Editorial

COSHH and the NHS

The Control of Substances Hazardous to Health (COSHH) regulations are in force as from 1 October 1989 and they are likely to have the most profound effect on health and safety since the Health and Safety at Work Act 1974. As most readers in the United Kingdom will be aware, the heart of the regulations is regulation 6 which forbids an employer to carry out any process that involves exposure to substances hazardous to health unless suitable and sufficient assessment of that process has been carried out and recorded. The regulations are so wide ranging that to all intents and purposes, virtually any chemical or biological substance likely to be encountered at work may be considered to fall within their remit.

The National Health Service (NHS) is the largest employer in Europe; indeed it has been said that it is the largest employer *anywhere* save only the Red Army and Indian Railways. Its size, however, is not everywhere matched by the excellence of the occupational health service which it provides for its employees as we have had cause to mention in the *Journal* before (1988;45:137-8). The COSHH regulations should, therefore, be seen by astute occupational health professionals as the means by which the awareness of health and safety matters may be brought much more to the front of the minds of administrators and managers; it has to be remembered that the regulations are, in effect, a management system and the responsibility for ensuring that they are complied with lies with management and not with occupational health professionals except in so far as their own departments are concerned.

The first task in raising awareness should be to ensure that assessments are undertaken. In informal discussions with both medical and nursing colleagues it is evident that not many health districts have given this much serious consideration and that some propose to give it no consideration at all. Some, and it is the minority, have developed their strategy and have undertaken preliminary or final assessments. After these assessments there will be the need to consider whether any form of environmental monitoring or health surveillance is required. It probably will be, at least for those exposed to glutaraldehyde and formal-

dehyde, to some solvents in laboratories and elsewhere, and for those working with experimental animals. Monitoring may be required in some operating theatres and recovery rooms to measure the levels of anaesthetic gases and some thought may have to be given to appropriate means of health surveillance for theatre staff and perhaps also for those handling cytotoxic drugs where these are not prepared centrally.

The other important aspects of COSHH are the requirements to control exposure by means which, so far as are reasonably practicable, do not include the provision of personal protective clothing and to provide information and training to all employees who are exposed to hazardous substances. Advice from occupational health personnel is likely to be required for both.

What then are the important implications of these regulations for the NHS and for occupational health departments within it? Firstly, administrators and managers must recognise that the regulations are not discretionary and their requirements must be met for them to stay within the law. Regrettably, the regulations do not require employers either to register with the Health and Safety Executive or to notify them that assessments have been made, although the assessments must be available for inspection. Nor are the penalties which may be exacted against employers who fail to comply likely to be sufficiently severe to act as a deterrent; it will almost certainly be cheaper to be fined than to comply.

One of the important things to follow from the regulations is that health authorities will have to identify a health and safety budget that is separate from any which they may have for an occupational health department. They should also make one of the most senior people within the authority responsible for seeing that managers and employees alike are complying with the regulations; this individual would be akin to directors of industrial concerns who are responsible to their boards for health and safety matters. Without firm management from the top, the regulations will not be given the attention they deserve and may quietly fade away.

The assessments so far carried out in health auth-

urities have shown that standards of work and house-keeping are somewhat less than adequate and a need for some long term monitoring seems inevitable. And since the regulations are not just a "one-off," but require further assessments each time new materials are introduced into the workplace and each time a work process changes, then the services of an industrial hygienist may be continuously in demand. These services may be bought in from one of the many firms of consultants springing up in the wake of COSHH, but another and more satisfactory option open to health authorities would be to appoint regional hygienists who would undertake assessment and audits in the districts within that region. The question of establishing one or more supraregional hygiene laboratories may also have to be considered but this would presumably have to be an initiative of the Department of Health and a quick response to this idea is not likely to be forthcoming. Scotland—as in so many other ways—is in advance of the rest of the country in that two of their health boards have hygienists already. The implications for health authorities then are that they will need to put up money for an identified health and safety budget, that a senior administrator must take responsibility for seeing that the regulations are complied with, and the appointment of industrial hygienists may have to be considered.

What about occupational health departments? Increasingly, they and the personnel within them will be looked to for an expert opinion on the toxicology and the risks to health of substances used by staff of the authority. They may also be seen as a point of reference by small companies outside the NHS. This will require that they have adequate access to data on which to base their opinions and the necessary training and experience to interpret these data. Sources of data will include data sheets which manufacturers are required to provide, journals, and text books; it will also be highly desirable to have a link with one of the current medical data bases. Adequate provision of

staff and computers seems indispensable for this task and so it does for record keeping. The regulations require that the results of monitoring are kept for at least five years; 30 years where records are available for identified individuals. The results of health surveillance have to be kept even longer; 30 years from the date of the last entry in the individual's notes. Given the rapid turnover of staff in the NHS and the massive movements between health authorities, some thought must be given to ensuring comparability of records and the means whereby COSHH records can accompany employees on their travels.

If occupational health personnel are to have the necessary skills to provide toxicological advice to managers then this will have to be reflected in their training and in their professional examinations. In some quarters toxicology is seen almost as an anachronism in the training of occupational physicians, but the COSHH regulations have emphasised how important this subject is. Unless occupational health personnel can show to their colleagues in other specialties that they have the expertise necessary for them to act as advisers then managers and administrators may well turn elsewhere for help and guidance to the serious detriment of occupational health within the NHS.

Finally, surely the COSHH regulations make plain that the Department of Health has finally to declare that it accepts a commitment for the health and safety of those it employs and it should place a duty on all health authorities to see that the highest standards of occupational health are provided. The time is long overdue for the establishment of a national occupational health service, with adequate training for occupational physicians and nurses within it, with common standards, and common aims. Perhaps the shadow of COSHH over the NHS will provide the stimulus to discuss how such a service could be established and run.

H A WALDRON
Editor