

# Trust Policy for the use and safe handling of Formaldehyde & Formalin Solutions

Version No: 1

## Document Summary:

This policy undertakes to give staff who work with, require supply of or are in the vicinity of formaldehyde and/or formalin solution, information to maintain a safe working environment. This is achieved by ensuring exposure levels are kept within statutory limits. Details of how to deal with Formaldehyde/Formalin spillage and air monitoring requirements are also included

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<b>Accountable Director</b>	Director of Estates & Facilities	
<b>Policy Author</b>	Cellular Pathology Health and Safety Lead Head of Health, Safety and Asbestos	
<b>Target audience</b>	All staff	

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## Document Control

[Author to complete all sections apart from Section 4 & 5]

### Section 1 – Document Information

<b>Title</b>	Trust Policy for the use and safe handling of Formaldehyde & Formalin Solutions
<b>Directorate</b>	Quality & Risk
<b>Brief Description of amendments</b>	
This policy has been merged onto the new MWL template and superseded. <i>Please state if a document has been superseded.</i>	
<b>Does the document follow the Trust agreed format?</b>	Yes
<b>Are all mandatory headings complete?</b>	Yes
<b>Does the document outline clearly the monitoring compliance and performance management?</b>	Yes
<b>Equality Analysis completed?</b>	Yes
<b>Data Protection Impact Analysis completed?</b>	Yes

### Section 2 – Consultation Information\*

\*Please remember to consult with all services provided by the Trust, including Community & Primary Care

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### Section 3 – Version Control

Version	Date Approved	Brief Summary of Changes
1.0	11/06/2025	Policy merged to MWL template
	Click here to enter a date.	
	Click here to enter a date.	
	Click here to enter a date.	

### Section 4 – Approval – *To be completed by Document Control*

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## 1. Scope

This Policy applies to all staff employed by or who work on behalf of MWL Teaching Hospitals NHS Trust who work with or in the vicinity of formaldehyde/ formalin solutions. This Policy provides information on the safe use of formaldehyde/formalin solutions to ensure workplace exposure limits (WEL) are not exceeded and associated occupational ill health is reduced to the lowest possible level.

## 2. Introduction

Formaldehyde and formalin solutions are used as a fixative for tissue preservation to enable samples to be assessed by Pathology for diagnostic purposes.

The current workplace exposure limit (WEL) for formaldehyde is two parts per million (2ppm), time weighted average over eight hours. The short-term limit (averaged over ten minutes) is 2ppm. **See Health & Safety Executive website for more detailed information (EH 40).**

This Policy will enable the Trust to minimise the risks from hazardous substances and comply with the legal obligations imposed by 'The Control of Substances Hazardous to Health Regulations 2002' (COSHH)' (See Trust COSHH Policy via Trust intranet).

Formaldehyde is a 40% solution (only used within the Pathology Department for decontamination purposes) whilst 10% neutral buffered formalin is a solution supplied to departments in pre-filled specimen pots for sample fixation. These solutions are supplied by an external supplier to the Histology department and distributed by Medirest drivers.

### **Classification of the substance or mixture according to Regulation (EC) No1272/2008**

- H332- Acute Toxicity Category 4
- H317- Skin Sensitizer Category 1
- H341- Mutagen Category 2
- H350- Carcinogen Category 1B

The main risks associated with Formaldehyde solutions are:

- H302 – Harmful if swallowed
- H312 – Harmful in contact with skin
- H331 – Toxic if inhaled
- H315 - Causes skin irritation
- H319 - Causes serious eye irritation
- H317 - May cause an allergic reaction
- H335 - May cause respiratory irritation
- H351 - Suspected of causing cancer
- H341 – Suspect of causing genetic defects

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- Reproductive toxicity- evidence but not sufficient for classification
- Mutagenicity - evidence but not sufficient for classification

### 3. Statement of Intent

In accordance with the statutory requirements of the Control of Substances Hazardous to Health Regulations 2002, the Trust undertakes to prevent, or at least control to within statutory limits, exposure of staff, service users and visitors to substances that are hazardous to health. As far as reasonably practicable working practice will keep exposure limits below the maximum statutory limits.

The Trust will ensure risk assessments are undertaken for all work activities involving formaldehyde solutions, and control exposure through a hierarchy of elimination, substitution, engineering and training means. If exposure cannot be adequately controlled by these means, appropriate personal protective equipment (PPE) will be provided free of charge after consultation with employees or their representatives.

### 4. Definitions

List and define any specific terms that are used in your document. A clear concise explanation should be given, with enough detail to ensure members of staff not familiar with the terminology used can understand it

Term/Abbreviation	Definition/meaning
<b>Formaldehyde Solutions</b>	Colourless liquids with a characteristic pungent, irritating odour – Any solutions made up using formaldehyde: This will include <ul style="list-style-type: none"> <li>• 10% Neutral Buffered Formalin</li> <li>• 10% Formal Saline</li> <li>• 40% Formaldehyde</li> </ul>
<b>Competent Person</b>	A competent person is someone with enough training and expertise or knowledge and other qualities to assess, advise or implement safety measures properly
<b>Pathology Department</b>	Cellular Pathology Department, Blood Science Department and Microbiology Department
<b>Histology Department</b>	Part of the Cellular Pathology Department responsible for diagnosis of tissue samples

### 5. Duties, Accountabilities and Responsibilities

The Chief Executive and Trust Board are responsible for ensuring that substances hazardous to health within the work environment do not cause damage to health. To achieve this they will ensure that throughout the Trust appropriate measures are in place and resources are allocated to comply with legislation and prevent harm.

#### 5.1 The Director of Corporate Services

The Director of Corporate Services has delegated responsibility for ensuring the Trust has in place appropriate policies and procedures for the management and control of work with substances hazardous to health. In particular for:

- Ensuring resources are in place to ensure engineering controls are properly

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maintained and monitored by planned preventive maintenance and regular monitoring to ensure continued effectiveness.

- Ensuring engineering controls and other forms of control measures are implemented in preference to the use of personal protective equipment (PPE), and where PPE is used, it is used as a last resort and back-up measure to other control measures.
- Ensuring facilities are available to store employee health records of all exposure to substances hazardous to health for a minimum of 40 years.

The Director of Corporate Services delegates the duty to manage these to the Head of Non-Clinical Risk Management.

## 5.2 Head of Non-Clinical Risk Management

The Head of Non-Clinical Risk Management has delegated responsibility for ensuring the Trust has in place appropriate policies and procedures for the management and control of work with substances hazardous to health. In particular:

- Providing advice on the elimination or controlling exposure to substances hazardous to health.
- Ensuring the Trust employs or has access to competent persons to carry out risk assessments of the exposure to substances hazardous to health and advise on their control.
- Ensuring arrangements are in place for PPE to be carefully assessed and maintained according to manufacturer's instructions.
- Ensuring qualified professionals carry out health surveillance, and ensure employees are informed of any monitoring and health surveillance results.

## 5.3 Directors, Assistant Directors, Directorate & Departmental Managers

Directors, Assistant Directors, Directorate and Departmental Managers are responsible for ensuring that within their area of responsibility:

- Competent staff are appointed to conduct risk assessments
- Appropriate measures to prevent harm are in place in line with the outcome of risk assessments
- They follow the Trust's Risk Management Policy

## 5.4 Supervisory Staff

Supervisory Staff are responsible for the implementation and monitoring of this Policy in areas under their managerial responsibility. They are responsible for:

- Ensuring risk assessments are undertaken for all operations which involve, or may involve, exposure to formaldehyde solutions.
- Ensuring control measures and safe work procedures are in place and implemented to eliminate exposure, or if this is not possible, to at least minimise exposure to levels within statutory limits.
- Maintaining an inventory of all substances hazardous to health in each workplace,

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and maintaining up to date hazard information (Material Safety Data Sheets) on formaldehyde solutions within the area they are used.

- Ensure safe storage of Formaldehyde solutions.
- Reviewing any system of work, supervision system or any other similar measure intended to manage or control exposure to formaldehyde solutions at suitable intervals and revise if necessary.
- Where the use of PPE is necessary, ensuring that appropriate PPE is provided free to employees and others who may be at risk from formaldehyde solutions and that this is worn correctly.
- Informing all employees and others who may work or be present in the affected areas of the purpose and safe operation of all products and appropriate controls that are in place to eliminate or reduce risk
- Reviewing COSHH assessments annually, and reassessing all operations using formaldehyde/formalin at least every three years (See Trust COSHH Policy) Sending copies of the risk assessment to the authors of this policy, along with any changes to storage facilities: [John.Buck@MerseyWestLancs.nhs.uk](mailto:John.Buck@MerseyWestLancs.nhs.uk) and [Emma.Stopford@MerseyWestLancs.nhs.uk](mailto:Emma.Stopford@MerseyWestLancs.nhs.uk)
- Ensuring all employees are provided with understandable information and appropriate training on the nature of the formaldehyde solutions they work with.

### 5.5 All Employees

Have a duty to safeguard their own health safety and welfare, and that of others, in particular by:

- Co-operating with the Trust to enable compliance with legal requirements.
- Taking reasonable care, and use all control measures provided in the interest of health and safety.
- Reporting any dangerous incident involving formaldehyde solutions in accordance with Trust policies.
- Following safe working procedures whilst working with formaldehyde solutions as identified in relevant risk assessments.
- Wearing any personal protective clothing or equipment (PPE) provided in the interests of health and safety.
- Highlighting to managers any concerns they may have in relation to work with formaldehyde solutions
- Reporting any COSHH related incident or accident involving formaldehyde solutions via InPhase and to the authors of this policy [John.Buck@MerseyWestLancs.nhs.uk](mailto:John.Buck@MerseyWestLancs.nhs.uk) and [Emma.Stopford@MerseyWestLancs.nhs.uk](mailto:Emma.Stopford@MerseyWestLancs.nhs.uk)
- Highlighting to their Manager, Non-Clinical Risk Management Department and Health Work & Well Being Department any symptoms which may suggest sensitisation to formaldehyde solutions.
- Attending any training as required.

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## 5.6 Health, Work and Wellbeing (HWWB)

The department shall provide a health surveillance service to the Trust for staff working with formaldehyde solutions.

## 6. Procedure for supply, storage, use and disposal of products containing formaldehyde

### 6.1 Procedure for supply

Pre-filled containers of 10% neutral buffered formalin will only be ordered through Trust SBS ordering system from the catalogue of the commercial company by senior staff within the Histology Department and supplied to the following areas (Table 1, see overleaf) in the Trust by the Histology Department or pathology at Southport and Ormskirk. They will be available in containers various sizes. The pre filled specimen pots contain 60% of nominal capacity, e.g. 1.5ltr in a 2.5ltr specimen pot.

Request for supplies will be done via generic e-mail - Formalinpots Request (FormalinPots.Request@sthk.nhs.uk) this email will be acted on each morning by the person on the chemical supply rota in histology. The requested formalin pots will be returned to the requesting department in the next corresponding sample bag available or placed in the stock collection area for transportation by Medirest (Table 1). A confirmation e-mail will be sent to the requester. If the computer system is not available ring the Histology Department on 0151 430 1828.

For supply of Versapak delivery bags requests can be made via generic email Formalinpots Request or by contacting senior staff in Histology Department on 0151 430 1828.

Any areas outside of these requiring specimen pots of 10% neutral buffered formalin must contact the Histology Department and following a risk assessment and implementation of any actions required the requester will be supplied with the necessary pots and their details added to the table as detailed overleaf.

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### 6.1.1 Department type of specimen pots supplied and delivery method

Summary table

Site	Department	Type of container	Max Quantity
Whiston	Endoscopy	60ml yellow	100
	Holbrook Theatre	60ml yellow	75
		120ml orange	20
		250ml	4
	Main Theatre	2.5L	6
		60ml yellow	75
		120ml orange	50
	Radiology	60ml yellow	25
	Ward 2A	60ml yellow	10
St. Helens	Oral Surgery	60ml yellow	25
	Gynae OPD	60ml yellow	TBC
	Endoscopy	60ml yellow	100
	Colposcopy	60ml yellow	100
	Dermatology	60ml yellow	50
	Mohs	60ml yellow	25
	Out Patients	60ml yellow	25
	Burney Breast	60ml yellow	25
	Main Theatre	60ml yellow	100
		120ml orange	100
		250ml pots	20
		500ml pots	10
		1L	6
		2.5L	4
	Minor Ops	60ml yellow	25
	Urology	60ml yellow	25
	Gynae OPD	60ml yellow	200
	Oral Surgery	60ml yellow	100
Southport and Ormskirk	Endoscopy	60ml yellow	150
	Radiology	60ml yellow	TBC
	Dermatology	60ml yellow	100
	Urology	60ml yellow	75
	Gynae OPD	60ml yellow	50
	Theatres	1L	4
		2.5L	8
	GP's	60ml yellow	25
Rainford	Fairfield Theatre	2.5L	2
		60ml yellow	25
		120ml orange	10
Knowsley	Aston Health Care Centre	60ml yellow	25
St. Helens	Long View Medical Centre	60ml yellow	25
Skelmersdale	Hillside Health Centre	60ml yellow	25
Huyton	Hall Street Surgery	60ml yellow	25
Widnes	Highfield Health	60ml yellow	TBC
Newton Community	OPD	60ml yellow	150

#### 6.1.1.1 Delivery/Transport

Formalin pots are delivered to the outside Histology hazardous chemical store located on the ground floor of Nightingale House by a registered commercial company. Stock is taken from this store by theatre and pathology staff as required.

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Formaldehyde solutions must only be transported by Trust employees or employees of companies with a service level agreement (SLA) in place that have been risk assessed and provided with information, instruction and training in the risk created by exposure to and the hazards related to formaldehyde solutions and the precautions to take for protection against these and procedures to follow in an emergency.

Medirest drivers regularly collect boxes of Formalin pots from the main pathology specimen reception and deliver to the required destinations. All boxes of Formalin pots over 1L in size must be placed inside an additional safety transport box which should be present in the vehicle. This transport box should contain a formalin neutraliser pad and be clearly labelled with the contents and safety information, to prevent an incident in case of Formalin spillage. Each van delivering Formalin pots/histology specimens should also contain an adequate spill kit. Transport of this box to and from the destination should be facilitated with the use of a 4-sided trolley or strapped to a flatbed trolley.

To return samples in specimen pots containing 10% neutral buffered formalin to the histology department for diagnostic procedures, the sample pots are to be placed in orange histology specimen bags containing absorbent material and then transported in Versapak bags containing neutralising spillage pads. Theatre trolleys are in place for the transport of specimens from Main theatre Whiston Hospital. The condition of these trolleys must be monitored by Theatres and will form part of the annual audit undertaken by the Histology Department. If neutralising spillage pads are not present in the Theatre trolley or Versapak bag, please contact the Histology department on 0151 430 1828 for replacement. An audit will be carried out by the Histology department on the Versapak transport bags annually to monitor this.

## **THE PNEUMATIC AIR TUBE SYSTEM IS NOT A SAFE MEANS OF TRANSPORT AND MUST NOT BE USED FOR TISSUE SAMPLES.**

See trust policy Transportation of Pathology Specimens

### **6.1.1.2 Storage of Formaldehyde Solutions**

- The stock of formaldehyde solutions will be stored in the hazardous chemical store in Pathology Nightingale House.
- Access to this area will be via Pathology stores.
- Prefilled formalin pots must be always stored upright in secure conditions to prevent unauthorised access to the solution.
- Prefilled pots will be stored under extraction where practicable or in outside hazardous chemical store in Pathology Nightingale House. Pre-filled pots containing formaldehyde solutions over 250ml must be stored under these conditions.

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- Strict stock control must be employed to keep stock levels in local areas to a minimum. This will be managed by named members of staff in each department, the names of who will be supplied to the authors of this Policy [John.Buck@MerseyWestLancs.nhs.uk](mailto:John.Buck@MerseyWestLancs.nhs.uk) and [Emma.Stopford@MerseyWestLancs.nhs.uk](mailto:Emma.Stopford@MerseyWestLancs.nhs.uk)
- This will be retained and reviewed during the annual formalin audit.
- If there is any excess or out of date stock these are to be returned to the Histology Department Nightingale House Whiston Hospital, by contacting the department on 0151 430 1828 and then via the usual transport method for the department (table 1).
- Department managers must ensure safe storage of their stock of Formalin pots on receipt.

#### 6.1.1.3 St. Helens Theatre

Specimen pots are to be requested via generic e-mail Formalinpots Request ([FormalinPots.Request@sthk.nhs.uk](mailto:FormalinPots.Request@sthk.nhs.uk)) or if the computer systems are not available ring the Histology Department on 0151 430 1828.

#### 6.1.1.4 Whiston Main Theatres

Pre-filled pots will be collected as required by the theatre porters from the outside Histology hazardous chemical store located on the ground floor of Nightingale House Access is via Pathology stores. The key can be obtained from staff in Pathology stores. The chemical destination log must be completed and signed, and the hazardous chemical store locked on leaving.

#### 6.1.1.5 Southport and Ormskirk Hospital Trust (SOHT)

Prefilled pots are delivered to SOHT site by a registered commercial company. They are received into the Pathology storage area and stored in extraction cabinets.

#### 6.1.1.6 Use and Disposal of Products Containing Formaldehyde Solutions

##### **Control measures for safe handling**

- A formal written assessment of the risks associated with the use and handling of the solution must be made by the department wishing to use the formaldehyde solution prior to its introduction into the workplace. This must be updated in line with the Trust Risk Policy and a copy sent to the lead biomedical scientist in Histology.
- A COSHH assessment must be completed by the department using the formaldehyde solution before the substance is put into use.
- Any control measures identified during the COSHH assessment must be in situ before the substance is used.
- Any change in work practice involving formaldehyde solutions also requires the completion or review of the COSHH assessment.
- Before any employee works with formaldehyde solutions they must be provided with information, instruction and training in the risk created by exposure to and the

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hazards related to formaldehyde solution as well as the precautions to take for protection against these and the procedures to follow in an emergency.

- Training in the safe handling and spillage procedure is essential for all staff before they use formaldehyde solutions.

## Disposal of Formaldehyde Solutions

- Excess amounts of formaldehyde solution should be returned to the Histology Department for disposal by registered specialist waste disposal company.

### 6.1.1.7 Personal Protective Equipment (PPE)

When working with formaldehyde solutions, personal protective equipment including impermeable gloves (non-latex level III), clothes protectors and eye protection must be worn. As part of the risk assessment for the introduction of formaldehyde solutions to an area, the air will be monitored to assess that the practice does not increase the level of exposure above statutory limits.

Powered Air Purifying Respirator (PAPR), Sundstrom SR500 fitted with appropriate filters (Sundstrom gas filter SR515ABE1) must be worn when adequate ventilation or extraction is not present. These are in the Histology Department cut up laboratory at Whiston Hospital, mortuary at Whiston hospital and the Mohs Laboratory St Helens Hospital.

Damaged gloves must be replaced immediately. Gloves must be rinsed with cold water before removal and disposal into clinical waste. Any contaminated PPE must be removed immediately and placed in a sealed Bitran bag for disposal (see Disposal information).

### 6.1.1.8 Safe Practice when working with Formaldehyde Solutions

- Always work in an area where exposure has been assessed to have adequate ventilation or extraction for the processes being performed.
- Always wear PPE (see 6.1.1.7) including goggles and gloves.
- Always work carefully and calmly in a clear area to prevent drips, splatters and overflows onto surfaces.
- Use commercially available formalin neutraliser pads where appropriate. These must be disposed of following use by sealing in a Bitran bag and sent for incineration.
- Frequent cleaning of surfaces with cold water to remove any splashes. Only **COLD** water must be used to prevent release of formalin vapours.
- Correct storage and the tight sealing of containers must be carried out.
- Careful monitoring of all work areas.
- Eye wash stations available in areas where formaldehyde solutions are in use.
- Down-draught ventilation for prolonged usage and extracted cupboards for storage in laboratory areas.
- Good ventilation in areas of low usage.

**The recommended procedure is as follows:**

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- Formaldehyde solution should wherever practicable be used over extraction.
- Along with the correct patient identifiers (PID) specimen pots should be clearly labelled so that they contain a 'formaldehyde solution' and apply appropriate hazard warning signs.



- The correct size pot must be used for the specimen. Each pot is 60% filled with formaldehyde solution.
- The lid of the specimen pot should be replaced immediately after use to avoid the build-up of fumes in the room and risk of spillage. The lid must be checked that it is secure and not cross threaded before being sent to the Histology Department.

#### 6.1.1.9 Health Surveillance

- Staff working in the Histology Department should have a baseline lung function test completed in Health Work and Wellbeing at the start of their contract. This will be monitored annually while they are working with formaldehyde solutions.
- Staff who experience discomfort whilst using any formaldehyde solution should report to the Health Work and Wellbeing Department.
- Any staff that is exposed to formaldehyde solution on a regular basis will be required to attend the Health Work and Wellbeing Department for health surveillance. A base line lung function reading will be taken by the Health Work and Wellbeing Department for all staff before they start work with Formaldehyde solution. The Health Work and Wellbeing Department will initiate annual surveillance for staff working with formaldehyde solutions. If there are any changes in practice or staff are concerned about their lung function they must contact the Health Work and Wellbeing Department.

#### 6.1.1.10 Air Monitoring

A programme of monitoring the atmospheric concentration of formaldehyde in the air should take place annually in areas of high usage, when there are any changes to procedures that may influence the atmospheric concentration of formaldehyde or a risk assessment of the area of usage is performed.

For the Histology Department, a continual air monitoring system is in place which alarms when the exposure limit has been breached. Readings are automatically taken in areas of high use of Formaldehyde solutions every 5 minutes and this data is collected and reviewed on a weekly basis.

Copies of all reports are to be sent to the authors of this Policy.

[John.Buck@MerseyWestLancs.nhs.uk](mailto:John.Buck@MerseyWestLancs.nhs.uk) and [Emma.Stopford@MerseyWestLancs.nhs.uk](mailto:Emma.Stopford@MerseyWestLancs.nhs.uk)

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#### 6.1.1.11 Dealing with Spillage of Formaldehyde Solutions

- All users of formaldehyde solutions must be trained and provided with information, instruction and training in the risk created by exposure to and the hazards related to formaldehyde solution as well as the precautions to take for protection against these and they must be competent in assessing and dealing with a formaldehyde solution spillage.
- All users of formaldehyde solutions must have access to an emergency spillage kit which contains PPE; including goggles, gloves resistant to formaldehyde solutions, clothes protection and absorbent material including neutralising pads.
- The spillage kit must be in the vicinity of, but not where the process takes place and should be easily visible and accessible.
- In the event of a spillage of a formaldehyde solution the area should be evacuated and access restricted.
- The spillage must be assessed by a competent person.
- Each area should have key named personnel who are trained and competent in assessment and classed as competent persons.

The list of key trainers must be supplied to [John.Buck@MerseyWestLancs.nhs.uk](mailto:John.Buck@MerseyWestLancs.nhs.uk) and [Emma.Stopford@MerseyWestLancs.nhs.uk](mailto:Emma.Stopford@MerseyWestLancs.nhs.uk) and will be audited as part of the annual internal audit on the Pathology Quality Management System.

- Evacuate and prevent access to the area
- If the assessment is made by the competent person that the spillage can be cleared in-house this can be completed using the spillage kit.
- Persons must not enter the area where the spillage has occurred without the necessary personal protective equipment and permission from competent member of staff to re-enter.
- Never attempt to clear up a spillage on your own always get help from staff who have been assessed in the use of formaldehyde solutions and the emergency spillage kit.
- For areas where ventilation is inadequate there are Powered Air Purifying Respirator (PAPR), Sundstrom SR500 available within Histology Department for use with formaldehyde solution spillages. The Histology Department is open from 08.00 to 20.00, outside those times the PAPR can be accessed through Pathology Specimen Reception.
- In areas where a significant amount of formaldehyde solutions are used, staff must be trained in the use of a Sundstrom SR500 PAPR or have been fit tested to a disposable or reusable FFP3 mask.
- Any waste must be placed in disposal bag correctly labelled with correct CHIP pictograms and sent to Histology Department for disposal. Contact the department on 0151 430 1828

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If following assessment by a competent person the spillage cannot be cleared in-house;

- Contact the fire service on 9 999
- Escalate the incident to Manager in charge of the Department
- Be ready to give as much information as possible:
  - Type of chemical spillage and hazards attached to chemical.
  - The exact location of spillage
  - The approximate amount of chemical involved.
  - Use the internal HAZMAT incident data form to record information passed on and information received. **Appendix B**
- If further evacuation is necessary or advised by fire service, evacuate to a place of safety by the nearest available route or exit, (refer to the evacuation procedure for your area)
- Phone switchboard on 3333 to give details and follow trust fire policy evacuation procedure.

NB.

Senior person in the department will hold a 'hot debrief' immediately after the conclusion of the response to ascertain the sequence of events, what went well and any improvements to be made. A brief report containing any actions will be compiled for senior management with a copy sent to Head of Non-Clinical Risk Management.

## 7. Training

All staff using formaldehyde solutions must receive training in the hazards and safe handling of the solutions as well as the procedure to follow in the event of a spillage. Competent Staff from Histology Department will deliver training to key trainers in each area where formaldehyde solutions are used, which will include all aspects discussed in this policy. Key trainers will then be responsible for establishing a robust training and assessment programme within their department. Compliance with this training should be managed by the department locally.

Training will be audited by the department using the formaldehyde solutions and as part of the annual internal audit on the Pathology Quality Management System. Training of key trainers in your area can be arranged by emailing

[Emma.Stopford@MerseyWestLancs.nhs.uk](mailto:Emma.Stopford@MerseyWestLancs.nhs.uk)

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What aspect/s of this policy will require staff training?	Which staff groups require this training?	Is this training covered in the Trust's Statutory & Mandatory Training Policy?	If no, how will the training be delivered?	Who will deliver the training?	How often will staff require training	Who will ensure and monitor that staff have this training
Safe handling, use and disposal	Any member of staff who transport or handle Formaldehyde solutions	No - local training to be provided by key trainer	Key trainers to be trained and cascade training to staff in their work areas	Histology staff to key trainers, key trainers to their staff	Every year, key trainer training every 2 years	Local department management and monitoring of training
Spillage	Any member of staff who transport or handle Formaldehyde solutions	No - local training to be provided by key trainer	Key trainers to be trained and cascade training to staff in their work areas	Histology staff to key trainers, key trainers to their staff	Every year, key trainer training every 2 years	Local department management and monitoring of training

## 8. Monitoring Compliance

This policy will be available on the Trust intranet and will be a controlled document via the Pathology Quality Management System. Full adherence to the policy will be implemented one calendar month after authorisation. Audit of compliance will be undertaken as part of the Cellular Pathology annual internal audit system and stored on the Pathology Quality Management System

### 8.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1.	Completion of competency training Frequency of Review - 12 months Lead – Departmental Manager
2.	Atmospheric concentration of formaldehyde monitoring Frequency of Review – 12 months Lead – Departmental Manager



## 8.2 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
All staff working with Formaldehyde solutions must be trained and competent.	Annual review of competency at Appraisal	Departmental manager	Annual	Trust Health and Safety committee	Departmental manager
Measurement of atmospheric concentration of formaldehyde	Report to departmental health and safety meeting	Departmental manager	Annual	Trust Health and Safety committee	Departmental manager

## 9. References/Bibliography/Relevant Legislation/National Guidelines

No	Reference
1.	Health and Safety Executive (EH40/2005 with amendments Jan 2020) Workplace exposure limits
2.	HSAC Safe working and the prevention of infection in clinical laboratories and similar facilities 2003
3.	HSE – Safe use of pneumatic air tube transport system for pathology specimens. Information sheet MISC186, 1999
4.	Health Surveillances at Work – HSG62, 2nd Edition, 1999
5.	The Control of Substances Hazardous to Health Regulations 2002
6.	Management of Health and Safety at Work Regulations 1999

## 10. Related Trust Documents

No	Related Document
1.	Control or Substance Hazardous to Health (COSHH)
2.	Procedure for the Transport of Specimen's
3.	Fire Policy

## 11. Equality Analysis Screening Tool

The EIA screening must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process. Where the screening identifies that a full EIA needs to be completed, please use the full EIA template.

The completed EIA screening form must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Head of Patient Inclusion and Experience for monitoring purposes via the following email, [patientedi@merseywestlancs.nhs.uk](mailto:patientedi@merseywestlancs.nhs.uk). If the assessment is related to workforce a copy should be sent to the workforce Head of Equality, Diversity and Inclusion for workforce [equality&diversity@merseywestlancs.nhs.uk](mailto:equality&diversity@merseywestlancs.nhs.uk).

If this screening assessment indicates that discrimination could potentially be introduced then seek advice from either the Head of Patient Inclusion and Experience or Head of Equality, Diversity (Workforce) and Inclusion.

A full equality impact assessment must be considered on any cost improvement schemes, organisational changes or service changes that could have an impact on patients or staff.

<b>Title of function</b>	Trust Policy for the use and safe handling of Formaldehyde & Formalin Solutions
<b>Brief description of function to be assessed</b>	
<b>Date of assessment</b>	18/02/2025
<b>Lead Executive Director</b>	Nicola Bunce
<b>Name of assessor</b>	John Buck
<b>Job title of assessor</b>	Head of Health, Safety and Asbestos

### Equality, Diversity & Inclusion

Does the policy/proposal:

- 1) Have the potential to or will in practice, discriminate against equality groups
- 2) Promote equality of opportunity, or foster good relations between equality groups?
- 3) Where there is potential unlawful discrimination, is this justifiable?

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	Negative Impact	Positive Impact	Justification/ evidence and data source
Age	No	Unknown	
Disability	No	Unknown	
Gender reassignment	No	Unknown	
Pregnancy or maternity	No	Unknown	
Race	No	Unknown	
Religion or belief	No	Unknown	
Sex	No	Unknown	
Sexual orientation	No	Unknown	

## Human Rights

Is the policy/proposal infringing on the Human Rights of individuals or groups?

	Negative Impact	Positive Impact	Justification/ evidence and data source
Right to life	No	Unknown	
Right to be free from inhumane or degrading treatment	No	Unknown	
Right to Liberty/security	No	Unknown	
Right to privacy/family life, home and correspondence	No	Unknown	
Right to freedom of Thought/conscience	No	Unknown	
Right to Freedom of expression	No	Unknown	
Right to a fair trial	No	Unknown	

## Health Inequalities

Is the policy/proposal addressing health inequalities and are there potential or actual negative impact on health inequality groups, or positive impacts? Where there is potential unlawful impacts is this justifiable.

	Negative Impact	Positive Impact	Justification/ evidence and data source
Deprived Populations	No	Unknown	
Inclusion health groups	No	Unknown	
5 child clinical areas	No	Unknown	
5 adult clinical areas	No	Unknown	

## Outcome

After completing all of the above sections, please review the responses and consider the outcome.

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<b>Is a full EIA required?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Please include rationale:
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**Sign off**

<b>Name of approving manager</b>	John Buck
<b>Job title of approving manager</b>	Head of Health, Safety and Asbestos
<b>Date approved</b>	18/02/2025

## 12. Data Protection Impact Assessment Screening Tool

If you answer **YES** or **UNSURE** to any of the questions below a full Data Protection Impact Assessment will need to be completed in line with Trust policy.

	Yes	No	Unsure	Comments - Document initial comments on the issue and the privacy impacts or clarification why it is not an issue
Is the information about individuals likely to raise privacy concerns or expectations e.g. health records, criminal records or other information people would consider particularly private?		x		
Will the procedural document lead to the collection of new information about individuals?		x		
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		x		
Will the implementation of the procedural document require you to contact individuals in ways which they may find intrusive?		x		
Will the information about individuals be disclosed to organisations or people who have not previously had routine access to the information?		x		
Does the procedural document involve you using new technology which might be perceived as being intrusive? e.g. biometrics or facial recognition		x		
Will the procedural document result in you making decisions or taking action against individuals in ways which can have a significant impact on them?		x		
Will the implementation of the procedural document compel individuals to provide information about themselves?		x		

Sign off if no requirement to continue with Data Protection Impact Assessment:  
Confirmation that the responses to the above questions are all NO and therefore there is no requirement to continue with the Data Protection Impact Assessment

**Policy author**

**John Buck**

**Date 18/02/2025**

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### 13. Appendix 1 – Audit Form

Audit form to be completed quarterly any Versapak transport bags that do not meet the required standard must be updated at time of Audit.

Versapak bag number	Destination labels in place and correct	Condition of bag including seals	Bag contains formalin neutralising spillage pad	Signature

### 14. Appendix 2 – Internal HAZMAT Incident Data Form

**Internal HAZMAT Incident Data Form**  
**Complete this form as far as possible and communicate the information to Emergency Services/ HAZMAT Officer.**

Incident Date		HAZMAT Officer name	
Incident Time		Hazmat contact number	
Time 9999 Phoned		Contact number	

Incident Location	
Incident Nature	
Chemical Involved, if known	

Known Hazards of Chemical Involved. See MSDS AND HAZMAT list.			
UN Number if known see attached HAZMAT sheet appendix 1			
Quantity of Chemical Involved, Estimate if not Known			
Known Hazards of Chemical Involved see attached HAZMAT sheet appendix 1			
Estimated Number of Casualties			
Type of Injuries			
	<b>Information Received from Emergency Services / HAZMAT Officer</b>		
Is evacuation advised by HAZMAT officer?	YES	NO	
Time switchboard notified on 3333 of evacuation decision.			
Decontamination Unit to be deployed	YES	NO	
Extra equipment required			
Time of Stand Down			
Name/ Major Incident Role of person completing form			
Department/ section		Signature	

## 15. Appendix 3 – Spillage Assessment

