

REPORT TITLE: Health and Safety Policy		AGENDA ITEM: 17. Any Other Business
SUBMITTED TO: Trust Board meeting	DATE OF MEETING: 18 July 2012	PURPOSE OF REPORT: Approval
AUTHOR & DESIGNATION: Jill Downey, Associate Director Support Services	DIRECTOR LEAD: Jo Manley, Director of Operations	PRESENTED BY: Jo Manley, Director of Operations
<p>EXECUTIVE SUMMARY: The attached revised Health and Safety Policy has been updated to meet NHLSA the requirements, these technical changes include:</p> <ul style="list-style-type: none"> i. version Control Page; ii. version Control changed to reflect that a review has been undertaken rather than a date extension; iii. appendix F has been changed to refer to NPSA Risk matrix January 2012 rather than May 2007; iv. appendix B - Equalities and Impact Assessment form included; and v. a revised appendix G has been included. <p>Changes to the document relate to the revised contractual arrangements that are now in place for our Occupational Health Service provision: reference to Kingston Hospital Occupational Health service has been removed as the HRCH contract sits with West Middlesex Hospital. This new contract also provides bespoke Manual Handling advice to staff rather than via the Manual Handling Trainer who is contracted to provide general training sessions.</p>		
<p>RECOMMENDATIONS: The HRCH Board is asked to approve the revised Health and Safety policy.</p>		
<p>FOR FURTHER INFORMATION CONTACT: Name: Jill Downey Title: Associate Director Support Services Email Address: Jill.Downey@hrch.nhs.uk Telephone number: 020-8714 4090</p>		
<p>Link to Strategic Objectives: High Quality Standards; Organisational Excellence</p>		
<p>BAF Risk</p>		
<p>Report previously considered by: Health and Safety Committee, June 2012</p>		
<p>Has an equality analysis been completed? Yes.</p>		
<p>CQC Evidence:</p>		
<p>Exempt report:</p>		No

TITLE: HEALTH AND SAFETY POLICY

VALID FROM DATE: JULY 2012

This policy supersedes all previous policies for Health and Safety

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Policy reference and description of where held.	H&S1 HRCH Intranet
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Responsible director:	Director of Operations, Jo Manley
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Ratified by Policy Ratification Group:	Insert date ratified by Policy Ratification Group
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Target audience	Describe which staff groups or service areas the document is aimed at or state all staff. State if any exceptions.

Version Control Sheet

Version	Date	Author	Status	Comment
1.0	June 2011	Health and Safety Advisor	Draft	Ratified by Health and Safety Committee
1.1	April 2012	Health and Safety Advisor	Draft	Updated to incorporate changes to Occupational Health
1.2	18 th July 2012	Health and Safety Advisor	Draft	Taken to HRCH Board for ratification
2.0	23 rd July 2012	Health and Safety Advisor	Final	Approved by the Policy Ratification Group

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1 Introduction

This policy has been produced in accordance with legislative requirements placed on the Chief Executive of Hounslow and Richmond Community Healthcare NHS Trust, hereafter referred to as HRCH. The policy will detail directorial, line management, committee and specialist advisors responsibilities. In addition to the duties of the above persons the policy references specific safety issues, many of which are either covered by current stand alone policies or are in production.

2 Aims and objectives

The purpose of this policy is to establish roles, responsibilities and general duties to be practised throughout the HRCH by all personnel, thus ensuring legislative safety compliance.

Definitions and explanation of any terms used.

Hounslow and Richmond Community Healthcare NHS Trust (HRCH)

Hounslow and Richmond Community Healthcare NHS Trust Health and Safety Committee (HRCH HSC)

3 Policy for Health and Safety

Policy Statement of Intent

The aim of this policy is to outline HRCH Health and Safety Management System.

- 3.1 HRCH attaches great importance to the Health, and Safety and Welfare of all its employees, patients or clients and any other person to whom it owes a duty of care. The HRCH accepts the obligations of the Health and Safety at Work Act 1974, including subsequent delegated legislation. The board is committed to establishing and maintaining safe working conditions for all its employees by continuous attention to all aspects of health and safety that are relevant to HRCH.
- 3.2 The prime responsibility for ensuring the health, safety and welfare of employees rests with the HRCH. However, HRCH expects to work closely with staff and safety representative and to consult with them.

The employer has general responsibilities, as far as is reasonably practicable to;

- a) Provide and maintain equipment and systems of work which are safe and without risk to health
- b) Ensure that methods of using; handling; storing and transporting articles and substances are safe and without risk to health
- c) Arrange information; instruction; training and supervision that will ensure the health and safety of employees, with particular regard to the introduction of new technology
- d) Maintain a safe work place with means of access and exit
- e) Provide a safe and healthy working environment
- f) Provide adequate welfare facilities, including protective clothing where appropriate and full range of occupational health services

- g) To carry out risk assessment on all work activities
- h) Provide adequate means of dealing with fire hazards
- i) Ensure any equipment purchased for use in HRCH is from an approved supplier and meets health and safety standards

Declaration by Hounslow and Richmond Community Healthcare NHS Trust.

The HRCH Trust Board has approved this Policy Statement

Signed:

Signed:

Chief Executive

Chairman

Date:

Date:.....

4

ORGANISATION

4.1 Chief Executive

The Chief Executive has overall responsibility for the implementation of HRCH’s Health and Safety policy and in particular is responsible for ensuring that the policy is widely communicated and that its effectiveness is monitored. Daily responsibilities in the HRCH are delegated to the Director of Operations who shall appoint specialist advisors as required.

4.2 Directors

Executive Directors and Assistant Directors are responsible for ensuring that the health and safety policy is implemented within their own areas of responsibility.

4.3 Locality Managers, Heads of Services, Service Leads and Workplace Managers

All managers must monitor and report on the workplace to ensure safe working conditions are maintained. Where risks are identified the manager must ensure that these are assessed, eliminated or minimised, so far as is reasonably practicable.

Managers’ responsibilities include:

- (a) Ensuring that staff, contractors and visitors are aware of safety procedures.
- (b) Establishing that all equipment, plant and substances used are suitable for the task and are kept in good working condition; this includes the regular maintenance and servicing of equipment.
- (c) Taking immediate and appropriate steps to identify investigate and rectify any risk to health and safety arising from the work activity, using HRCH’s risk assessment processes.

- (d) Bringing to the prompt attention of senior management any health and safety issue that requires their attention.
- (e) Ensuring that all accidents including “near misses” are properly recorded and reported using HRCH incident and Serious Incident reporting Policy and that an investigation is carried out (where appropriate) to determine causal factors.
- (f) Maintaining safe access to and from the workplace at all times.
- (g) Ensuring that specific areas of health and safety, e.g. manual handling, COSHH, display screen equipment, first aid, are managed in line with current policies and regulations.
- (h) Having Health and Safety as a standing item on management and team meetings agendas.

4.4 Site and Line Managers

- (a) HRCH believes the consideration of health, safety and welfare for staff is an integral part of the management process and that responsibility for health and safety matters shall be explicitly stated in management job descriptions.
- (b) HRCH will ensure that the training in the management of health and safety, to have the qualifications for managers to fulfil this responsibility is available for all staff with the management health and safety included in their job description.
- (c) HRCH requires managers to approach health, safety and welfare in a systematic way, by identifying problems, carrying out risk assessments, planning improvements, taking managerial action and monitoring results so that the majority of health, safety and welfare needs will be met from locally held budgets as part of day-to-day management.
- (d) For major additional programmes, managers should bid through HRCH’s normal service and financial planning process or in exceptional circumstances by submitting an urgent business case to the Board.

4.5 Staff

All staff must:

- (a) Take reasonable care for their own health and safety and consider the safety of other persons who may be affected by their actions or omissions
- (b) Work in accordance with safety information provided by HRCH and recognised professional bodies.
- (c) Attend mandatory and statutory training in line with HRCH Learning and Development Policy.
- (d) Refrain from intentionally misusing or recklessly interfering with anything that has been provided for health and safety reasons.
- (e) Report any hazardous defects in plant and equipment, or shortcomings in the existing safety arrangements, to a site safety representative of Line manager without delay.

- (f) Not undertake any task for which authorisation and/or training has not been given.

4.6 Health & Safety Advisor

The Health and Safety Advisor will:

- (a) Provide advice to the Trust on all aspects of health and safety including new and existing legislation, codes of practice and guidance.
- (b) Provide the link between the Trust and the Health and Safety Executive and other relevant regulatory bodies.
- (c) Liaise with those organisations on whose premises, Trust employees carry out their work activities as well as those employers whose staff work on Trust premises to ensure that health and safety is not compromised to staff, visitors and others.
- (d) Monitor the health and safety arrangements in place.
- (e) Develop, implement and review health and safety audit and inspection programmes.
- (f) Formulate develop and review health and safety policies and procedures as required non clinical.
- (g) Develop an annual health and safety report for the Trust Board.
- (h) Ensure that the risk assessment programme meets statutory and other regulatory requirements.
- (i) Attend HRCH Health and Safety Committee (HSC) and other meetings as appropriate.
- (j) Provide assistance with the delivery of training on the Corporate Induction and mandatory training programme to ensure staff are able to work safely in their normal professional activities.

4.7 Agency and Locum Staff

- a) It is the responsibility of all who commission services to ensure minimum health and safety competency requirements are identified in all contractual agreements between the Trust and providers of agency staff to ensure that the safety of patients and staff is maintained. In addition to monitoring the activities of temporary staff the Trust shall maintain strong communications links with all agencies that supply personnel and receives assurances from the agencies of appropriate levels of safety related training for their personnel where there have been perceived or identified shortfalls.
- b) Any agency contracted to provide temporary staff ensure that all staff supplied by them will have the relevant and current training in the Basic Fire safety, Basic Health and Safety, Manual handling either inanimate or patient handling, or any other safety training for the role in which they have are requested to cover.

- c) All agency and locum staff must be made aware of basic principles of health and safety, relevant to the site to which they will be employed.

4.8 Safety Representatives

Safety Representatives maybe union trained or appointed by managers to assist them in the fulfilment of their managerial responsibilities. The role of a safety representative includes:

- (a) Familiarity with the corporate health and safety policy and its guidelines and procedures.
- (b) Liaison with Health and Safety Specialist and Assistant Director with responsibility for Health and Safety.
- (c) Maintenance of the health and safety policy folder.
- (d) Monitoring of safe working practices and procedures and good housekeeping.
- (e) Distribution of health and safety information.
- (f) Carrying out local safety inspections.
- (g) Monitoring of the workplace equipment and processes within the department.
- (h) Maintaining records.
- (i) Monitoring the selection, use maintenance and replacement of personal protective equipment (PPE).
- (j) Referring promptly to the manager any health and safety problems which cannot be resolved locally on a timescale appropriate to the risk.

4.9 Owned or Shared Premises requirements

4.9.1 It will be the responsibility of the Service Leads, with the assistance of the health and safety adviser to ensure that effective arrangements are in place for co-operation and co-ordination of health and safety matters. These arrangements will include:

- (a) Exchange of information on risks within the working environment and safe systems of work.
- (b) Sharing of relevant incident reports
- (c) Routine inspections of shared premises.
- (d) Co-operating on matters such as implementing fire, security and waste management procedures.
- (e) Prior to occupation of any premises the service lead will be responsible for ensuring that a RA using the template in appendix F of this document.

4.9.2 Premises owned or leased and fully occupied by HRCH

The responsibility for ensuring that the H&S requirements have been met will rest with the Director of Operations.

In shared premises either owned or leased and where the HRCH are the major tenants, it shall be the responsibility for the Director of Operations and owner of the premises to ensure that co operation and coordination, as required in the Management of Health and Safety at work Regulation 1999 regulation 11 is complied with.

In shared premises either owned or leased and where the HRCH are minor tenants, it shall be the responsibility of the service leads based on those sites and the major tenant of the premises to ensure that, they co operate and coordinate, as required in the Management of Health and safety at work Regulation 1999 regulation 11.

4.10 Independent Contractors

HRCH has prepared this policy in good faith for use by the Trust and its directly employed staff.

The statutory legal obligations of the HRCH referred to within this policy do not extend to the activities of Primary Care Practitioners/Providers and their teams, who have a separate legal identity and remain accountable as such. In all cases therefore it shall be the duty of Independent service Providers to prepare their own Health & Safety policies that fall within legislative requirements.

It is, however, recommended that where any other occupier in HRCH premises, owned or managed by HRCH, develop policies for their organisation to follow and that they refer to the HRCH policy for best practice guidance. In doing so it must be noted that HRCH cannot be held responsible for the adoption and implementation of these local policies.

5. ARRANGEMENTS

5.1 Specified Persons

5.1.1 Health & Safety Advice and Support

Competent persons have been appointed to assist the HRCH in meeting our health and safety obligations. These people have sufficient knowledge and information to ensure that statutory provisions are met and that the safety policy is being adhered to.

5.1.2 Risk Management

5.1.2.1 Proactive programmes are in place for undertaking trust wide generic and specific risk assessment on a wide variety of health and safety issues/matters.

5.1.2.2 Trained and competent risk assessors will undertake specific risk assessments arising from newly identified hazards.

5.1.2.3 HRCH shall require its managers to pro-actively assess risks in that part of HRCH's activities for which they are responsible.

5.1.2.4 The manager concerned shall make a permanent record of the significant findings of an assessment in a form that can be easily accessed for reference.

5.1.3 Identification of Health & Safety Issues/Annual Audits

- 5.1.3.1 It is the policy of HRCH to require a thorough examination of health, safety and welfare performance against national guidance in each department at least once annually. The techniques to be adopted for such examination will be by means of a safety audit.
- 5.1.3.2 The information obtained from the audit will be used to form the basis of the work plan for the department for the following year.
- 5.1.3.3 It is the manager's responsibility to ensure that any deficiencies highlighted in the audit are dealt with as speedily as possible in accordance to the priorities assigned too them in the action plan.
- 5.1.3.4 Following implementation of policies and procedures relating to Health and Safety, HRCH recognises the importance of measuring its compliance against their requirements.
- 5.1.3.5 All policies and procedures relating to health and safety will be subject to audit and become part of an annual audit on Health and Safety. Results of audit are fed back to managers who will act upon the results and address any areas of non-compliance.
- 5.1.3.6 HRCH incident reporting system will cover all incidents and near misses.
- 5.1.3.7 The incidents from the Incident Reporting System are fed into a central database and provide managers with information on current incidents, actions taken and trends of incidents.
- 5.1.3.8 All serious incidents as defined in HRCH's Incident and Serious Incident Policy will be notified and investigated as set out in the policy.
- 5.1.3.9 Those incidents reportable under Reporting and Incident, Diseases and Dangerous Occurrences 1995 (RIDDOR) will be noted and acted upon, and the transmission of the form F2508 to the appropriate body. This reporting will be subject to audit.
- 5.1.4 Safety Related Training**
- 5.1.4.1 HRCH will ensure that it provides adequate training; information; instruction and supervision to ensure that work is conducted safety, this will be based on a training need analysis of staff.
- 5.1.4.2 Managers will receive training on their responsibilities in implementing this policy.
- 5.1.4.3 Managers must ensure that where health and safety training is mandatory, e.g. Fire Training, all staff will attend as instructed and a record will be kept of such attendance.
- 5.1.4.4 The Learning and Development team will provide managers with mandatory training attendance/non attendance reports which will be discussed following the training at appraisal/supervision sessions.
- 5.1.4.5 HRCH will provide training on specific identified health and safety matters.
- 5.1.4.6 All agencies with whom HRCH contracts, will be expected to have provided appropriate Health & Safety training for their staff.
- 5.1.4.7 HRCH will provide appropriate training for staff with special duties such as Managers, Safety Representatives, Health and HRCH, HSC Members and Risk Assessors.

5.1.5 HRCH Health and Safety Committee

- 5.1.5.1 HRCH feels that the most effective safety measures are those taken at the most immediate level and it expects therefore that the HRCH HSC will be at that level. The Chief Executive will establish the HRCH HSC which will be considered a Board sub committee reporting through the Integrated Governance Committee. This will be a subset of the Joint Negotiating Consultative Committee (JNCC) in consultation with staff representatives in doing this, he/she will need to take into account the following objectives:
- (a) To encourage co-operation between management and staff in order to improve the health and safety of staff at work.
 - (b) To be the focal point of effects to prevent accidents and overcome hazards.
 - (c) To actively promote an improvement in the health and safety of the environment.
- 5.1.5.2 Full details of the HSC, its composition; roles; responsibilities and the frequency of meetings are defined in the 'HSC Terms of Reference' (Appendix D)
- In general terms the committee should comprise of members from the following backgrounds:
- (a) Staff Side Representative
 - (b) Local Site Representative
 - (c) Management
 - (d) Members of Service Departments (HR etc)
 - (e) Health and Safety Advisor
 - (f) Other Specialists as and when required.
- 5.1.5.3 The committee shall comprise of staff members representing the board spectrum of the general and health professional employee structure.
- 5.1.5.4 Management representative will be nominated by CE of HRCH; they will have sufficient knowledge, experience and powers vested in them to ensure safety related matters will be handled in a timely and effective manner.
- 5.1.5.5 The membership will be published and available to all staff.
- 5.1.5.6 The constitution of the committee will follow the principles as shown:
- (a) The committee shall be chaired by a Director or Senior Manager nominated by the Chief Executive Officer and shall have a secretary present to record committee business.
 - (b) Written minutes of meetings will be produced by the secretary and held by them, they will be circulated to all committee members and the Board and in addition they will be placed on the HRCH website.

5.1.6 Emergency Procedures

HRCH shall ensure that emergency procedures are in place and designed to give warning of imminent danger, therefore allowing personnel to move to a place of safety smoothly and efficiently. To assist with this procedure a cascade information system shall be introduced in each department, service and team. Managers shall be responsible for ensuring all staff and visitors within the area are informed of, and fully conversant with emergency procedures.

5.1.7 Infrastructure for Health and Safety

It is recognised that the HRCH has many demands on its resources to meet political and legal requirements. The Trust will endeavour to ensure that reasonable resources are allocated and where there are insufficient resources a safe system of work will be developed to minimise the risk to patients, staff and others.

The HRCH sees communication between staff at all levels as an essential part of effective health and safety management. Such consultation has been outlined in the HSC paragraph above in subsequent paragraphs below; in addition consultation will be facilitated through the Provider Services Governance Group.

The HRCH supports the appointment of Trade Union representatives or those appointed by their professional body and recognises their contribution and the obligations that the Trust has towards health and safety representatives. If there are insufficient health and safety representative, managers shall canvas staff to seek volunteers to represent their department/speciality so that there is representation for the key areas within the Trust. Non union members will have the same rights and facilities afforded to them by the Trust.

Additional communication on health and safety matters will be through the Trust's communication systems, including Staff Weekly Brief and or any other method of internal communication with their staff and other occupiers.

The purpose of the committees and the meetings is described below but in essence is to provide a platform for promoting health and safety information exchange and assessing the effectiveness of the health and safety management system within the Trust.

Health and Safety issues are addressed through the following groups:

5.1.71 Health & Safety within Team Meetings

Health and Safety should feature on the agenda of all team meetings. This will ensure health and safety is on every agenda so as to address the day-to-day operational issues facing each service, and determine swift and efficient action to address any health and safety issues raised through risk assessment, incident reporting or concerns through service management line.

5.1.7.2 HRCH Health and Safety Committee

This committee will address issues that are wide ranging; the Committee will oversee the formulation and implementation of HRCH's health and safety related policies, act as a consultation forum for new health and safety related policies and advise services on

issues unable to be resolved at local team meetings. Any issues not able to be resolved in these forums will be referred onto the Executive Team

5.1.7.3 HRCH Board

The Board will receive recommendations from the HSC / Integrated Governance Committee on areas of high risk that require Board level decisions.

5.1.7.4 Trade Union Representation.

Each recognised trade union will be invited to nominate a representative to attend HSC meetings as described in the Safety Representatives and Regulations 1977 (SI.500) (SRSCR 77). All professions may nominate a member of staff to represent their ward, department or team at the HSC as described in SRSCR 77 and the Consultation with Employees Regulations 1996 (CER 96) as amended

5.1.8 Specialist Advisors

Specialist advisors are those employees working within or managing a department within the Trust who have designated responsibilities for advising on and ensuring the implementation of certain health and safety measures. Managers within the Trust should refer to these advisers when needed or refer to them matters relevant to their speciality. Appendix C contains Specialist Advisor contact details.

5.1.8.1 Occupational Health Service

It is the policy of HRCH to provide a comprehensive occupational health service for all staff, to this end the occupational health department is, in conjunction with managers, supervisors and the health and safety manager responsible for:

- (a) Promoting and helping to maintain a good standard of 'good health at work' for all staff employed by the trust, this should encompass physical and mental health including well-being.
- (b) Ensuring 'so far as is reasonable practicable, that staff are fit to carry out their duties through assessment at pre-employment, on return to work and health surveillance programmes.
- (c) Protect staff from infection and ill health by means of advice, education, job specific immunisations and support following injury (e.g. needle-stick and sharps injuries, back injuries etc).
- (d) Providing advice to managers and supervisors on particular aspects of occupational health (e.g. working with display screen equipment).
- (e) Services are provided confidentially to individual employees and include advice and counselling on health and associated matters, immunisations in accordance with Trust policy, investigation of hazards, accidents and their health consequences, environment studies and health surveillance.

5.1.8.2 The Infection Prevention and Control Team

The Infection Prevention and Control Team is responsible for

- (a) Monitoring outbreaks of infection and taking appropriate action

- (b) Provision of education and advice to staff at all levels in aspects of infection Prevention and control.
- (c) Preparing and reviewing infection prevention and control policies and procedures in accordance with national standards and statutory requirements.
- (d) Providing advice and reports for the relevant committees on issues relating to infection prevention control.
- (e) Reporting on infection prevention and control audits to the Infection Prevention and Control Committee, or HRCH, HSC where health and safety is an issue.

5.1.8.3 Moving and Handling Advice

Moving and handling advice is available through the Occupational Health Department and training via a Moving and Handling Trainer contracted through the Learning and Development team. The services offered are as follows: -

- (a) For providing advice, training and support to staff on the moving and handling of patients and inanimate objects.
- (b) For developing training programmes in line with the mandatory moving and handling requirements of the HRCH, such training should be targeted at helping to reduce the risks of staff and patients from moving and handling activities.
- (c) Advising on the selection and use of hoists and other moving and handling aids.
- (d) Occupational health provide individuals with advice regarding management of moving and handling from a personal health perspective as appropriate .

5.1.8.4 Fire Advisor.

The duties and responsibilities of the Fire Safety Advisor are:

- (a) To advise and assist the HRCH on the interpretation and application of legislative requirements and codes of practice in respective of premises in accordance with the Regulatory Reform (Fire Safety) Order 2006.
- (b) To advise and assist on Risk Assessment and Fire Safety Audits within HRCH premises.
- (c) To report to the HRCH, HSC on the conditions of Fire Precautions, assessments of fire risks, Fire Code, HTM 05 and recommendations for fire safety improvements.
- (d) To liaise with estate staff, planning teams, Building Control Officers and Fire Authorities in the specification of fire precautions for existing and new premises.
- (e) To prepare, organise and evaluate fire training and fire evacuations.
- (f) To advise on fire record keeping requirements for all of the HRCH'S premises.
- (g) To manage and supervise the provision, sighting and maintenance of fire extinguishers, fire safety signs, notices etc.

- (h) To maintain accurate records of all fire incidents and liaise with the fire and police authorities in all investigations including cases where arson is suspected.

5.1.8.5 Local Security Management Specialist

The Local Security Management Specialist (LSMS) has an overview of matters relating to security, violence prevention and personal safety. The LSMS will:

- (a) Provide professional integrated services on a scheduled and ad-hoc basis, which are efficient, effective and timely.
- (b) Provide assistance to managers implementing risk reduction measures and post-incident management.
- (c) Facilitate the provision of appropriate training in conjunction with the Learning and Development Department by assisting managers to identify training needs and provide/make available appropriate courses on induction.
- (d) Monitor the effectiveness of implementation of this strategy by means of audits.
- (e) Report the results of audits undertaken to HRCH HSC.
- (f) Collate and report to HRCH HSC the incident reports and action.
- (g) Refer staff, as necessary, to the HRCH Counselling Service or to Occupational Health.
- (h) Managers will ensure there is a prompt review of any significant violent incident and that it is used to evaluate policy guidelines and skills to avoid further incidents.
- (i) Vet and train security staff, any agency or contract staff must be sourced through an approved supplier, who will confirm that their staff has been vetted and their training is current.
- (j) Maintain crime prevention programme and campaigns to raise the profile of security and highlight the need for constant vigilance.
- (k) The maintenance of the prestige of the HRCH.
- (l) Maintaining at all times liaison with the police and other security organisations represented within the HRCH's premises.

5.1.8.6 Radiation Protection Advisor / Supervisor

HRCH has a contract in place for the specialist advice for the Radiation Protection Advisors duties within the departments where radioactive sources are used by the HRCH services. Their duties and responsibilities are:

- (a) To advise managers and staff on matters of radiation protection as may be required.
- (b) In consultation with managers, to approve and review the implications of new work involving the use of ionising radiators including accommodation requirements.

- (c) To advise and monitor the results of dose monitoring and other radiation surveys and, where necessary to advise on the significance of such results.
- (d) To investigate accidents and incidents involving radiation.
- (e) To prepare and maintain a full inventory of radiological machinery and equipment in use in the HRCH.

5.2 Specific Safety Issues

(Many of the topics below are supported by standalone policies, which should be read by staff where they are pertinent to the work they carry out.)

5.2.1 Asbestos

In premises not owned or managed by the HRCH, the owner or management of the premises shall provide evidence that there is a system in place to manage Asbestos.

5.2.2 Aggression and Violence at Work

HRCH will adhere to the recommendations of the Health Services Advisory Committee report "Violence to Staff in the Health Service." Frontline and patient facing staff should be particularly aware of this report and all other staff are advised to acquaint themselves with the document.

5.2.3 Clinical and Biological Spills

5.2.3.1

Through its employees, HRCH shall control the collection, handling and disposal of clinical waste in accordance with Waste Policy. Further advice, if required, shall be provided by the Waste Manager or Infection Prevention and Control Team. Biological spills shall be treated according to Infection Prevention and Control Policy (Blood and Body Fluid Spillage Chapter).

5.2.3.2

The HRCH Waste manager or Infection Prevention and Control Team as appropriate shall determine the disposal of clinical waste in accordance with current Microbiological and Environmental requirement.

5.2.4 Construction (Design & Management) Regulation 2007

The Director of HRCH Estates and Facilities Management shall ensure that all building; construction and maintenance work fully complies with the Construction (Design & Management) Regulations 2007, associated Approved Codes of Practice and subsequent delegated legislation.

5.2.5 Contractors

The Director of HRCH Estates and Facilities and the Associate Director Estates and Facilities are responsible for appointing and overseeing the work of contractors and are responsible for ensuring:

5.2.5.1

The competency of contractors to carry out the work safely, well resourced and well informed as to the risks relating to the task and the environment of the area concerned.

5.2.5.2

The competency of the contractors is established by reference to previous experience, qualifications, and safe systems of work and methods statements.

- 5.2.5.3 The contractors are issued with guidelines setting out the Trusts' requirements for safe working on site and that written confirmation is obtained from the contractors accepting the terms and conditions.
- 5.2.5.4 The contractors will provide a risk assessment /statement on how the work will be completed and how the exposure to risks by members of the public, staff and others will be minimised.

5.2.6 Control of Infection and Handling of Infectious Diseases

HRCH has a full-time Infection Prevention and Control service and access to the services of a medically qualified Consultant Microbiologist and local Health Protection Units Policies and procedures are updated by the Infection Prevention and Control Team and reviewed for approval by the HRCH Infection Prevention and Control Committee on behalf of the Board

5.2.7 Control of Substances Hazardous to Health 2002

- 5.2.7.1 HRCH adopts the standards laid down by the Control of Substance Hazardous to Health Regulations 2002.
- 5.2.7.2 The health and safety advisor in conjunction with the Occupational Health Service will advise management on the assessment of risk to health of staff of substances hazardous to health and will advise on the necessary measures to eliminate or reduce the level of risk to the minimum, and the appropriate monitoring and surveillance actions.
- 5.2.7.3 Departmental managers are responsible for keeping COSHH records for the prescribed period (currently three years for substances); additionally they must maintain an up to date substance hazardous to health inventory for goods handled or used on site.
- 5.2.7.4 Medical Surveillance records must be retained for 40 Years.

5.2.8 Cytotoxic Drug Administration

- 5.2.8.1 Provisions for the administration of Cytotoxic Drugs are laid out in the Medicines Management Policy and are based on guidance provided by the Health and Safety Executive and Professional Bodies with special regard to the COSHH Regulations 2002.

5.2.9 Dangerous Occurrences

- 5.2.9.1 Dangerous Occurrences within HRCH shall be as defined in the Reporting of Injuries, Diseases and Dangerous Occurrence Regulation 1995, (RIDDOR), and the associated Health and Safety Executive Guide, HS (R) 23.
- 5.2.9.2 HRCH requires its employees to report all incidents that arise out of or in connection with Trust activity using the HRCH's Single incident reporting form, please refer to Incident and Serious Incident Reporting Policy No. 52 for guidance.
- 5.2.9.3 Copies or RIDDOR reports shall be retained for a minimum of three years. Reporting of RIDDOR related incidents is to be managed in accordance with legislation and the Trust Incident and Serious Incident Reporting Policy.

5.2.10 Decontamination of Equipment

5.2.10.1 HRCH shall employ systems of work in accordance with Management of Medical Devices Prior to Repair, Service or Investigation MHRA DB2003 (05) to prevent the transmission of infection from contact with contaminated equipment. Trust employees shall ensure that all equipment is decontaminated and cleaned to the manufacturer's protocol and/or, the standards required by the HRCH Infection Prevention and Control policies and complete the appropriate documentation before sending the item for repair or service.

5.2.11 Display Screen Equipment

5.2.11.1 The Display Screen Equipment Regulation 2002 clearly defines controls and measures for the safe use of Display Screen Equipment (DSE). The Trust has a separate policy for the use of DSE that details responsibilities, provisions and expectations for all personnel who use the equipment. All computer users are expected to be conversant with this policy.

5.2.11.2 All DSE users must acquaint themselves with the standalone DSE policy and should use them in a safe manner at all times.

5.2.11.3 All managers will ensure that all staff on an annual basis complete a work station assessment and records kept for minimum of 3 years.

5.2.12 Electricity at Work

5.2.12.1 The standards adopted shall be those of the HSE Guidance Document HS R 25. Where the Regulations are subject to the term "reasonably practicable" as described in the Guidance Document, the Associate Director of Estates and Facilities shall determine the standards to be applied. These standards shall be constituent part of HRCH's Commissioning and Maintenance Policy.

5.2.12.2 Records that are required under the Electricity at Work Regulations shall be controlled as defined by the AD Estates.

5.2.12.3 Within HRCH, only staff or contractors authorised by the Owners, Estates and Facilities Manager at WLHE&FM SSP / Norland Managed Services / AD Estates may carry out electrical work.

5.2.12.4 HRCH Managers shall advise the Director of WLHE&FM SSP / Norlands / AD Estates of all items of electrical equipment that are brought into Trust premises or control however obtained. Lease and loan equipment is also subject to this policy's requirement.

5.2.12.5 No item of electrical equipment shall be used until clearance has been given in accordance with HRCH's Commissioned Maintenance Service Provider.

5.2.12.6 Managers with the support of the estates and facilities advisor should ensure regular inspections of all electrical items and installations in the parts or HRCH's activities for which they are responsible are carried out. First line inspection within clinics and department shall be the responsibility of the respective manager, who will check electrical items to the standards required by the HRCH Director of Estates and Facilities, / AD Estates WLHE&FM SSP / Norlands using internal resources. Any fault or concern shall be immediately communicated to the HRCH Director of Estates and Facilities. All managers shall prohibit the use of such electrical equipment until the fault has been rectified.

5.2.12.7 All Trust staff shall be required to stop the use of any item that appears to have an electrical fault and bring the matter to the attention of their manager immediately

5.2.13 Fire

5.2.13.1 HRCH has a specific policy for Fire procedures and adopts the standards as detailed in the DHSS document "Firecode". "Policy and Principles" see Fire Policy No 31, The Regulatory Reform (Fire Safety) Order 2005 and subsequent delegated legislation.

5.2.13.2 Fire safety management responsibilities are delegated to the Director of WLHE&FM SSP / Norlands / HRCH AD Estates and Facilities, whose organisations shall ensure its fire advisor and deputies conduct fire risk assessments; provide training and support to all fire wardens on all HRCH premises. Individual staff members at all levels of HRCH are required to observe and adhere to the requirements of the Fire Policy and Procedures.

5.2.13.3 In premises not owned or managed by HRCH, it will be the responsibility of all HRCH managers or heads of departments to co-operate with the Owners/managers of the premises to ensure that they comply with the Regulatory reform (Fire Safety) Order 2005.

5.2.14 First Aid

5.2.14.1 It is the policy of HRCH to make provision for first aid and the training of "First Aiders" in accordance with the "First Aid" Regulation (1981) and Approved Code of Practice (1997).

5.2.15 Food Hygiene

5.2.15.1 HRCH has adopted the Food Safety (General Food Hygiene) (Amended) (England) Regulations 2004 recommendations of Council Directive 93/94 EC as the standard to which it aspires.

5.2.15.2 Training shall be provided for catering staff and other food handlers. Any agency or contract staff must be sourced through an approved supplier, who will confirm that their training is current and to the level required by HRCH.

5.2.15.3 It is the responsibility of the AD Estates and Facilities Manager and other managers responsible for food acquisition, processing and serving to ensure that training is provided where necessary and that applicable standards are met; maintained and recorded in auditable documentation at all times

5.2.15.4 Any serious outbreak of food poisoning shall be handled in accordance with the Local Authority Environmental Health Office policy.

5.2.16 Manual Handling of Loads / Objects (Lifting and Handling)

5.2.16.1 HRCH has a specific policy for Moving and Handling. This policy meets the requirements of the Manual Handling Operations Regulations 1992 and the Lifting Operations and Lifting Equipment Regulations 1998 and is independent of this general health and safety policy. All staff must undertake Moving and Handling training appropriate to their role. Staff should check with the Learning and Development Team (L&DT) with regards to the frequency of their attendance at this training (this should be specified in the Mandatory and statutory training guide that is periodically produced by the L&D Team.

5.2.17 Noise

5.2.17.1 The controlling of noise at work is specified in the Noise at work Regulation 2005, the document clearly defines controls and measures for the safety of employees and others. HRCH shall where necessary ensure compliance with this legislation is met.

5.2.17.2 Noise assessments will be carried out when any employee is likely to be exposed to a level of noise as defined in the regulation and necessary arrangements will be adopted as far as reasonably practicable.

5.2.18 No Smoking on NHS Premises

5.2.18.1 HRCH sites or premises are designated 'Public Places' and in accordance with National 'NO SMOKING' guidelines are designated 'SMOKE FREE ZONES'.

5.2.18.2 HRCH has implemented the Smoking at work regulation in full.

5.2.19 Peripatetic Workers

5.2.19.1 HRCH shall apply the same standards of safety policies to all staff, whether working on site, or elsewhere in circumstances that could be covered by the EU Directive "Employment or Peripatetic Workers". Where the directive requires alternative standards to those in the workplace directive, HRCH shall define the standards that are to be used on an individual basis.

5.2.20 Personal Protective Equipment

5.2.20.1 HRCH requires its managers to assess the need for personal protective equipment as part of the overall risk assessment process required for all Trust activities.

The standards adopted by HRCH are those of the Personal Protective Equipment at Work Regulations 1992 as defined in the Health and Safety Executive's Guidance document L25.

5.2.20.2 HRCH shall provide PPE to staff where their work requires such protection. The standard of equipment provide shall be determined during the risk assessment process (according to Infection Prevention and Control policy if appropriate) and must always be stored, maintained and where necessary, users given training in its safe use.

5.2.21 Pregnant Mothers and New Mothers

5.2.21.1 HRCH requires its managers to conduct risk assessment for all expectant women, and mothers returning to work after maternity leave who have done so before/and up-to their child is six months old. The requirement to assess new and expectant mothers at work is specified in the Management of Health and Safety at Work Regulations 1999, In short HRCH shall ensure the necessary controls to protect the health and safety of the mother: unborn child; colleagues and clients alike are all in place and regularly monitored.

5.2.22 Pressure Vessel Regulations

5.2.22.1 The Director of WHLE&FM/SSP shall be responsible on behalf of HRCH for ensuring that the requirements of the Pressure Systems and Transportable Gas Containers Regulations 1989 are applied throughout HRCH. The standards adopted by HRCH shall be those as defined in the Health and Safety Executive Guidance document HS (R) 30

5.2.23 Radiation Safety

5.2.23.1 HRCH adopts the standards and procedures described in the ionising Radiation Regulations 1999 and the associated Code of Practice for the protection of Persons against ionising Radiation's and the Regulations for the Protection of Persons Undergoing Medical Examination or Treatment.

5.2.24 Toy Regulations

5.2.24.1 Toys that are retained in clinics, surgeries and waiting areas, for use by children who are patients or are visiting MUST be regularly sanitised in accordance with HRCH's Infection Prevention and Control Policy.

5.2.24.2 All toys in all HRCH sites need to be checked and cleaned on a regular basis, full details of cleaning guidance for these items can be found in the appropriate chapter of the Infection Prevention and Control policy manual. Clinicians or appropriately designated members of staff on site have a duty of care to maintain the cleanliness of these toys and as such must ensure the articles are safe for those using or playing with them.

5.2.24.3 HRCH standards for the assessment and safety of toys, and the application of those standards shall comply with those standards imposed by the 'Toy (safety) Regulations 1995.

5.2.25 Warning Labels and Hazard Signposting

5.2.25.1 HRCH shall display Statutory and Advisory Warning Notices as required by the 1996 Safety Signs Regulation and Codes of Practice. Before notices are permanently fixed, the approval of the AD Estates or the Estates and Facilities manager should be sought.

5.2.25.2 Local managers shall be responsible for identifying the need for and proposed location of such notices, and ensuring that once fixed these remain visible.

5.2.25.3 Notices that become obsolete shall be removed. Managers should seek the assistance of HRCH's contracted Estates staff in fixing or removing signs.

5.2.26 Working at Height

5.2.26.1 The Working at Height Regulation 2005 as amended in 2007 are explicit about what constitutes 'at height work', as such HRCH shall adopt the guidance offered in the Regulations. To this end staff needing to gain access to goods or places that are above head height should be provided with access to height equipment such as mobile step-stools and step ladders. 'A' frames step ladders should be used where possible and if the top of the step ladder when opened up is in line with or above the individual users shoulder they should seek assistance to have the steps supported whilst they are being used.

5.2.26.2 Staff are advised that using chairs; tables; boxes or other objects that have not been tested or approved for access to work at height is prohibited in HRCH.

5.2.26.3 Access to height equipment that exhibits any signs of damage or undue wear and tear, and is believed to be unsafe should NOT be used until it has been inspected by a member of the estates and facilities staff who has the knowledge and experience to determine usability.

5.2.26.4 Staff who regularly uses access to height media should be trained in its safe use. It shall be the responsibilities of line managers to ensure that regular users are given such training.

5.2.26.5 All working at height equipment should be given an asset number and tested in accordance with the manufacturer's instruction, and records of tests kept on site.

5.2.27 Work Equipment Regulations

5.2.27.1 HRCH shall require all employees to take account of and to comply with the requirements of the Provision and Use of Work Equipment Regulations 1998.

5.2.27.2 All Managers shall ensure work equipment is assembled constructed or adapted so as to be identifiable for the purpose for which is it to be used, and that it is maintained in an efficient state, in efficient working order and in good repair. Before any adaptations or modifications are made to work equipment, prior approval must be sought from the Original Equipment Manufacturer (OEM), particularly if the intended modification(s) is/are likely to breach and existing warranties or such changes might affect the safety of staff or others using the equipment.

5.2.27.3 Managers shall ensure that all persons who use work equipment have received adequate health and safety information, training and where appropriate, written instructions pertaining to the safe use of the said equipment.

5.2.28 Young persons.

5.2.28.1 A **young person** is anyone under eighteen years of age (young people);

5.2.28.2 A **child** is anyone who is not over compulsory school age. He or she has not yet reached the official age at which they may leave school, also referred to as the minimum school leaving age (MSLA). (NB the oldest pupils of compulsory school age, those born in September for example, may be as old as 16 years and 10 months in year 11 before they leave school on the last Friday in June.)

5.2.28.3 All managers before employing a young person will ensure that they carryout a risk assessment of the work place where the young person will be working and the task the young person will be expected to carryout.

6. Duties

All staff have responsibilities to ensure Health and Safety procedures are followed.

7. Consultation Process

Health and Safety Committee, Health and Safety Advisor, AD Estates and Facilities, Learning and Development, Occupational Health Advisor, Manual Handling Advisor and Human Resources.

8. Approval and Ratification Process

The initial draft of this policy was sent to Health and Safety Committee and it was ratified with a review of one year pending the outcome of the estates transfer to HRCH NHS Trust. A further review has now been requested rather than a date extension review to ensure the information contained within is up to date and is in the revised template this work has been undertaken.

9. Dissemination and Implementation

This document will be placed on the intranet by the QCE team (Val Carey). The QCE team will provide a reference number for the policy.

It will be therefore be available to all staff via the HRCH NHS Trust intranet. Furthermore the document will be circulated to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. Managers will ensure that all staff are briefed on its contents and on what it means for them.

10. Archiving

The QCE team will undertake the archiving arrangements.

11. Training requirements

All staff are required to attend training as set out in the Mandatory and Statutory training requirements for HRCH.

12. Monitoring and Auditing Compliance with the Document

Appendix A provides information on monitoring arrangements.

13. Review

This policy will be reviewed in 1 year's time by Health and Safety Advisor.

14. References

Health and safety at Work Act 1974
Management of Health and safety at Work regulations 1999
Institute of Electrical Engineers Regulation
Regulatory Reform (Fire Safety) Order 2005
Hospital technical Memorandum) 5 series of Documents.
Use of Work Equipment Regulations 1998

15. Associated Documentation

Moving and Handling Policy, Medical Devices Policy, Infection Control Policy.

16. Appendices

Appendix A – Monitoring Tool

Appendix B – Equalities Impact Assessment

Appendix C – Risk Assessment Form Site

Appendix D – Health And Safety Committee Terms Of Reference

Appendix E – Specialist Advisors Contact Details

Appendix F – How to Report an Incident

Appendix G – Health and Safety Audit

Appendix A – Monitoring Tool

Element to be monitored	Lead	How Trust will monitor compliance	Reporting arrangements	Change in practice and lessons to be shared
<i>See list of NHSLA minimum requirements if relevant</i>			<i>Which committee or group will the monitoring report go to?</i>	<i>How will changes be implemented and lessons learnt/ shared?</i>
Incident reports	Risk manager	Quarterly Reports	Health and Safety Committee	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.
Occupational Health	AD Human Resources	Quarterly Reports	Health and Safety Committee HR Committee	
Infection control audits	Infection and prevention control team	Quarterly Reports	Health and Safety Committee to Integrated Governance Committee	
Health and Safety Audits	AD Operational Support Services	Quarterly Reports	Health and Safety Committee	
Security Audits	AD Estates and Facilities	Quarterly Reports	Health and Safety Committee, Estates and Facilities	
Fire Audits	AD Estates and Facilities	Quarterly Reports	Health and Safety Committee, Estates and Facilities	

Appendix B - Equalities Impact Assessment

This **MUST** be completed of if new policy or strategy.

Equality Analysis – Screening form

NAME OF POLICY OR STRATEGY

Manager's name	Jill Downey
Directorate	Operations
Date	June 2012
Function, strategy, policy or service	Policy
Main aims, purpose and outcomes of the function, strategy, policy, service or work	To ensure Health and Safety compliance for HRCH
How will these aims affect our statutory duty to: 1. Advance equality of opportunity? 2. Eliminate unlawful discrimination, harassment and victimisation? 3. Foster good relations between different groups? 4. Protect and promote human rights?	
Associated frameworks/NHS Operating Framework mention e.g. national targets NSFs	
Who does it affect? <i>e.g. staff, patients, carers</i>	All staff
Engagement and consultation process carried out (<i>state who was involved, how and when they were engaged and the key feedback</i>)	
What aspects of the policy, including how it is delivered, or accessed, could contribute to inequality?	None
What different needs, experiences or attitudes are particular communities or groups likely to have in relation to this policy?	None

Please complete the screening assessment grid below for equality groups listed within the Equality Act (2010) and highlight the evidence underlying your assessment.

Equality group	Positive impact	Neutral impact	Negative impact	Reason/comment/evidence/ necessary action planning following equality analysis screening
Age <i>Consider and detail (including any source of evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i>		X		
Disability <i>Consider and detail on attitudinal, physical and social barriers.</i>		X		
Gender Reassignment <i>Consider impact on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i>		X		
Marriage and civil partnership		X		
Pregnancy and maternity <i>Consider and detail on working arrangements, part-time working, infant caring responsibilities</i>		X		
Race <i>Consider and detail on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i>		X		

Religion/belief (including lack of belief) <i>Consider and detail on people with different religions, beliefs or no belief.</i>		X		
Sex (i.e. gender) <i>Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).</i>		X		
Sexual Orientation <i>Consider and detail on heterosexual people as well as lesbian, gay and bi-sexual people</i>		X		
Others (e.g. carers, homeless people, sex workers)		X		

Human Rights Act (1998) considerations

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

	Yes	No
Consider whether the policy, strategy or function is relevant to:		
Article 2: The right to life e.g. the protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control; imposing 'do not resuscitate' decisions without first discussing them with patients with capacity or family members and/or carers	X	
Article 3: The right not to be tortured or treated in an inhuman or degrading way e.g. Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, e.g. gypsies and travellers, the homeless, sex workers; issues of patient restraint and control	X	
Article 5: The right to liberty e.g. issues of patient choice, control, empowerment and independence; issues of patient restraint and control		X
Article 6: The right to a fair trial e.g. issues of patient choice, control, empowerment and independence; staff right to fair treatment		X
Article 8: The right to respect for private and family life, home and correspondence e.g. issues of dignity and privacy; the protection and promotion of the safety and welfare of patients; the treatment of vulnerable groups or groups that may experience social exclusion; the right of a patient or employee to enjoy their family and/or private life	X	
Article 11: The right to freedom of thought, conscience and religion e.g. protection and promotion of the safety and welfare of patients and staff	X	

Following the screening stage of the impact assessment, I have decided that a full impact assessment is not necessary.

Date completed: June 2010 Signature: Jill Downey

Appendix C

Risk Assessment Form Site:

Risk Assessment Subject:		
Assessment Undertaken:	Date: Time: Name:	Review date:
Reference Material: <i>(e.g. Approved Codes of Practice)</i>	Health and safety at Work Act 1974 Management of Health and safety at Work regulations 1999 Institute of Electrical Engineers Regulation Regulatory Reform(Fire Safety) Order 2005 Hospital technical Memorandum) 5 series of Documents. <i>(Add any others that applies to this incident)</i>	
Hazards Identified: (Hazard any thing with the potential to cause harm)		
Risks Identified: <i>(The likelihood of a hazardous event happening)</i>		
Who and how many might be harmed?		
Duration of Exposure:		
Current Control Measures: <i>(What is in place now to prevent a hazardous event from happening.)</i>		
Actions Recommended: <i>(what needs to be done to make it tolerable or to eliminate the risk)</i>	<i>(Continue on additional sheet if required)</i>	
Risk score: L= C= RS= (Use chart below for score.)	Responsible person	Priority: (Insert score as detailed on chart below)

RISK GRADING TEMPLATE

Risk level graded by using the 5 x 5 matrix and priority table as detailed below.

Risk score

Priority Level

Consequence	5	10	15	20	25
	4	8	12	16	20
	3	6	9	12	15
	2	4	6	8	10
	1	2	3	4	5
	Likelihood				

17-25 =P1	17-25	Unacceptable Stop activity and make immediate improvements, as detailed.
10-16 =P2	10-16	Tolerable Look to improve within specified timescale.
5-9 =P3	5-9	Adequate Look to improve at next review.
1-4 =P4	1-4	Acceptable No further action, but ensure controls are maintained.

To obtain the risk score, use the guides below:

Consequence

- 1) Insignificant- no Injury.
- 2) Minor- Minor injuries.
- 3) Moderate- up to three days absence.
- 4) Major- more than three days absence.
- 5) Catastrophic- Death

Likelihood

- 1) Very unlikely, there is a 1 in a million chance of the hazardous event happening.
- 2) Unlikely, there is a 1 in a 100 000, chance of the hazardous event happening.
- 3) Fairly likely, 1 in 10 000 chance of the hazardous event happening.
- 4) Likely, there is a 1 in 1000 chance of the hazardous event happening.
- 5) Very likely there is a 1 in 100 chance of the hazardous event happening

Risk score will be shown in the following manner, likelihood 3 x Consequence 2 and recorded on assessment as L/3, C/2, 6

Each item identified will have a priority level given to it and should be completed in the time scale as detailed below.

Priority 1 P(1) Immediately.

Priority 2 P(2) within 1 week from date of receipt of the H&SRA

Priority 3 P(3) Within 4 weeks of date of receipt of the H&SRA

Priority 4 P(4) Within 3 months of date of receipt of the H&SRA

Appendix D: HEALTH AND SAFETY COMMITTEE TERMS OF REFERENCE

Committee purpose:

To provide the lead for the development, implementation and assurance of health and safety with Hounslow & Richmond Community Healthcare

The Trust acknowledges the importance of employee involvement in health and safety and the importance of the role played by health and safety representatives and the health and safety committee. As such it is the intention of the trust to provide the facilities and assistance that such representatives and committees might reasonably require in order to carry out their functions.

Committee Responsibilities:

As a committee reporting to the HRCH Executive Team and in accordance with the Health and Safety Policy, the Health and Safety Committee will:

- Foster a joint management and staff approach to health and safety issues throughout the Trust
- Review and monitor the measures taken by the HRCH to ensure the health and safety at work of employees.
- Promote a culture and ensure that there is adherence to systems in place for the provision of robust, relevant and intelligent information for the Health and Safety Committee, and other regulatory and/or monitoring bodies, in compliance with national guidance.
- Consider and assist in the implementation of health and safety recommendations made by the Integrated Governance Committee and Inspectors or enforcing authority;
- Monitor compliance with the Health and Safety Policy and review and suggest policy amendments three yearly with provision of addendums of legislation;
- Develop, implement and monitor policies procedures and protocols pertaining to health and safety.
- Facilitate the promotion of a culture in which risk management will continue to develop as an integral function of healthcare activity.
- Ensure that the trust adheres to robust systems for maintaining, improving and developing health and safety.
- Monitor and support the activity of local health and safety groups and advise in the management and resolution of the health and safety problems.
- Analyse accidents and incidents and notifiable occupational diseases and their causes
- Receive appropriate clinical risk assessments and reports from departments on health and safety issues and ensure and monitor action plans are in place.

- Monitor the take up and effectiveness of health and safety training and education provided to employees by the trust;
- Advise on and assist in the development of health and safety communication and publicity throughout the Trust including disseminating information to employees on changes in health and safety legislation;
- Provide an annual report to the HRCH Board on the development, implementation and monitoring of health and safety issues within the organisation.
- Ensure any health and safety risk are entered on the Trust Risk register regularly review Health and Safety risk management and controls assurance

Monitoring:

The Committee will be responsible for monitoring all aspects of the organisations work and undertakings, which are encompassed by health and safety.

This will include:

- All directly provided clinical and non-clinical services
- Any services (e.g. shared services) within the remit of the Trust
- Commissioned and contracted services within the remit of the trust.
- Other matters which the Trust Board/Integrated Governance Committee may direct.

Reports to:

Trust Board through the Quality and Safety Committee and the Integrated Governance Committee.

An annual report will be presented to the Trust Board.

Where the Committee feels there are matters of concern which need to be reported to either the NHS Trust Board or the Audit Committee on an exceptional basis, arrangements will be made for such reporting.

Receives reports from:

N/A

Membership:

Director of Operations
 AD for Operational Support Services
 AD for Human Resources and OD
 HRCH lead for Learning and Development
 Head of Risk and Clinical Audit
 Fire & Health & Safety Leads – West London Estates and Facilities and SSP
 Hounslow Estates representatives - WLHE
 Richmond Estates manager- HRCH
 Security Lead
 Support services representatives
 Staff-side Health & Safety representation
 Occupational Health representation
 Infection Prevention and Control representation
 Patient Safety Risk Manager

Hounslow & Richmond Admin & Support Services Team Leaders

Other specialists will be co-opted for particular meetings when subjects on which they have the expertise are to be discussed

Every member will be expected to attend a minimum of three quarters of all meetings held annually. Members will be expected to present apologies for their absence to the Chairman (or deputy) and nominate a deputy to attend a meeting. Membership will be reviewed no less than bi-annually.

Chair:

Director of Operations

Quorum:

Five members (or their nominated deputy) including the committee chair

Meeting frequency:

Quarterly . Further meetings to be convened by the Chair as required to discharge the committee's responsibilities.

Terms of reference review

These terms of reference were revised and approved in September 2011. Next due for review in September 2012.

These terms of reference were amended in September 2010.

Appendix E

Specialist Advisors Contact Details

1.	Occupational Health Service - WMUH	-	0208 321 5044
2.	Infection Control Lead	-	0208 630 3244
3.	Manual Handling Advisor	-	To be advised
4.	Fire Safety Advisor	-	020 3313 9512
5.	Local Security Management Specialist	-	To be advised
6.	Radiation Protection Advisor/Supervisor	-	0208 714 4029
7.	Health and Safety Advisor	-	020 3313 9512

Appendix F

How to Report an Incident

The Single Incident Reporting Forms are for reporting staff accidents/incidents or patients' safety incidents. The form should be used for all such events, whether patients, visitors or staff are involved. The report forms are legal documents, for which line managers shall be responsible. Where available this should be completed on the Datix system.

Purpose of the incident reporting system.

The purpose of the Incident Reporting System is to establish and document the facts of each incident, to determine what actions are to be taken to remedy any identified deficiencies and to prevent, as far as possible, similar occurrences.

Standards adopted by HRCH

It is the responsibility of all staff to report any incident.

Managers have the responsibility to establish, implement and maintain the Incident Reporting System within their area of responsibility. This is to ensure that individual responsibilities for incident reporting are assigned in an appropriate, effective and practice way.

HRCH expects all employees to be familiar with their policies on Incident and reporting, Complaints, Health & Safety, Fire & Evacuation and Major Incidents.

Managers are responsible for investigating incidents and reporting them to the appropriate Line Manager.

What to report

Every incident should be reported using the same form, whether these events are personal injury, accidents, near-miss incidents, security matter (such as theft), fire, abusive, violent acts, faulty equipment or materials that could affect the safety of anyone for whom or to whom HRCH has a responsibility. The importance of reporting even trivial incidents cannot be over-emphasised.

Completing the form

Separate form should be completed for each person/incident.

Separate Incident Report Form (DIF1) to be completed for each person/incident.

Complete form WITHIN 24 HRS of incident occurring.

You will need 3 copies of the form:

- Person completing the form retain one copy of the form
- Send copy to: Risk Team, Quality & Clinical Excellence at Sovereign Court, Hounslow, HRCH by Email to **(only from NHS accounts)** or by Fax
- Copy of the form to be sent to your Service Lead to complete their Managers Report

Use Risk Assessment Matrix NSPA January 2012 (Provided at the end of DIF1 to Score the Incident (further information www.npsa.nhs.uk)

If score of incident is 9 or above phone the Risk Team, Quality & Clinical Excellence, HRCH **IMMEDIATELY**

A Datix Reference number will be provided by the Risk Team, Quality & Clinical Excellence, HRCH.

Incident Report Form (DIF2) – Manager's Report Following an Incident

This form should be completed by the Manager or Service Lead co-ordinating the investigation. There should only be one Manager's Report completed per Incident Form submitted to the Risk Team, Quality & Excellence, Hounslow & Richmond Community Healthcare (HRCH)

If Score of Incident is **above** 9:

- Phone the Risk Team, Quality & Clinical Excellence, HRCH **IMMEDIATELY**
- Submit acknowledgment and main lead undertaking the investigation within **48 HOURS**.
- Completed report to be submitted depending on the severity of the incident within the permitted timescales.

If Score of incident is 9 or **below** complete and return Report **WITHIN SEVEN DAYS** of the incident occurring.

A Datix Reference Number will be provided by the Risk Tem, HRCH. Please ensure that the Incident Date, Time and Datix Reference Number are on all documents and evidence related to the incident.

All RIDDOR reportable events should be processed through HRCH Risk Team, Quality & Clinical Excellence at Sovereign Court, Hounslow.

Appendix G: HEALTH AND SAFETY AUDIT

IN ACCORDENCE WITH THE HRCH TRUST HEALTH & SAFETY POLICY AND THE HEALTH AND SAFETY MANAGEMENT SYSTEM AS DETAILED IN THE HEALTH AND SAFETY GUIDE HSG 65

For and on behalf of	Care Trust
Premises	
Date of inspection	
Carried out by	
Responsible person for site	
Responsible person for department	

RISK GRADING TEMPLATE

Risk level graded by using the 5 x 5 matrix and priority table as detailed below.

Risk score

Priority Level

17-25 =P1	17-25	Unacceptable Stop activity and make immediate improvements, as detailed.
10-16 =P2	10-16	Tolerable Look to improve within specified timescale.
5-9 =P3	5-9	Adequate Look to improve at next review.
1-4 =P4	1-4	Acceptable No further action, but ensure controls are maintained.

Consequence	5	10	15	20	25
	4	8	12	16	20
	3	6	9	12	15
	2	4	6	8	10
	1	2	3	4	5
	Likelihood				

To obtain the risk score, use the guides below:

Consequence Persons

- 1) Insignificant- no Injury.
- 2) Minor- Minor injuries.
- 3) Moderate- up to three days absence.
- 4) Major- more than three days absence.
- 5) Catastrophic- Death

Consequence property

- 1) Insignificant- no damage to property
- 2) Minor- slight damage to property and time down H&SRA
- 3) Moderate- Moderate damage to property, possible closure of parts of site H&SRA
- 4) Major- Major damage to site closure of site services for more than 4 days. H&SRA
- 5) Catastrophic- Full closure of site/department/area need to relocate to new location

Risk score will be shown in the following manner, likelihood 3 x Consequence 2 and recorded on assessment as L/3, C/2, RS/6
 Each item identified will have a priority level given to it and should be completed in the time scale as detailed above

Likelihood

- 1) Very unlikely, there is a 1 in a million chance of the hazardous event happening.
- 2) Unlikely, there is a 1 in a 100 000, chance of the hazardous event happening.
- 3) Fairly likely, 1 in 10 000 chance of the hazardous event happening.
- 4) Likely, there is a 1 in 1000 chance of the hazardous event happening.
- 5) Very likely there is a 1 in 100 chance of the hazardous event happening

Priority Level

- Priority 1 P(1) Immediately.
- Priority 2 P(2) within 1 week from date of receipt of the
- Priority 3 P(3) Within 4 weeks of date of receipt of the
- Priority 4 P(4) Within 3 months of date of receipt of the

DETAILS OF ACTIONS REQUIRED AND DATES FOR COMPETION ARE IDENTIFIED IN THE ACTION PLAN ON PAGE 6.

SAFETY ISSUE QUESTIONS

		Yes/No	Further Action	L	C	RS	Priority
	Is there a current Fire risk assessment for the premises?						
	Is there a current Health and safety Risk assessment for the premises?						
1	Is the floor covering safe?						
2	Are there any tripping hazards placed in the walkways, e.g. cables, bags, boxes etc?						
3	Is lighting in the room adequate?						
4	a) Is the room temperature adequate, monitored and recorded?						
	b) If air conditioning units are installed are they working properly?						
	c) Maintained regularly?						
5	a) Is access to window opening mechanisms hindered?						
	b) Have opening restrictors been fitted?						
6	Is there excessive noise in the room or background noise outside that affects the occupants?						
7	Is the cleaning of the room/area satisfactory?						
8	a) Are all Fire Exits kept free from obstacles?						
	b) Appropriately lit?						
9	Are designated Fire Doors being propped open by the incorrect use of fire appliances and wedges?						
10	Have fire extinguishers been checked and labelled properly?						
11	a) Do filing cabinets allow more than one drawer to be opened at a time?						
	b) Have they been secured to the wall or floor?						
12	Are warning labels and signs in place where appropriate?						

13	a) Is Hot water thermostatically controlled?						
	b) If not are 'Very Hot Water' signs displayed?						
		Yes/No	Further Action	L	C	RS	Priority
14	a) Are there adequate facilities for storage of materials?						
	b) Have steps been provided for access to high locations?						
15	a) Are there any ladders used at these premises do they have an asset number and test records available, and have they been tested?						
	b) Do they have asset numbers?						
	c) Are test records available?						
	d) Have they been tested?						
16	a) Have all electrical appliances been inspected?						
	b) Are they displaying test certificates?						
18	a) Are plugs and power cables in a serviceable condition?						
	b) Do sockets have safety blank plates where required i.e. Baby clinics and waiting rooms.						
19	a) Is there sufficient space for the equipment being used?						
	b) Is it safe to work there?						
20	Is there sufficient workspace? If you are not sure what are dimensions of the room?						
21	a) Do records exist indicating that Display Screen Equipment (DSE) assessments have been conducted in the room?						
	b) Have workstation user's chairs been properly adjusted?						
22	a) Are baby changer facilities secured?						
	b) Are they well stocked and mats in good condition?						
23	Are Sharps Bins correctly assembled, labelled properly and positioned out of the reach of prying fingers?						

24	a) Are the toilet facilities and areas clean?						
	b) Are they well stocked with consumables?						
25	Are there any problems with disposal of domestic/electrical and clinical waste?						
26	Is PPE in use, if so is it correctly maintained and stored?						
27	Are Substances Hazardous to Health in use in the room? If yes provide details of the substances on that attached inventory form.						
		Yes/No	Further Action	L	C	RS	Priority
28	Are Material Safety Data Sheets available for each product listed in the inventory?						
29	Are fridges in use? If 'yes'						
	a) Are they Clinical?						
	b) Is the temperature monitored?						
	c) Do they only contain clinical goods?						
	d) Are they for domestic use?						
30	Are the contents of the first aid kit in-date and properly stocked?						
31	Have radiator guards been fitted?						
32	Are panic alarms installed, if 'yes' are they push button or pull cord activated?						
33	Are there oxygen or any other types of store gas cylinders in the room?						
34	If toys are in the room are they clean and sanitised regularly?						
35	Are there any 'Autoclave' sterilisers in the room?						
36	Are there any freestanding lockers, cabinets or cupboards in the room?						
	a) If yes are they secured and therefore not likely to topple?						
37	Has a Disability Access survey been carried out in the room or building?						
38	Are mercury sphygmomanometers in use?						
39	Is security compromised by doors not being locked and/or propped open when						

	they are not in use?						
40	Means of escape routes external						
	a) Are they kept clear?						
	b) Is there a hard path leading to final exit?						
	c) Is it in a good condition?						
41	Means of escape internal.						
	Are all routes clear and free from obstruction?						
	b) Are all final exit doors clearly marked?						
	c) Do the doors open with ease?						
		Yes/No	Further Action	L	C	RS	Priority
42	Manual handling:						
	a) Is there sufficient space for correct lifting?						
	b)						
	c) Is there high level storage?						
	• If yes is there equipment available to access it.						
	•						
	d) Is there a need for staff to lift excessive weights?						
	1. If yes is there any lifting equipment in use?						
	2. If yes, has it been tested?						
	Have risk assessments been carried out where required.						
43	Treatment couches:						
	Are they used on site; if yes:						
	a) Have they been tested in accordance with PUWER and LOLER regulations?						
	b)						
	c) For electrically powered couches, is the supply lead free from damage?						
	d) Is the cushion material in good condition, e.g. no damage and clean?						

	e) Is the couch in a position which will not cause a tripping hazard?						
	f) Is there any likelihood someone may become trapped in the moving parts of the couch?						
44	Are there any other electrical issues within the area of inspection?						
45	Is the premises protected by a lighting conductor. If yes, is there a test record available?						
46	Are curtain tracks and clinical curtains installed? If yes:						
	a) Are they disposable?						
	b)						
	3. If yes when were they fitted?						
	b) Are they launderable?						
	• When were they last laundered?						
		Yes/No	Further Action	L	C	RS	Priority
47	Is there sufficient H&S law posters displayed.						
	a) Are they of the correct style?						
	b) Are the details completed?						
	If yes are the details correct?						
48	Is there window blinds with looped cords , if yes						
	a) Is there public access to the room?						
	b) Are there children present at any time?						
	c) Is the cord fixed to prevent persons putting there head trough						

Reference.

	Asbestos regulations
	Aggression and Violence at Work. Secretary of the state directive on work to tackle violence at work issued 20 th November 1973
	Clinical and Biological Spills
	Construction (Design & Management) Regulation 2007 HSE Guide
	Contractors
	Control of Infection and Handling of Infectious Diseases
	Control Of Substances Hazardous to Health 2002
	Cytotoxic Drugs Administration
	Display Screen Equipment regulations
	Electricity at Work IEE regulations, latest guide
	Fire, Regulatory reform (Fire Safety) Order 2005
	First Aid at work, The health and safety (first aid) Regulations approved code of practice and guidance L74 1997 HSE Books ISBN 0 7176 1050 0
	Health and safety at work act 1974 HSE Guide
	Health and safety Consultation with Employees regulation 1996
	Health Surveillance at Work, Understanding health surveillance at work an introduction for employers INDG304 1999 HSE Book
	Manual Handling of Loads (Lifting and Handling)
	Management of Health and Safety at work regulations 1999
	Noise
	No Smoking on NHS Premises
	Peripatetic Workers
	Personal Protective Equipment
	Pregnant Women and New Mothers. <ul style="list-style-type: none"> • EC Directive 92/85/EEC • A guide for employers HSG 122 1994
	Pressure Vessel Regulations
	Radiation safety
	Successful Health and safety management HSG 65 1997 HSE book
	Toy Regulations
	Warning Label and Hazard Signposting
	Working at Height regulations 2007
	Work Equipment Regulations
	Young People at work. A guide for employers HSG 165 1997 HSE books ISBN 0 7176 1285 6