Group Authority Licence – Standard Operating Procedure (SOP) Relating to the Prescribed Use of 1-(2-methoxyphenyl) piperazine in MDHS25

Contents

1. Introduction

1.1. The Faculty of Occupational Hygiene has been granted a Group Authority Licence by the Home Office which permits Members of the Faculty to possess sampling media containing 1-(2-methoxyphenyl)piperazine for the purpose of conducting the Method for Determination of Hazardous Substances (MDHS) 25 for measuring organic isocyanates in air.

1.2. A licence is necessary because 1-(2-methoxyphenyl)piperazine ('1,2-MP') is a Schedule 1 drug to the Misuse of Drugs Regulations 2001 under the Misuse of Drugs Act 1971. The Group Authority Licence is an alternative to occupational hygienists holding individual licences

1.3. MDHS25 is the Health and Safety Executive's recommended sampling and analytical method for determining exposures to organic isocyanates.

1.4. This Standard Operating Procedure (SOP) sets out the steps that must be taken by Members of the Faculty and by BOHS to comply with the terms of the Group Authority Licence.

1.5. The following changes have been made from the previous version of the SOP:

1.5.1. Those ordering sampling media, or leading on-site surveys, must have passed the GAL Assessment within the previous 3 years to confirm adequate knowledge of this SOP.

1.5.2. Those leading an on-site survey take responsibility for maintaining the secure chain of custody during the transit of the sampling media to the site, through until these are despatched to the laboratory.

1.5.3. If the sampling media (either used or unused) are inadvertently left at a clients' site, the site must be notified as soon as possible and arrangements made for secure storage until collection can be made. Communications with the site should continue until safe storage is confirmed.

1.5.4. The Responsible Officer will immediately notify the Home Office in writing, following up with a report when the investigation is completed.

2. Terminology

2.1. Sampling media containing 1-(2-methoxyphenyl)piperazine includes:

- impregnated filters;
- impinger solution;
- stabilising solution.

It is referred to as 'sampling media' in the subsequent paragraphs.

2.2. Method for Determination of Hazardous Substances for measuring organic isocyanates in air means the current version of MDHS25.

3. Applicability of the Group Authority Licence

3.1. The Group Authority Licence covers current Members of the Faculty who:

- hold one of the following membership grades: Chartered Fellow, Chartered Member, Licentiate Member, Associate Member; and
- operate within Great Britain (this excludes Northern Ireland).

3.2. To be covered by the Group Authority Licence, Members must comply with the Faculty's Code of Ethics, the requirements of the Continuing Professional Development scheme and the requirements of the SOP.

3.3. Any Member who carries out work under that is governed by this Standard Operating Procedure are deemed to have consented to grant permission for the issuing laboratories to supply BOHS with data that they hold on to the Member or anyone acting or purporting to act on their behalf in respect of 1,2-MP received and returned. These data will be used solely for the purposes of compliance with the Home Office Group Authority License and for the purposes of the maintenance of Professional Standards.

INFORMATION AND REQUIREMENTS FOR MEMBERS WHO USE MDHS25

4. Ordering the Sampling Media

4.1. Sampling media can only be ordered by Members who have passed the GAL Assessment. The GAL Assessment is a multiple-choice examination, accessible on-line via the BOHS website, that tests the key features of this SOP. All questions must be answered correctly to pass. The GAL Assessment is valid for 3 years and must be re-taken after this time, or earlier at the request of the FOH Committee if a particularly significant change is required to the SOP.

4.2. Orders for the sampling media must be placed by Members with one of the listed laboratories. Listed laboratories are the ones that hold a suitable Home Office licence, or have other approved arrangements, for possession and supply of 1-2MP.

4.3. The listed laboratories are:

- Health and Safety Laboratory;
- RPS Laboratories;
- IOM.

4.4. On placing an order, the laboratory checks with BOHS Head Office that the requester has appropriate membership and has passed the GAL Assessment. Sampling media are not supplied until this is confirmed.

4.5. Orders should be planned so as to minimise the storage times of the sampling media, i.e., plan for delivery as close to the planned survey date as possible. The sampling media has a limited shelf-life; six months for impregnated filters and one week for solution, which if exceeded will require the sampling media to be destroyed.

5. Receipt of the Sampling Media

5.1. All sampling media should be supplied by the laboratory using a courier company, or alternative service, capable of tracking delivery and receipt of the sampling media. Collection in person by the Member is permitted providing a "media supply form", issued by the laboratory, is obtained as in Section 5.2. Transit requirements are as stipulated in Section 6. The Member should make the necessary arrangements with the laboratory to allow collection under their internal procedure.

5.2. A "media supply form" should be included with the order which details the amount of sampling media despatched. Members must report to the laboratory immediately and in writing any discrepancies between what is ordered and received as the

laboratory may need to investigate the discrepancy as part of its licence requirements.

6. Transit of the Sampling Media to Site

6.1. The sampling media must be in the custody of Members at all times during transit to site, or kept securely and out of sight, e.g., in a locked vehicle or in a locked car boot.

7. Conducting the Survey

7.1. Members leading an on-site survey must have passed the GAL Assessment (see 4.1). The Member leading the survey takes responsibility for maintaining the secure chain of custody during the transit of the sampling media to the site, through until these are despatched to the laboratory (see 6 – 9). Appropriate site-specific steps must be taken to maintain the safe chain of custody, including checks to ensure the sampling media are taken from the site at the end of the survey.

7.2. All those in the sampling team must work under the direct personal supervision of the Member leading the survey and understand the requirements of the SOP.

8. Storing the Sampling Media

8.1. The sampling media must be stored in a secure location at all times when not in use, both before and after the survey, such as in a locked refrigerator or in a refrigerator behind a locked door with access controlled by Members.

9. Returning the Sampling Media to the Laboratory

9.1. All used and unused sampling media must be returned to the laboratory that supplied it, using a service which tracks and confirms receipt. This includes sampling media that needs to be destroyed because of sampling failure, damage or the shelf life has been exceeded. Sampling media should not be retained by Members.

9.2. Return of used and unused sampling media in person by the Member is permitted providing signed documentation is obtained from the laboratory detailing quantities returned. This documentation would need to be submitted to BOHS if an audit is required. Transit requirements are as stipulated in Section 6.

10. Loss, Theft, and Incidents

10.1. In the event of loss or theft of sampling media, or any other incident which breaches the terms of the Group Authority Licence, Members must report to the Police and to Responsible Officer (GAL@bohs.org) immediately and follow it up with a detailed written report. The Responsible Officer will immediately notify the Home Office in writing, following up with a report when the investigation is completed.

10.2. If the sampling media (either used or unused) are inadvertently left at a clients' site, the site must be notified as soon as possible and arrangements made for secure storage until collection can be made. Communications with the site should continue until safe storage is confirmed.

11. QC/QA Handling

11.1. In circumstances where, for quality assurance purposes, samples spiked with isocyanates are required then Members should ask another listed laboratory to supply pre-dosed sampling media for testing against the usual analytical laboratory.

11.2. In this case, there will be a permitted inconsistency between the amount of sampling media supplied by the laboratories and the amount submitted for analysis.

12. Record Keeping and Retention

12.1. Written records pertaining to the use of the sampling media must be kept by Members.

12.2. Records are categorised as:

- Routine records;
- Exception records.

12.3. Routine records

12.3.1. Local Standard Operating Procedure

The Local Standard Operating Procedure describes how the sampling media is managed within a company and must comply with the requirements of the SOP. It would be expected that a company has one Local Standard Operating Procedure to cover all surveys, but that the procedure is periodically reviewed, and the Local Standard Operating Procedure revised as appropriate.

12.3.2. Individual Work Record Sheet

The Individual Work Record Sheet sets out the key details about the use of the sampling media for each survey, particularly the amounts ordered, used and returned to the laboratory with corresponding dates. An Individual Work Record Sheet must be completed by Members for each survey. It is essential that the tracking number is included as evidence of full consideration of this SOP at the time the work was undertaken.

12.3.3. Audit of Works Record Cover Sheet

The Audit of Works Record Cover Sheet lists all the Records provided for auditing.

12.4. Exception Records

Exception records must be completed by Members in the following circumstances:

- there is a discrepancy between the amount of sampling media ordered and the amount returned to the laboratory.
- an entire consignment of unused sampling media is returned to the laboratory for destruction. An Exception Record will NOT be required when unused sampling media are returned to the laboratory together with exposed media requiring analysis.
- sampling media are ordered from or returned to an unlisted laboratory.

12.5. Forms for the Local Standard Operating Procedure and the Individual Work Record Sheet (incorporating Exception Records) are attached as Appendix 1 to the SOP. Examples of completed forms are attached as Appendix 2.

12.6. Retention of Records - Records must be retained by Members for a minimum of five years past the entry date.

13. Audit

13.1. Under the terms of the Group Authority Licence, FOH Committee is required to audit the use of the sampling media. Members must co-operate with FOH Committee to ensure that the audits are rigorous and completed to deadlines. As a minimum, Members must declare each calendar year if they have used any sampling media and provide copies of their written records to FOH Committee on request.

13.2. All consignments of sampling media throughout the year must be declared in Audit returns.

13.3. Any non-conformances will be investigated with the process initiated by the sending of a Non-Conformance Record within 4 weeks of the Audit being carried out. Responses must be returned to the Responsible Officer within 10 working days. The responses will be reviewed by the Responsible Officer and the FOH Committee and actions taken as appropriate.

14. Sanctions

14.1. To protect the Group Authority Licence, Members who fail to comply with the requirements of the SOP will be reported to FOH Committee for investigation under the Code of Ethics. Any allegations or suspicions of non-compliance by Members will also be reported to FOH Committee and may result in an investigation under the Code of Ethics. FOH Committee can impose sanctions if a member is found to be in breach of the Code of Ethics. The sanctions can vary depending upon the nature and impact of the breach and FOH Committee also has the right to publicise these sanctions, where this is deemed to be appropriate. If a Member is suspended from the GAL the approved laboratories will be informed by the Responsible Officer.

14.2. Cases of serious or recurring non-compliance will be reported to the Home Office.

15. Applicability to Great Britain Only

15.1. The Group Authority Licence is only applicable for work carried out in Great Britain (England, Scotland and Wales). Members wishing to carry out work according to MDHS25 in either Northern Ireland or the Republic of Ireland must make their own arrangements with the applicable Authorities.

16. Register of Members

16.1. Faculty Board is required to keep a register of all Members who hold one of the membership grades which qualify for coverage by the Group Authority Licence.

17. Reporting

17.1. FOH Committee is required to submit to the Home Office:

- An Annual report covering the previous calendar year, including the outcomes of the audit.
- Any other records pertinent to the Group Authority Licence on request.

18. Review of Arrangements

18.1. FOH Committee is required to review the SOP annually.

19. Record Retention

19.1. FOH Committee is required to retain all records pertinent to the Group Authority Licence for a minimum of five years after the entry date.

20. Responsible Officer

20.1. FOH Committee appoints a Group Authority Licence - Responsible Officer to manage the Group Authority Licence arrangements.

Appendix 1

Local Standard Operating Procedure

Relating to the Prescribed Use of 1-(2-methoxyphenyl)piperazine in MDHS25

1. Company Details

a.	Company Name:	
b.	Company Reference:	

2. Procedure Management

a.	Date of Procedure:		b.	Review Date:	
c.	Name and Role of Person Responsible for the Procedure:				

3. Members Covered by the Procedure

Name	Grade	Membership No.

4. Laboratories Used by the Company

Ref. SOP paras 4.1, 4.2

Name	Address	Contact Details

5. Describe How the Sampling Media are:

a.	ordered *(Ref. SOP paras 4.1 – 4.4)*	
b.	delivered and received *(Ref. SOP paras 5.1 – 5.2)*	
c.	taken to site *(Ref. SOP para 6.1)*	
d.	stored *(Ref. SOP para 8.1)*	
e.	returned to the lab. *(Ref. SOP para 9.1)*	

6.	Courier Used to Deliver and Collect Sampling Media		
a.	The laboratory delivers and collects the sampling media:	Yes ☐	No ☐ please complete 6b.
b.	**Name of Courier**	**Address of Courier**	

Individual Work Record Sheet

Relating to the Prescribed Use of 1-(2-methoxyphenyl)piperazine in MDHS25

1.	Company Carrying Out the Survey				
a.	Company Name:		b.	Record Sheet No:	

2.	Job Details				
a.	Company Unique Job Ref:		b.	Date of Survey:	
c.	Location of Survey: *Include site contact details*				
d.	Nature of the Survey:				

3.	Survey Team	
a.	Name of Member Leading the Survey:	
b.	Other People on the Team: *Include name and role of anyone assisting with the survey and confirm they have been trained in this SOP.*	

4.	Pre-Survey				
a.	Name of Lab:				
b.	No. Filters Ordered:		c.	Vol. Solution Ordered: *Include any stabilising solution*	
d.	Date of Order:		e.	Date Order Received:	

f.	Name of Courier:				

5. Post Survey					
a.	No. Filters Used:		b.	Vol. Solution Used: *Include loss by evaporation*	
c.	No Filters Unused		d.	Vol. Solution Unused:	
e.	Date Returned to Lab: *Include used and unused*		f.	Lab. Job Reference:	
g.	Name of Courier:		h.	Tracking Reference:	

6. Any Further Information Relevant to the Job

7. Exception Records

If there were exceptional circumstances on this job please tick the box and provide details on the next page:

a.	There was a discrepancy between the amount of sampling media ordered and returned to the lab *(Ref. SOP paras 5.2, 9.1, 10.1, 11.1, 11.2):*	☐
b.	An entire consignment of sampling media was returned to the lab. for destruction (Ref. SOP para 12.4):	☐
c.	An unlisted lab. was used *(Ref. SOP para 4.1, 4.2):*	☐

Exception Record

8. Discrepancy Between the Amount of Sampling Media Ordered and Returned to the Laboratory

a.	**Discrepancy Between the Amount of Sampling Media Ordered and Received** *(Ref. SOP para 5.2)*	
Please tick the box if the discrepancy was caused by:		
• theft or loss of the sampling media *(Ref. SOP para 10.1)*:		☐
Please provide more information about the discrepancy, including any remedial action that has been taken:		
b.	**Discrepancy Between the Amount of Sampling Media Received and Returned** *(Ref. SOP paras 9.1, 10.1, 11.1, 11.2)*	
Please tick the box if the discrepancy was caused by:		

• theft or loss of the sampling media *(Ref. SOP para 10.1)*:	☐
• QC/QA procedures *(Ref. SOP 11.1, 11.2)*:	☐
Please provide more information about the discrepancy, including any remedial action that has been taken:	

9. Sampling Media Was Returned to the Laboratory for Destruction *(Ref. SOP para 12.4)*

Please provide more information including the reason why the whole consignment of the sampling media was returned, e.g., because it was damaged, the shelf-life has been exceeded or because of a sampling failure:

10. An Unlisted Laboratory Was Used *(Ref. SOP paras 4.1, 4.2)*

Please provide the following details about the laboratory and attach written confirmation from the laboratory that they hold a Home Office licence to possess and supply the sampling media:

Name	Address	Contact Details	Licence No.

Prescribed Use of 1-2MP in MDHS 25

Audit of Records Cover Sheet

Annual Audit	1 January 2021 to 31 December 2021

Name:	
Membership no:	
Instructions for completion: Please complete Section 1 by ticking the relevant boxes. Section 2 must be completed only if there have been exceptional circumstances.	
SECTION 1 – ROUTINE RECORDS	
I enclose the following records:	

a) Local Standard Operating Procedure	☐
b) Individual Work Record Sheet for each job	☐
SECTION 2 – EXCEPTION RECORDS	
I enclose the following records:	
a) Records of any discrepancies between the amount of sampling media ordered and returned to the lab *(Ref. SOP paras 5.2, 9.1, 10.1, 11.1, 11.2)*	☐
b) Records of whole consignments of sampling media returned to the laboratory to be destroyed. *(Ref. SOP para 12.4)*	☐
c) If you have used a laboratory other than HSL, RPS Laboratories Ltd or IOM Consulting Ltd:- Written confirmation from the laboratory that they hold a Home Office licence to possess and supply Schedule 1 drugs. *(Ref. SOP para 4.1, 4.2)*	☐
d) Any other incidents. *(please specify)*	☐

Group Authority Licence Standard Operating Procedure (SOP)

Audit Non-conformance Record

1.	**Company Carrying Out the Survey**				
a.	Company Name:		b.	Responsible Person	
2.	**Job Details**				
a.	Company Unique Job Ref:		b.	Date of Survey:	
c.	Location of Survey: *Include site contact details*				
d.	Nature of the Survey:				

3.	SOP Non-conformance(s)	
Clause	Requirement	Non-conformance

4. Action required
Please respond in writing to the above non-conformances within 10 working days of receipt of this Notice. Responses should be sent by email to GAL@bohs.org. The response should include the reasons for the non-conformance and, as appropriate, any remedial actions taken in the short-term and in the longer term to prevent re-occurrence.

Appendix 2

Local Standard Operating Procedure

Relating to the Prescribed Use of 1-(2-methoxyphenyl)piperazine in MDHS25

1. Company Details

a.	Company Name:	Clear Air Consultancy
b.	Company Reference:	CAC1236

2. Procedure Management

a.	Date of Procedure:	15 May 2016	b.	Review Date:	15 November 2016
c.	Name and Role of Person Responsible for the Procedure:			Jim Brown, Occupational Hygiene Manager	

3. Members Covered by the Procedure

Name	Grade	Membership No.
Jim Brown	CMFOH	12345
David Green	LFOH	54321

4. Laboratories Used by the Company

Ref. SOP paras 4.1, 4.2

Name	Address	Contact Details
A Listed Lab	25 Mill House, Pride Park, Derby, DE28 8KZ	Peter Johnson

5. Describe How the Sampling Media are:

a.	ordered *(Ref. SOP paras 4.1 – 4.4)*	Orders placed by Jim Brown or David Green by email to: P.Johnson@listedlab.co.uk
b.	delivered and received *(Ref. SOP paras 5.1 – 5.2)*	The laboratory delivers the sampling media to the main site of Clear Air Consultancy
c.	taken to site *(Ref. SOP para 6.1)*	By Jim Brown or David Green in a cool bag in a locked car boot
d.	stored *(Ref. SOP para 8.1)*	In a locked refrigerator at the main site of Clear Air Consultancy with access controlled by Jim Brown

e.	returned to the lab. *(Ref. SOP para 9.1)*	The laboratory collects the sampling media

6.	**Courier Used to Deliver and Collect Sampling Media**		
a.	The laboratory delivers and collects the sampling media:	Yes ☒	No ☐ please complete 6b.
b.	**Name of Courier**	**Address of Courier**	

Individual Work Record Sheet

Relating to the Prescribed Use of 1-(2-methoxyphenyl)piperazine in MDHS25

1.	**Company Carrying Out the Survey**				
a.	Company Name:	Clear Air Consultancy	b.	Record Sheet No:	2016-21

2.	**Job Details**				
a.	Company Unique Job Ref:	101530	b.	Date of Survey:	27 May 2021
c.	Location of Survey: *Include site contact details*	Car Body Repairs, 16 Smith Street, Anytown Contact - James Smith at: jsmith@cbr.co.uk (0114 629 8888)			
d.	Nature of the Survey:	Monitoring exposure in and around a paint spray booth			

3.	**Survey Team**	
a.	Name of Member Leading the Survey:	Jim Brown, CMFOH
b.	Other People on the Team: *Include name and role of anyone assisting with the survey and confirm they have been trained in this SOP.*	Fred Jones, technician. Trained in SOP by Jim Brown in April 2021.

4.	**Pre-Survey**				
a.	Name of Lab:	A Listed Lab			
b.	No. Filters Ordered:	10	c.	Vol. Solution Ordered:	500ml

				Include stabilising solution	
d.	Date of Order:	14 May 2021	e.	Date Order Received:	22 May 2021
f.	Name of Courier:	A Listed Lab			

5.	**Post Survey**				
a.	No. Filters Used:	8	b.	Vol. Solution Used: *Include loss by evaporation*	400ml
c.	No Filters Unused	2	d.	Vol. Solution Unused:	100 ml
e.	Date Returned to Lab: *Include used and unused*	28 May 2021	f.	Lab. Job Reference:	1602AAA
g.	Name of Courier:	A Listed Lab	h.	Tracking Reference:	262543

6.	**Any Further Information Relevant to the Job**

7.	**Exception Records**	
If there were exceptional circumstances on this job please tick the box and provide details on the next page:		
a.	There was a discrepancy between the amount of sampling media ordered and returned to the lab *(Ref. SOP paras 5.2, 9.1, 10.1, 11.1, 11.2):*	☐
b.	An entire consignment of sampling media was returned to the lab. for destruction (Ref. SOP para 12.4):	☐
c.	An unlisted lab. was used *(Ref. SOP para 4.1, 4.2):*	☐

Exception Record

8.	**Discrepancy Between the Amount of Sampling Media Ordered and Returned to the Laboratory**	
a.	**Discrepancy Between the Amount of Sampling Media Ordered and Received** *(Ref. SOP para 5.2)*	
Please tick the box if the discrepancy was caused by:		
•	theft or loss of the sampling media *(Ref. SOP para 10.1)*:	☐
Please provide more information about the discrepancy, including any remedial action that has been taken:		

b.	**Discrepancy Between the Amount of Sampling Media Received and Returned** *(Ref. SOP paras 9.1, 10.1, 11.1, 11.2)*
Please tick the box if the discrepancy was caused by:	
• theft or loss of the sampling media *(Ref. SOP 10.1):*	☐
• QC/QA procedures *(Ref. SOP 11.1, 11.2):*	☐
Please provide more information about the discrepancy, including any remedial action that has been taken:	

9. Sampling Media Was Returned to the Laboratory for Destruction *(Ref. SOP para 9.1)*

Please provide more information including the reason why the sampling media was returned, e.g., because it was damaged, the shelf-life has been exceeded or because of a sampling failure:

10. An Unlisted Laboratory Was Used *(Ref. SOP paras 4.1, 4.2)*

Please provide the following details about the laboratory and attach written confirmation from the laboratory that they hold a Home Office licence to possess and supply the sampling media:

Name	Address	Contact Details	Licence No.

Prescribed Use of 1-2MP in MDHS 25
Audit of Records Cover Sheet

Annual Audit	1 January 2021 to 31 December 2021

Name:	Mr Jim Brown
Membership no:	12345

Instructions for completion:

Please complete Section 1 by ticking the relevant boxes.

Section 2 must be completed only if there have been exceptional circumstances.

SECTION 1 – ROUTINE RECORDS

I enclose the following records:

a) Local Standard Operating Procedure	☐
b) Individual Work Record Sheet for each job	☒

SECTION 2 – EXCEPTION RECORDS

I enclose the following records:

a) Records of any discrepancies between the amount of sampling media ordered and returned to the lab *(Ref. SOP paras 5.2, 9.1, 10.1, 11.1, 11.2)*	☐
b) If you have used a laboratory other than HSL, RPS Laboratories Ltd or IOM Consulting Ltd:-	☐
c) Written confirmation from the laboratory that they hold a Home Office licence to possess and supply Schedule 1 drugs. *(Ref. SOP para 4.1, 4.2)*	

c) If you have used a laboratory other than HSL, RPS Laboratories Ltd or IOM Consulting Ltd:- Written confirmation from the laboratory that they hold a Home Office licence to possess and supply Schedule 1 drugs. *(Ref. SOP para 4.1, 4.2)*	☐
d) Any other incidents. *(please specify)*	☐