

Mercury Policy
(Mercury Containing Equipment)
(HSP 10.2)
V3.0
October 2024

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This policy, procedure and guidance sets out Royal Cornwall Hospitals NHS Trust strategy for compliance of all relevant Health and Safety legislation regarding the use of mercury and mercury containing equipment.
- 1.2. The Medicines and Healthcare Products Regulatory Agency (MHRA) has issued a Device Bulletin to inform the NHS of the current position regarding mercury and to give guidance to those wishing to purchase alternative products. The Device bulletin is MDA 2000(03) – “Blood Pressure Measurement devices – Mercury and Non-Mercury” (July 2000). At present there are no plans by the Department of health to enforce restrictions on the use of mercury -in-glass clinical thermometers or mercury sphygmomanometers for temperature or blood pressure measurement in the UK. However, there is environmental pressure to reduce the use of mercury, and some European countries have imposed bans.
- 1.3. The Royal Cornwall Hospitals NHS Trust recognises and is committed to meeting or exceeding its legal duties under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health (CoSHH) Regulations 2002.
- 1.4. Based on the introduction of the Control of Substances Hazardous to Health (CoSHH) Regulations 2002, which include mercury as a hazardous substance, RCHT has decided that equipment containing mercury such as sphygmomanometers, thermometers etc. should not be in use in the Trust.
- 1.5. This document is particularly concerned with correct disposal of mercury and mercury containing equipment. Mercury is classed as hazardous waste and disposal of mercury is covered by both the CoSHH Regulations 2002 and also environmental legislation.
- 1.6. This document should be read in conjunction with the Trust Health and Safety General Policy and the Incident Reporting Policy.
- 1.7. The successful implementation of this policy requires the total co-operation and commitment of all members of the Trust management and staff.
- 1.8. The special duties of staff detailed herein are in addition to those detailed in the Trust Health and Safety General Policy.
- 1.9. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1. The Trust aims to achieve or exceed current statutory requirements and strive for excellence and best practice.
- 2.2. This document has been created to produce information and guidance on the use of mercury, equipment which contains it, and mercury compounds, in particular:
 - 2.2.1. Ensure that, wherever feasible, alternatives to mercury-containing

equipment are acquired and used, and that replacements for mercury-containing equipment are of the non-mercury type.

- 2.2.2. Ensure that existing mercury and its compounds are used and disposed of safely and legally.
- 2.2.3. The aim of this document is to establish roles and responsibilities for various levels of management to ensure that the risk from mercury and mercury containing equipment within Trust owned or controlled locations are adequately managed, so that, as far as reasonably practicable no one can come to any harm.

3. Scope

- 3.1. This document applies to all equipment used by the Trust for its normal activities, whether clinical or otherwise, and all liquid mercury or mercury containing products.
- 3.2. This policy is designed to set out the Trust's arrangements for the management of mercury and mercury containing equipment within the Royal Cornwall Hospital, Truro, West Cornwall Hospital, Penzance and St Michael's Hospital Hayle.
- 3.3. The aims and objectives of this policy are to:
 - 3.3.1. Enable the Trust to ensure it provides a safe working environment free from mercury hazards, so far as is reasonably practicable.
 - 3.3.2. Ensure potential hazards from mercury or mercury containing equipment in the workplace are identified and spillages are resolved and removed, in a timely manner, so far as possible.
 - 3.3.3. Ensure any risk to a person's safety is adequately controlled and reduced to the lowest level reasonably practicable and the appropriate risk assessments and risk reduction methods are put in place.

4. Definitions / Glossary

For the purposes of this document the following terms will, unless otherwise stated, apply.

The Trust	The Royal Cornwall Hospitals NHS Trust.
Mercury (including mercury containing equipment)	Mercury is a dense silver metal with a bluish tinge, and is liquid at room temperature, melting at –38 degrees Celsius. It looks like silvery-white beads or balls (globules). Mercury vapour and all of its compounds are highly toxic. Liquid mercury is sometimes called metallic or elemental mercury. Liquid mercury evaporates easily into the air, even at room temperature, to form mercury vapour (gas).

The vapour given off is invisible and has no odour, but is rapidly absorbed by the body, where it accumulates and may cause tissue and organ damage. Mercury salts, sometimes used in laboratories or Estates departments, are often highly toxic and easily absorbed by intact skin. They are extremely hazardous to the environment. Mercury is used in sphygmomanometers, thermometers and dental amalgam.

CoSHH Regulations	Control of Substances Hazardous to Health (COSHH) Regulations 2002.
MHRA	Medicines and Healthcare Products Regulatory Agency (MHRA).
Enforcing Authority	Primarily the Health and Safety Executive (HSE) although may include Cornwall Council, CQC, etc.
Trust sites	All areas, sites, buildings or premises owned, occupied or controlled by the Trust.
Datix / (DatixWeb)	The Trusts' electronic incident and risk assessment tool accessed via the Trust intranet site.
Staff	All persons who are employed by the Trust whether on permanent or temporary contracts (Written or implied), paid or unpaid, and shall include persons employed through recruitment and employment.

5. Ownership and Responsibilities

5.1. The Trust Board, managers and staff are responsible for establishing, maintaining and supporting a holistic approach to Health and Safety management, in all areas of their responsibility. They should comply with the Trust Health and Safety Policies and Procedures and ensure effective risk management mechanisms are implemented in accordance with these. Some members of staff and Committees have particular specialist functions in relation to Health and Safety management as described below.

5.2. Role of the Chief Executive

The Chief Executive has overall accountability for the Trust's Health and Safety management programme and ensuring that this operates effectively. The Chief Executive delegates operational responsibility for practical implementation of this policy to the Chief Operating Officer.

5.3. Role of the Chief Operating Officer

The Chief operating Officer is responsible to the Trust Board and Chief Executive as the nominated Director for Health and Safety and provides reports to the Trust Board in this regard.

5.4. Role of Executive Directors

All Executive Directors are responsible for overseeing operations and activities within their areas of control, in particular in relation to matters pertaining to the management of Health and Safety.

5.5. Role of Care Group General Managers (CGGM)

The Care Group General Managers (CGGM) are responsible for ensuring that day-to-day activities of the Care Group are conducted in a safe and suitable manner and this policy is effectively and correctly employed within their own Care Group.

Ensure that the Care Group Health and Safety forum monitors and reviews the progress of all incidents.

5.6. Role of Heads of Nursing

The Heads of Nursing are to:

- Be aware of the Trust's Health and Safety strategy and policies.
- Support the department manager in promoting a Health and Safety culture within your working environment, ensuring participation and involvement when requested.
- Identify potential risks and Health and Safety issues that may impact on the Trust's ability to achieve its objectives, and report concerns through your line management structure.
- Are required to take due care at work, report any accidents, incidents or untoward occurrences and comply with the Trust's Health and Safety Policies in order that the Trust can fulfil its Health and Safety responsibilities.

5.7. Ward/Department Managers

Managers are required to carry out written risk assessments of the risk to the health of staff and others exposed to mercury. The risk assessment should not only cover the risks associated with normal use but also include the risks associated with emergency situations such as spillages.

Risk assessments and subsequent control measures are the responsibility of the managers in charge of staff or areas where mercury is used or handled. Any department with mercury equipment must have a mercury risk assessment on Datix and a spill kit.

Managers are responsible for ensuring they know the location of mercury spill kits and that suitable numbers of staff members have knowledge of this policy and are trained in the use of spill kits.

It is the responsibility of the manager to ensure that all staff have received relevant training and that there is monitoring of compliance. Training must include normal use and storage, spillage procedures (Appendix 3), maintenance of equipment and disposal of mercury contaminated equipment. Appropriate records and evidence of the training given should be kept.

All replacements for medical equipment containing mercury, or new equipment, must be of a non-mercury equivalent if available, unless there is an overriding clinical or scientific reason why this cannot be done. However, delivery of performance for the optimal management of the patient's care must be taken into account.

5.8. Health, Safety, Moving and Handling Team

The Trust Health, Safety, Moving and Handling Team are the designated safety management advisors for the Trust. They are responsible for advising all staff throughout the organisation on issues relating to their areas of risk and adverse incident management.

The Health, Safety, Moving and Handling Team have overall responsibility for liaising with relevant external agencies, including, but not restricted to, the Health and Safety Executive, Fire and Rescue Service, Local Authority, Environment Agency and other enforcement authorities etc. Where their involvement is indicated in respect of incident issues.

Training, assistance or information on the principals and the requirements of this policy may be obtained by contacting any of the Trust Health, Safety, Moving and Handling Team.

5.9. Role of all Staff

All employees are expected to take reasonable care to ensure that safety of themselves, their colleagues, patients and members of the public. Staff are responsible for complying with all risk assessments and policies relating to the use of mercury containing equipment.

All staff must ensure that all incidents relating to mercury near-miss and mercury spillages are recorded using the Datix system, regardless of the outcome, in an accurate and timely manner.

All staff must co-operate with the Trust on matters relating to this policy and assist on providing information for any investigation as required.

All staff should ensure that if they are likely to be involved in the use of mercury and mercury containing equipment, they must undertake training in the use of the spill kit and how to deal with spillages safely.

Training records for all staff likely to be dealing with mercury spillages shall be maintained by Learning and Development and reviewed on an annual basis.

All replacements for medical equipment containing mercury, or new equipment, must be of a non-mercury equivalent, if available, unless there is an overriding clinical or scientific reason why this cannot be done. However, delivery of performance for the optimal management of the patient's care must be taken into account.

Any member of staff wishing to purchase mercury or mercury containing equipment must notify the Trust Health and Safety team of their intent to do so, prior to the intended purchase. Procedures are already in place with the Supplies team for the intended purchasing of CoSHH products.

It is the duty of all employees to follow the correct safety rules when working with mercury and mercury containing equipment, this including the wearing of any Personal Protective Equipment (PPE).

6. Standards and Practice

- 6.1. Based on the introduction of the Control of Substances Hazardous to Health (CoSHH) Regulations 2002, which includes mercury as a hazardous substance, RCHT has decided that equipment containing mercury such as sphygmomanometers, thermometers etc. should not be in use in the Trust.
- 6.2. It should be an objective of departments to replace, on a rolling programme, all equipment containing mercury particularly sphygmomanometers and thermometers. If you have any equipment containing mercury, please contact the Health, Safety, Moving and Handling Department for advice on disposal.
- 6.3. Departments where equipment-containing mercury is used must carry out a risk assessment, as required by the CoSHH regulations. The assessment should not only cover the risks associated with normal use but should also include the risks associated with emergency situations such as spillages.
- 6.4. The biggest problem with liquid mercury, as used in thermometers and sphygmomanometers, occurs when it is spilt and becomes fragmented into tiny droplets, often lodging in cracks in the floor. The small surface area of the droplets gives rise to a high vapourisation rate, leading to a rapid rise in the atmospheric level. Chronic exposure, rather than a single dose, leads to poisoning. For this reason, spillage procedures must ensure that all mercury is collected and disposed of correctly, and that any that cannot be removed must be neutralized. Contaminated carpets are to be discarded (See section 6.6).
- 6.5. The spillage procedure for liquid mercury is outlined at the end of this policy (Appendix 3). All spillages must be dealt with according to this procedure. Spillage procedures for mercury compounds must form part of the individual risk assessments for the use of those substances.

- 6.6. Mercury is classified as a special waste for the purpose of disposal and as such should never be placed in domestic or clinical waste bags, sharps bins or containers. The manager for the department in which the spill occurred is responsible for ensuring the safe disposal of mercury waste (Appendix 3).
- 6.7. Specific actions are listed under the responsibilities section, a summary of which is:
- 6.7.1. Any area which works with mercury-containing devices or compounds must have an up-to-date risk assessment, together with appropriate training and safety measures.
 - 6.7.2. Spill kits must be used and are always available – as defined in Appendix 3 Spill Kit Holders.
 - 6.7.3. Staff must be appropriately trained to deal with Mercury spills, and know where the spill kits are held.
 - 6.7.4. Departments should seek alternative non-mercury devices for procurement wherever possible.
- 6.8. Spill kit holders

Spill kits are available from:

08:00 - 17:00 Monday-Friday: Estates - #Ext 3400. (01872 253400)

16:00 – 08:00 Monday-Friday, all weekends/Bank Holidays (out of hours): Soft FM (Facilities Management) Services - #Ext 2468. (01872 252468)

These locations are responsible for ensuring an appropriate mercury spill kit is in date and available for use by staff.

7. Dissemination and Implementation

- 7.1. Once consultation has been undertaken the final published document will be held centrally within the online Document Library and be available to both staff and members of the public.
- 7.2. Upon publication, awareness to all staff will be raised by notification within the Trust Bulletin and through Health and Safety Committee feedback from both management and staff representatives.
- 7.3. Care Group General Managers will ensure that the contents of this document are highlighted to staff through regular Care group meetings.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with the undertaking of local risk assessments and production and review of local procedures.
Lead	Health and Safety Committee.
Tool	Care Group reports to the Health and Safety Committee.
Frequency	Health and Safety Advisors report and Care Groups reports to the bi-monthly Health and Safety Committee.
Reporting arrangements	Reports received by the Health and Safety Committee as detailed above and reported in accordance with the Committee Terms of Reference.
Acting on recommendations and Lead(s)	Health and Safety Committee will request action from Care Group Representatives; and escalate to Governance Committee as required.
Change in practice and lessons to be shared	Where issues are identified within reports; all such comments will be fed back to the relevant area by the appropriate representative on the Committee within a timeframe identified by the Committee.

9. Updating and Review

- 9.1. This document will be reviewed every three years and/or in the event of any significant change within the organisational structure/management arrangements and subject to consultation via the Trust Health and Safety Committee.
- 9.2. Appendices and the associated documentation regarding this policy may be reviewed / revised in consultation with the Health and Safety Team without formal review being undertaken by the Health and Safety Committee, provided that the amendments do not impact upon the general arrangements made within the policy.

10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).
- 10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Mercury Policy (Mercury Containing Equipment) V3.0
This document replaces (exact title of previous version):	Mercury Policy (Mercury Containing Equipment) V2.0
Date Issued / Approved:	October 2024
Date Valid From:	October 2024
Date Valid To:	October 2027
Author / Owner:	Gavin Griffiths, Head of Health and Safety
Contact details:	01872 252266
Brief summary of contents:	Trust arrangements to ensure that the risk from mercury and mercury containing equipment within Trust owned or controlled locations are adequately managed, so that, as far as reasonably practicable no one can come to any harm.
Suggested Keywords:	Health and Safety, Mercury, Mercury equipment, Mercury Spillage, Disposal of Mercury.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Operating Officer.
Approval route for consultation and ratification:	Health and Safety Committee.
Manager confirming approval processes:	Gavin Griffiths, Head of Health and Safety.
Name of Governance Lead confirming consultation and ratification:	Gavin Griffiths, Head of Health and Safety.

Information Category	Detailed Information
Links to key external standards:	Health and Safety at Work etc. Act 1974 Management of Health and Safety Regulations 1999 Control of Substances Hazardous to Health Regulations 2002 CQC Regulations
Related Documents:	Health and Safety General Policy Incident Reporting Policy and Procedure Risk Assessment and Management strategy and Policy Waste Management Policy
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Chief Operating Officer/ Health and Safety

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
September 2014	V1.0	First Draft.	J Robin Gatenby Health and Safety Manager
December 2015	V1.1	Minor corrections for clarity and conformity.	Paul Freeman Health and Safety Auditor
December 2017	V1.2	Periodic review and minor updates.	Paul Freeman/J. Robin Gatenby SFSM
October 2021	V2.0	Full 3 Year Review. Minor updates on what contains mercury on site and revision of spill kit locations and access to them.	Malcolm Irving, Senior Safety Advisor
August 2024	V3.0	Full three year review. Change of name of the health and safety team and minor updates	Gavin Griffiths, Head of Health and Safety

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal	Mercury Policy (Mercury containing Equipment) V3.0
Department and Service Area:	Chief Operating Officer/Health and Safety
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Gavin Griffiths, Head of Health and Safety
Contact details:	01872 25 2266

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To outline the Trust's position for the management of its statutory compliance with the regard to the safe use of mercury and mercury containing equipment on all Royal Cornwall Hospital NHS Trust premises.
2. Policy Objectives	Establish roles and responsibilities for various levels of management to ensure that the risk from mercury and mercury containing equipment) within Trust owned or controlled locations are adequately managed, so that, as far as reasonably practicable no one can come to any harm.
3. Policy Intended Outcomes	Ensure a safe environment for all staff, patients, visitors and contractors with regard to ensuring that staff are trained in the use of mercury and mercury containing equipment. That spill kits are available, and staff are trained in their use. That mercury is correctly disposed of in line with current legislation.

Information Category	Detailed Information
4. How will you measure each outcome?	Through incident reporting monitored by existing Health and Safety Committee reports. Completion of local Risk Assessments and review of department audits.
5. Who is intended to benefit from the policy?	All Trust stakeholders.
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: Yes - Patients/ visitors: No - Local groups/ system partners: No - External organisations: No - Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Health and Safety Committee
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: None

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	This policy does not impact on age.
Sex (male or female)	No	This Policy does not impact on gender.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	This Policy does not impact on gender reassignment.
Race	No	This Policy does not impact on race.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	This Policy does not impact on disability.
Religion or belief	No	This Policy does not discriminate with any religious or cultural beliefs.
Marriage and civil partnership	No	This Policy does not impact on marriage/ civil partnership.
Pregnancy and maternity	No	This Policy does not impact on pregnancy / maternity.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	This Policy does not impact on sexual orientation.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Gavin Griffiths, Head of Health and Safety

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3. Mercury Spillage Procedure

1. Introduction

Mercury is a silvery white metal with a bluish tinge, and is liquid at room temperatures, melting at –38 degrees Celsius. Mercury vapour and all of its compounds are highly toxic.

Mercury may enter the body as a vapour and through the skin. The earliest signs of mercury intoxication include a fine tremor of the fingers and mental changes, a combination of anxiety and aggression known as Mercurial Erythrim. One of the earliest signs is deterioration of handwriting. There is evidence that exposure to low levels of mercury can damage the kidneys.

The manager for the department in which the spill occurred is responsible for ensuring their staff safely disposes of the mercury waste. Mercury is classified as a special waste for the purpose of disposal and as such should never be placed in domestic or clinical waste bags or containers. Never dispose of mercury in the 'sharps' bin.

Training, assistance or information on the principles and the requirements of this procedure may be obtained by contacting any of the Trust Health and Safety Advisors.

2. Use of Mercury

Mercury is used mainly in instruments e.g. thermometers and sphygmomanometers. The major risks in using such instruments lie in dealing with breakage and the resulting spillage of mercury.

3. Responsibilities

The responsibilities for ensuring compliance with this policy and procedure are with the employing line manager in all departments where instruments or equipment containing mercury, or its compounds are utilised. The responsibility includes the need to ensure that staff are fully familiar with the policy and procedures, and have the necessary information, instruction, training and that spill kits are available to be able to deal promptly and safely with any mercury spillages.

The key to a safe and successful mercury clean-up depends on quick response and the use of the right equipment (spill kits).

4. Mercury Spill Kits - Ordering Procedure

Each area/department using equipment containing liquid mercury should have access to a kit for the current collection and disposal of spilled mercury. Spill kits are available from:

08:00 – 16:00 Monday-Friday: Estates #Ext 3400. (01872 253400)

16:00 – 08:00 Monday-Friday, all weekends/Bank Holidays (out of hours): Soft FM Services - #Ext 2468. (01872 252468)

These locations are responsible for ensuring an appropriate mercury spill kit is in date and available for use by staff.

The approved type of Mercury spill kit is available from Health and Safety.

In the event of a spillage try to confine the affected area to a minimum. A Mercury Spill Kit should always be available; follow the instructions for the clean-up method, use personal protective equipment provided with the kit, the actual method used will depend on the contents and instructions contained within the kit. Assistance or information on the principles and the requirements of this procedure may be obtained by contacting any of the Trust Health and Safety Team.

Initial actions in the event of a spillage:

- Do not touch spilt mercury with unprotected hands.
- Segregate area to prevent people walking on the spill and to prevent unnecessary exposure.
- Open windows to ensure the area is well ventilated and remains so until the mercury clean-up is complete.
- Vacuum cleaners must not be used, as they spread the mercury vapour widely and cannot to be cleaned after use and will have to be discarded.
- Familiarise yourself with the contents of the kit.
- Put on protective gloves (or gloves contained within the mercury spill kit) and FFP3 mask to reduce particulate inhalation. Note that there is a requirement for fit-test training prior to any staff using RPE (Respiratory Protective Equipment) – see Health and Safety Department for more information.
- Try to reduce the spread of the spill as much as possible; in particular avoid getting mercury on the floor. Carpets on which mercury has been spilled must be discarded as hazardous.
- Follow the instructions supplied with the mercury spill kit.
- Wash hands when procedure is finished.

Mercury Spill Kit actions

- Put on protective gloves and mask to reduce particulate inhalation.
- Using the spill kit scoop, move the globules of mercury together into a small working area with a plastic dustpan or wooden spatula or scraper usually provided with the kit. Pick up as much of this as possible using the syringe (if part of kit) and place in the waste container (part of kit).
- Make a paste of equal amounts of the absorbent paste forming powders with a little water and spread onto the spillage area.

- Keep mixing the paste on the spillage area using the brush and scoop for two or three minutes - it can be used wet and does not need to dry out.
- Then brush the paste into the scoop and transfer it to the waste container.
- Wipe any residual paste from the brush and scoop on the lip of the waste container, this is then capped tightly.
- Place the sealed waste container into a clear plastic bag, sealing this tightly by twisting and tying or taping.
- Mark the bag with a label stating it contains hazardous waste.
- Store the bag, ensuring that the container within it is upright, in a secure place away from any ammonia or its products (e.g. cleaning fluids) and away from acids and arrange for collection (see Appendix 4).
- Replace in the spill kit and store this in well-ventilated place away from sources of heat.
- Ensure the area of the spillage is well ventilated and arrange to replace the used items from the spill kit immediately.
- Wash hands once procedure is complete.
- Complete a Datix Incident report, once you receive an email confirming your Datix submission, forward this email to: rch-tr.healthandsafety@nhs.net.

Appendix 4. Mercury Collection and Disposal

When the mercury waste products have been effectively and efficiently sealed into the container and clear plastic bag you should temporarily store it in a safe secure place away from any ammonia or its products (e.g. cleaning fluids), and away from acids and arrange for collection.

Contact the Soft FM Services Helpdesk #Ext 2468 (01872 252468) who will arrange for removal as hazardous waste by a recognised specialist company.

The Manager or staff member responsible for collection must obtain a Hazardous Waste Carriage Notice when waste is collected by an authorised company.

The Hazardous Waste Carriage Notice must be kept on site for inspection by Authorised Persons.