

Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board



		Agenda Item	2.5 (iv)		
Freedom of Information Status		Open			
Reporting Committee	Health and Safety Comm	nittee			
Author	Leah Joseph, Corporate (Governance Officer			
Chaired by	Maggie Berry, Independe	nt Member			
Lead Executive Director (s)	Christine Williams, Interim Director of Nursing and Patient Experience				
Date of last meeting	01 December 2020				
Summary of key matters con	sidered by the committee	e and any related deci	sions made.		
 at the committee meeting to take on the role of the Vice-Chair of the Health and Safety Committee. March In-Committee meeting – Committee members agreed that a Health and Safety In-Committee meeting is to be arranged for March 2021 to enable the opportunity to discuss sensitive issues. Following the committee meeting, a date was arranged for 2nd March 2021. Key risks and issues/matters of concern of which the board needs to be made aware: Site responsibility – A spreadsheet was received for noting. 					
Delegated action by the com	mittee:				
Manual Handling Policy endo		ndments.			
Main sources of information	received:				
 Health and Safety Plan Updates – The plan was received for assurance. Health and Safety Risk Register - A report providing an update on the Health and Safety risk register and COVID-19 risk register was received. The risks that are currently assigned to the Health and Safety Committee are Health and Safety Infrastructure, Fire Safety Compliance, and Environment of Premises. Two new risks have been added to the COVID-19 Risk Register: Nosocomial transmission and Sustainable Services. Control of Substances Hazardous to Health Regulations (COSSH) was received for assurance. Inspections and Audits report was received for assurance. On 16th October 2020, the 					
 Inspections and Audits reproject board agreed a business case for early the health board awaits WG work is August 2023. Deep Dive into Water Safe highlighted that a Water Safe recommendation. Currently, a separate business plan is compliance. There are also 	ness case for the Singleton funding has been submitte 's agreement. The expecte ety Plan – the plan was rec fety Committee had re-esta there are insufficient resou being developed to identify	h Hospital Cladding rep ed to Welsh Governmer ed completion date for t reived for assurance an ablished following an int urces to complete all way funding requirements	lacement. ht (WG) and he cladding d it ternal audit ater tests and to improve		

adequate service drawings, and this is being pursued by Capital colleagues.

- Health and Safety Newsletter was received for noting (appendix 1).
- Singleton Hospital Service Group Report was received for assurance.

Highlights from sub-groups reporting into this committee:

- Key Issues: Health and Safety Operational Group The report was received for assurance. Statutory and Mandatory training is being maintained, however compliance across the organisation ranges between 65% and 90%. Personal protective equipment supplies are good locally. Violence and aggression is the highest incident across the organisation.
- Due to the number of COVID-19 outbreaks, the Health and Safety Executive (HSE) requested a meeting, which took place on 19th October 2020. Overall the HSE were content with the measures that the health board had in place prior to the outbreak and the processes in place to identify areas. The HSE was also content where additional improvements can be made and the ability to share the learning across the health board.

Matters referred to other committees

Statutory and Mandatory training compliance be referred to Workforce and OD.

Date of next meeting	1 st April 2020

SWANSEA BAY UNIVERSITY HEALTH BOARD, HEALTH AND SAFETY NEWSLETTER SEPTEMBER 2020



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COVID-19

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WELCOME TO THE THIRD EDITION OF THE **HEALTH & SAFETY** NEWSLETTER









Coronavirus has been the major focus since March 2020, with the First Minister echoing Boris Johnson's statement on 23 March 2020, saying the Welsh Government now has to "introduce more, even tighter series of measures" described as **"unprecedented in peacetime"**.



This was a very clear message in that we should stay at home unless we are:-

- going out to exercise once a day, (alone or with members of our household),
- shopping for essential items (such as food or medicines but as infrequently as possible)
- caring for or assisting a vulnerable person in the community
- travelling to work (but only where this is absolutely necessary and cannot be done from home)

NEW HEALTH & SAFETY EMAIL

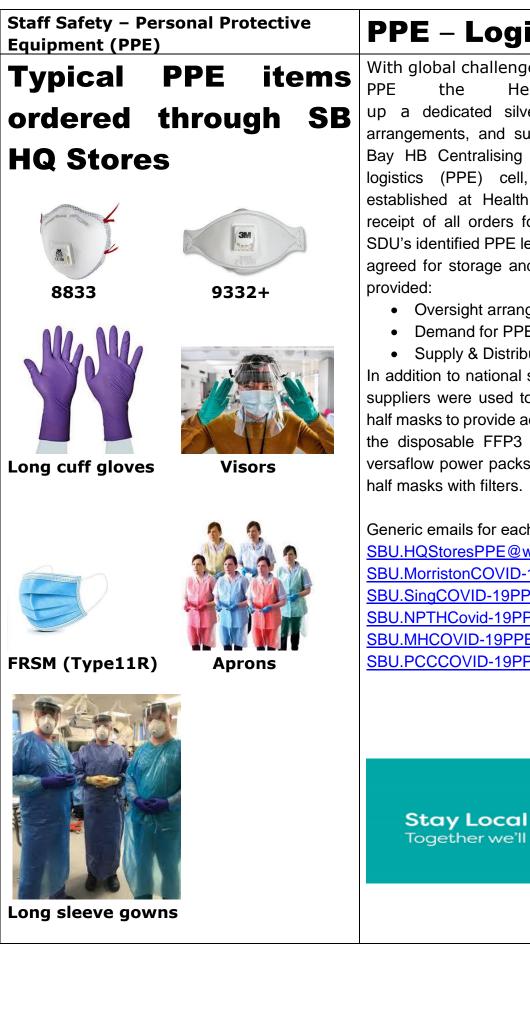
ADDRESS

We have introduced a new dedicated email address for all health and safety related queries, please direct queries to:

SBU.SwanseaBayHealthandSafety@wales.nhs.uk



Stay at Home, Protect the NHS, Save Lives



PPE – Logistic Cell

With global challenges to source and secure Health Board set up a dedicated silver PPE cell to oversee arrangements, and supply issues for Swansea Bay HB Centralising all ordering through the logistics (PPE) cell, with storage facilities established at Health Board headquarters for receipt of all orders for onward distribution. All SDU's identified PPE leads, with local focal points agreed for storage and distribution. This quickly

- Oversight arrangement
- Demand for PPE

Supply & Distribution (Locally & Nationally) In addition to national supplies a number of local suppliers were used to procure powered hoods, half masks to provide additional options for staff to the disposable FFP3 masks, with over 70 3M versaflow power packs, 200 hoods and 500 plus

Generic emails for each SDU's and HQ stores: SBU.HQStoresPPE@wales.nhs.uk SBU.MorristonCOVID-19PPE@wales.nhs.uk SBU.SingCOVID-19PPE@wales.nhs.uk SBU.NPTHCovid-19PPE@wales.nhs.uk SBU.MHCOVID-19PPE@wa;es.nhs.uk SBU.PCCCOVID-19PPE@wales.nhs.uk



Together we'll Keep Wales Safe

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PPE – HQ Stores



With the many changes and challenges of managing PPE for SB the stores at HQ were quickly introduced, hiring portacabins and marquee to ensure sufficient stocks of PPE were maintained. The introduction of the stores at HQ Baglan enabled SB to hold at least 5 days of most lines of PPE, dependent on local and national availability. The next step is to further enhance the ability to build local stock to account for future COVID-19 surges, winter pressures (influenza) and Brexit, to this end SB has agreed to facilitate the stores moving to the Bay Filed Hospital in October 2020. This will enable the HB to build up supplies and provide resilience should supplies globally be less fluid.

Fit Testing

Since March 2020 a programme of fit testing has been rolled out. Staff providing the training include cascade trainers, redeployed staff, trainee medical staff and volunteers and between them all the HB has significantly increase compliance in this area. With the changing guidance and the inconsistent supply of certain models of Filtering Face piece (FFP) 3 mask changing put a huge strain on providing appropriate fit testing to front line employees, so without the dedication of these groups staff would not have been able to undertake their duties where aerosol generating procedures (AGP) were taking place. In addition to the disposable FFP3 masks, as part of the HB strategy a number of half masks and hoods were purchased, providing alternatives to the disposable FFP3 mask as not all staff had successful fit testing on the disposable FFP3 modes available. The half masks have been prioritised based on a risk based approach, with critical care areas such as:

- Theatre
- Intensive Treatment Unit
- Emergency Department
- Burns & Plastics





National PPE guidance - Current guidance published that has been agreed by:

Nublic Health England



Academy of Medical Royal Colleges







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Additional considerations, in addition to standard infection prevention and control precautions.

Where there is sustained transmission of COVID-19, taking into account individual risk assessment for new and emerging pathogen, NHS and independent sector.

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid repellent coverall/gown	Surgical mask	Fluid-resistant (Type11R) surgical mask 4	Filtering face piece respirator 1,3	Eye/face protection
Any setting	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case2 (within 2 metres)	✓ single use3	✓ single use3	x	x	single use3	x	✓ single use3
Any setting	Performing an aerosol generating procedure on an individual that is not currently a possible or confirmed case2	single use3	x	✓ single use3	x	x	single use3	single use3

1. This may be single or reusable face/eye protection/full face visor or goggles. (Option for reusable filtering face piece respirator - half masks with filters)

2. A case is any individual meeting case definition for a possible or confirmed case:

<u>https://www.gov.uk/government/publications/wuhan-novel-</u> coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection

3. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).

4. Risk assess refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.

5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.

6. The full list of aerosol generating procedures (AGPs) is within the IPC guidance [note APGs are undergoing a further review at present].



Alert ref: CEM/CMO/2020/027 - Personal protective						
equipment	and	heat:	risk	of	heat	stress
https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103056						
CMO advice on Medical Masks and Face Coverings						

https://gov.wales/chief-medical-officers-advice-on-face-masks

Frequently Asked Questions

https://gov.wales/medical-masks-frequently-asked-questions

Daily COVID briefings from the Chief Executive and the Health Board Coronavirus (COVID-19) Co-ordination Centre, keeping staff informed of the latest information relating to COVID-19, so please visit the updates on the HB using the links:



CORONAVIRUS

http://abm.cymru.nhs.uk/intranet/bulletin.php?bulletin_id=13174



CORONAVIRUS – COVID-19 intranet information

Please visit the HB intranet site for COVID-19 related information: http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&pid=78026

Government pages for COVID-19

https://gov.wales/topic/980/latest

Decontamination and IPC

The healthcare environment and re-usable equipment may provide a reservoir for bacteria and other organisms, which may become a source of infection to vulnerable individuals. The environment and shared equipment should be decontaminated between uses following manufacturer's guidance;

Decontamination is a general term used to describe a combination of processes including cleaning, disinfecting or serialisation. The decontamination process is required to make medical devices and healthcare environments safe for patients, staff and visitors.

All healthcare workers should be aware of their responsibilities for maintaining a safe environment for patients, staff and visitors and address poor standards.

For further information or advice regarding environmental decontamination and/or cleaning: please email <u>abm.infectionpreventionandcontrolteam@wales.nhs.uk</u>

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Current Public Health COVID-19: infection prevention and control guidance, updated 18 June 2020 States the following:

For the latest updates on

in Wales, please visit:

Novel Coronavirus (COVID-19)

The increased frequency of incorporated into the schedules for all areas, environmental contamination frequently touched surfaces day wherever possible) should

1. surfaces such as medical locker tops, patient call bells,

decontamination/cleaning should be environmental decontamination including where there may be higher rates. Opportunities for cleaning of multiple times (more than twice a be taken, including for example:

equipment, door/toilet handles and over bed tables and bed rails must

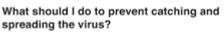
be cleaned at least twice daily, and when known to be contaminated with secretions, excretions or body fluids;

2. touch points in public areas such as lifts and corridor handrails; and

3. electronic equipment, including mobile phones, desk phones and other communication devices,

4. tablets, desktops, and keyboards (particularly where these are used by many people), should be decontaminated at least twice daily with 70% ethyl alcohol or product as specified by the manufacturer

NB. Gloves should be removed and hands decontaminated before touching equipment.





(then wash hands)

Avoid touching your eyes, nose and mouth with unwashed hands

away



Catch coughs and

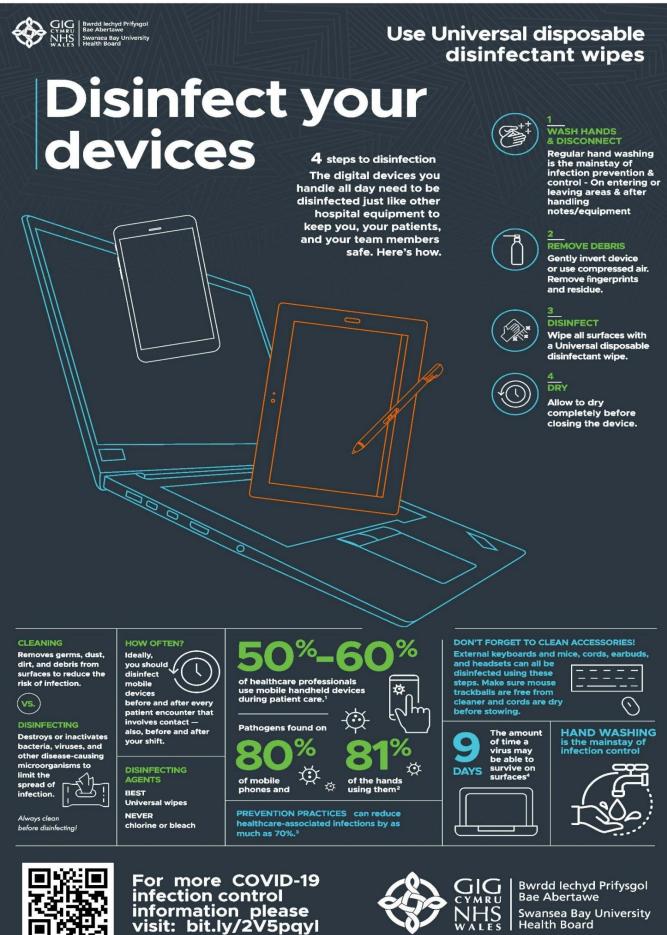
sneezes with disposable tissues











Swansea Bay University Health Board

NEWSLETTER

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PHYSICAL (Social) DISTANCING

Swansea Bay University Health Board has introduced a Physical Distancing Cell, which consists of corporate, service delivery units and trade unions.

The initial priorities of the cell are:

- Reviewing the date for gaps in
- Consideration further work compliance guidance



risk assessments completed to consistency and identify any assurance

on the operational guide and required full to ensure addressing further and any

- A review of clinical areas and identifying potential reasonable steps that can be taken to reduce the risk of nosocomial transmission
- Coordination of further risk assessment work required, including with partners in Primary care and local authorities where HB staff are located in other
- Coordinating •
- Working with • further
- Prioritising distancing the Health
- Identifying •
- Identify organisation.



premises

a communications approach with staff and public logistics (PPE) cell to consider the implications of guidance on PPE requirements

further requests for investment in physical measures to ensure a consistent approach across Board is met

cross Unit issues that require resolution

Good Practice and cascading this across the

The HB produced in conjunction with trade union colleagues a checklist for managers and

staff to use when conducting areas of work, this has been a generic risk assessment with from the health & safety team distancing cell.

To date a number of options introduced to facilitate the



assessments of their complemented with support available and the physical

been have requirements set out

in Coronavirus virus legislation. Working from home; rotations; long/short days.

https://gov.wales/coronavirus-legislation-and-guidance-law











WE NEED YOU!

If you have any ideas or suggestions for inclusion in future editions of this newsletter please let us know on SBU.SwanseaBayHealthandSafety@wales.nhs.uk

MORE INFORMATION

For queries or more information, please contact:

Mark Parsons, Assistant Director of Health & Safety

OR

Laurie Higgs, Head of Health & Safety



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SBU.SwanseaBayHealthandSafety@wales.nhs.uk