SA6 –The service implements and monitors systems to manage risks associated with hazardous substances and materials.

- a) Minimising risks from hazardous substances and materials is essential for patient and staff safety. This should apply not only to those substances labelled as hazardous, but also those that may carry a risk in certain circumstances, e.g. water management and the possibility of legionella issues. Good practice guidance suggests that policies and protocols for appropriate management should be developed, agreed, maintained and applied. Processes and protocols should be grounded in current best practice and reflect professional guidance and statutory requirements. A full list of risk assessments should be available to staff and others. Staff should be aware also of the protocols and how to access them, and any changes should be communicated to them.
- Effective management requires the definition and assessment of risks and the documented control of hazardous substances. The service should implement policies and procedures covering:
 - the safe storage, transportation, handling and use of each substance;
 - personal protective equipment;
 - the proper use of protective devices;
 - awareness of hazards and their implications;
 - appropriate ventilation; and
 - staff training.
- c) All new substances introduced into the service should be subject to risk assessment, with the results and implications of the assessment communicated to all relevant staff and management bodies.
- d) The service should implement policies for the safe and secure storage, collection, transportation and disposal of clinical and other waste, including processes to deal with sharps disposal, spillages, cleaning agents and discharges (see also standard statement FR1).
- e) Systems should be in place to ensure that the disposal of radioactive waste is undertaken in accordance with legislation and organisational policies. There should be robust processes in place for the safe storage of waste products prior to disposal. Robust documentation to support these systems must be in place.
- f) Protective equipment and clothing, including gowns, masks and gloves, must be provided for staff and others for use when handling hazardous substances and materials. Equipment should be appropriate for the substances handled, clean and properly maintained.
- g) Processes should be in place to ensure the decontamination of people following an incident. Those involved in an incident should be offered care and counselling.
- h) Processes should be in place to ensure effective cleaning and decontamination of equipment following an incident.
- i) Systems should be in place to ensure that spillage of radioactive material is managed, recorded, reported and investigated in accordance with legislation and organisational policies. Special

consideration may be required for the management of containment and contamination to clinical areas and personnel.

j) Incidents, including spillages, should be reported and recorded in accordance with legislation and organisational policies. Any incident or error which may affect patient care must be communicated without delay to the clinical team and the patient or their carer. All incidents should be investigated, with findings analysed and disseminated to staff. Resultant changes in practice must be communicated to staff.

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Legislation

The Waste Management Licensing (Scotland) Regulations 2011.

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The Control of Substances Hazardous to Health (Amendment) Regulations 2004.

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The Waste Management Licensing Regulations 1994. www.opsi.gov.uk/si/si1994/uksi_19941056_en_1.htm

The Personal Protective Equipment at Work Regulations 1992. www.opsi.gov.uk/si/si1992/Uksi_19922966_en_1.htm
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