limit is breached.

Answer:

Formaldehyde monitoring sheets are monitored by different colleagues and are on walls in the lab so everyone can access and see the figures for themselves. We ensure staff are safe following any exposure i.e. check colleagues are well and if necessary, offer referral to the Emergency Department and follow up with Occupational Health. We raise an incident

form in DATIX and then we liaise with the corporate Health and Safety team and they often raise the RIDDOR and support by investigating the incident i.e. independent and Health and Safety expert reviewers. With incident reporting, staff members are named into the DATIX reporting system if they have been exposed. If any monitoring data is accidently missed we raise a finding on quality management software, this is reviewed by UKAS assessors at yearly assessment.

Question:

10. Can the Trust provide evidence that its histopathology department(s) are *safe and healthy working environments*?

Answer:

The department has submitted multiple RIDDORS to the Health and Safety Executive explaining every incident, and they have not required further investigation. As described, the corporate Health and Safety team perform all the formalin exposure investigations and are in the department and see processes themselves - these are trained Health and Safety experts. We also have yearly UKAS assessment with assessors who visit and assess the sites and check the dept monitoring and processes, they would raise findings if these are not in place. NHS Lothian has speak up and whistleblowing procedures so that any staff concern about safety can be independently raised.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at https://www.foi.scot/appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the reviewer at the address at the top of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI

Yours sincerely

ALISON MACDONALD
Executive Director of Nursing Midwifery and AHPs
Cc: Chief Executive