# HS01 v7.0
# Management of Health and Safety

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## 1.0 Policy Statement

The purpose of this policy is to ensure the Trust complies with the requirements of Health and Safety Legislation; notably the key elements of the Health and Safety at Work Act 1974 and Regulations made under the Act. The Trust must have in place clear lines of accountability and responsibility at all levels within the Trust and for all aspects of health and safety.

Under the Management of Health and Safety at Work Regulations 1999 (as amended), Regulation 3 requires that:

*Every employer shall make a suitable and sufficient assessment of:*

(a)   *the risk to the health and safety of his employees to which they are exposed while they are at work, and*

(b)   *the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking.*

This policy identifies the key accountabilities and responsibilities for managing health and safety risk within the Trust. It lays down the general procedure for undertaking a risk assessment in relation to health and safety. Also covered in the attached procedures are the specialised requirements, under certain health and safety Regulations, which require a specific risk assessment to be undertaken.


## 2.0 Definitions

### 2.1 Accident

An unplanned, uncontrolled event, set of conditions or circumstances that results in actual injury, ill health, damage or loss.

### 2.2 Competent person – depending on the situation may only require:

- an understanding of relevant current best practice;
- an awareness of the limitations of one's own experience and knowledge and
- the willingness and ability to supplement existing experience and knowledge, when necessary by obtaining external help and advice.

Complicated situations will require the competent assistant to have a higher level of knowledge and experience – for this speak to the Health and Safety Team.

### 2.3 Hazard

An environmental factor, work practice, or substance used within any work process which has the potential to cause injury, ill health, damage or loss.

### 2.4 Incident

An unplanned, uncontrolled event, set of conditions or circumstances that have the potential to cause injury, ill health, damage or loss.

### 2.5 Manager

Head of Department e.g. Senior Sister, Area Manager, Department Manager.

## 2.6 Risk assessment

The risk assessment process involves:
- Identifying hazards which present actual and potential health and safety risks in the workplace.
- Calculating the likelihood and severity of the harm they present.
- The introduction, monitoring and review of controls to eliminate or minimise risk.

## 2.7 Risk

The likelihood of a hazard being realised and the extent of that realisation.

## 3.0 Accountabilities

For health and safety to be managed in a robust way, key accountabilities and responsibilities have been identified across the Trust. Clear lines of communication must be put in place to ensure health and safety is communicated to all areas (Appendix 1).

## 3.1 Directors' Responsibilities

The **Chief Executive** is ultimately responsible for ensuring the health, safety and welfare of employees, patients, visitors and others.

The **Chief Nurse**, as part of their nominated and accepted role as the Executive Director of the Trust Board for health and safety, is responsible for ensuring that there is a robust health and safety management system in place throughout all areas of the Trust.

All **Executive Directors** accept individual responsibility for providing leadership on health and safety. They will ensure that appropriate resources, financial and staffing, are in place to implement, maintain, monitor and review the health and safety management system within their area of control.

## 3.2 Trust Health, Safety and Health and Safety Manager

Under the Head of Governance, the Trust Health and Safety Manager is responsible, for supporting the Trust to ensure it complies with all of its obligations under health and safety legislation and that the Trust health and safety system is in place within all areas of the organisation.

The Trust Health and Safety Manager will work closely with the Divisional / Directorate responsible persons, through monitoring and audit, to ensure that each Division has a robust health and safety system in place.

The Trust Health and Safety Manager will operate through the authority of the Director of Nursing and Midwifery and both the Health and Safety Steering group and Health and Safety Operational Group (HSOG) and the subsequent reporting hierarchy.

The Trust Health and Safety Manager must be competent to undertake his / her duties. Competence will be measured through outcomes linked to training, experience, knowledge and skills.

**3.3   Health & Safety Officers** will:

- Support the Trust Health and Safety Manager with the implementation of this policy and support the safety management system
- Provide training and promote awareness on the use of the policy to support departments with compliance.
- Undertake audits to monitor compliance with this policy.

**3.4   Divisional Managers / Divisional Directors / Heads of Nursing (The Divisional Management team)**

The Divisional Management Team are responsible for ensuring that there is a robust health and safety management system in place within their Division, based on the Trust Health and Safety Strategy and Policies.

The Division and each Directorate will have a responsible person in place to implement, monitor, review and audit the health and safety system.

The Divisional Management Team must ensure that there are appropriate resources in place to implement, maintain and monitor the health and safety system.

Divisional Managers must be made aware of their responsibilities for the management of health and safety via the policy and related training.

**3.5   Divisional Responsible Person: Health and Safety**

A Divisional responsible person for health and safety will be assigned by the Divisional Management Team and will be responsible for ensuring that the Divisional health and safety management system is implemented, maintained, reviewed and audited. The individual whom will be assigned this duty will automatically be the divisional Deputy COO (Chief Operating Officer) unless that division states otherwise.

The Divisional responsible person must be provided with information and training to perform his / her role.

The Divisional responsible person will be the Divisional Management Representative on the Trust Health and Safety Steering Group.

The Divisional responsible person will be responsible for the communication and consultation of all health and safety issues within the Division.

**3.6   Directorate Managers / Clinical Directors / Matrons (Directorate Management team)**

The Directorate Management team will be responsible for ensuring that the Divisional health and safety management system is in place within the areas for which they are responsible.

The Directorate Management team will work closely with the Divisional responsible person to ensure that health and safety is implemented, maintained, monitored, reviewed and audited.

The Directorate Management team will ensure that within the areas under their control, resources allocated for health and safety are used appropriately.

### 3.7 Senior Sisters / Department Managers (or equivalent)

Senior Sisters / Department Managers must ensure that the Divisional health and safety management system is implemented locally within the area under their control.

Senior Sisters / Department Managers will work closely with the Divisional responsible person and local safety representatives to ensure that the Divisional health and safety management system is implemented and maintained within the area of their control.

Senior Sisters and Department Managers are accountable for the management of health and safety within their areas.

### 3.8 Employees

The Trust expects every employee, irrespective of grade and role, to recognise their personal responsibility and be familiar with all health and safety policies, practices, procedures and systems that operate in relation to their work occupation. Key responsibilities for all staff are identified within the Trust Health and Safety Policy Statement (Appendix 2).

### 3.9 Departmental Safety Representatives (non-unionised)

The appointment of Safety Representatives, either by unions or professional bodies, or at the request of staff in the department shall be recognised by the Trust, so that in each department the promotion and resolution of relevant health and safety issues can be addressed and resolved. The functions of Safety Representatives are outlined in Appendix 3.

### 3.10 Health and Safety Assistance / Specialist Advice

In order to comply with its duties and obligations under health and safety legislation and achieve the required Trust standards, the Trust will use competent persons to advise on, assist with and undertake risk assessments relating to their particular area of expertise.

The competent persons (Specialist Advisors) are identified below:

| Area of Specialist Advice | Job Title |
|---|---|
| Non-clinical health and safety, health and safety training, contractors, First Aid, Moving and Handling advice and training, etc. | Health and Safety Manager Health and Safety Officers |
| Clinical Risk Management | Divisional Healthcare Governance Manager |
| Violence and Aggression / Security | Local Security Management Specialist Estates and Facilities Division |
| Food Safety and Hygiene | Catering Manager, Hotel Services |
| Infection Prevention | Head Nurse Infection Prevention |
| Employee Consultation | Chair of Staff-side |
| Staff Health and Ill-health prevention | Occupational Health |
| Radiation Safety | Radiation Protection Advisor |
| Laser Safety | Laser Safety Officer |
| Buildings, Plant, Equipment, Environment and Waste Management | Estates Management Directorate |
| Fire Safety | Fire Officer, Estates and Facilities Division |
| Medical Devices | Medical Physics and Clinical Engineering |
| Asbestos | Estates Management Directorate |
| Legionella | Estates Management Directorate |
| Stress | Occupational Health Health and Safety Manager |
| Risk Management | Healthcare Governance Manager |
| Construction / Contractors | Estates Management / Estates |
| Security / Lone Working / Violence & Aggression | Security Team & LSMS |

## 4.0 Policy Detail

**4.1** In addition to the general duties laid against the persons identified above, all areas will identify a person who is responsible for the day-to-day management of health and safety within the area under their control. Usually the manager of the area, this task can be a delegated to another person. However, the accountability for the management of health and safety cannot be delegated.

**4.2** The manager or delegated responsible person will ensure that suitable and sufficient risk assessments are completed for their area, This involves systematic identification of hazards and risks alongside identification and implementation of suitable control measures to mitigate risk (Appendix 4). There must be a system for regular review of risk assessments and the communication of significant findings and control measures to all staff. All risk assessments, including action plans, must be completed and monitored through local governance arrangements.

**4.3** All 17 mandated health and safety risk assessments must be graded according to the Categorisation Matrix and follow the process in OP10 Procedure 2.

**4.4** The manager or delegated person will ensure that any significant risk assessments (graded 12 and above) are reported to the Divisional responsible person as soon as possible after identification.

**4.5** The manager or delegated responsible person will ensure that there is a system within the area under their control to report, in a timely manner, all incidents involving staff, patients, visitors or others in line with the Trust Policy and Procedure for Reporting Incidents (OP10).

**4.6** Managers must have in place a system of monitoring, recording and reviewing any staff or persons considered to require specific health surveillance and / or risk assessment as a result of personal health circumstances.

**4.7** The manager, or delegated responsible, person will adhere to the system in place and completion of the F2508 form sent to them to inform the Trust Health and Safety Manager or Health and Safety Officers of any incident that is RIDDOR

reportable as soon as possible after the event and within legislative guidelines (OP10 Protocol 1).

**4.8** The manager, or delegated responsible person, will ensure that all staff within their area has undertaken all statutory, mandatory and health and safety specific training required for them to safely undertake their roles and responsibilities.

**4.9** The Health and Safety Manager will organise, at identified intervals, undertake an inspection program of all sites to provide the Board with assurance reports that health and safety is being managed across all areas of the Trust.

**4.10** The Health and Safety Team will undertake a quarterly trends analysis of all health and safety incidents within the Trust. Areas for remedial action should be identified and performance targets (agreed through the Health and Safety Operational Group and the Health and Safety Steering Group) set to promote a reduction in health and safety related incidents across the Trust.

**4.11** The Health and Safety Manager will develop, implement, monitor and review an annual Health and Safety report to ensure that the health and safety management

system is implemented and effective across all areas of the Trust. The initial plan will include a benchmark of Health and Safety within the Trust, reviewed on an annual basis seeking to identify targets for improvement in the forthcoming year.

**4.12** When contractors are invited on site to undertake work, refer to Attachment 11 for guidance and information.

**4.13** The process for the management of young people (under the age of 18) who are undertaking work experience within the Trust, is detailed in Attachment 12.

**4.14** The process for the management of latex, which must be considered for all staff, Is detailed in Attachment 13.

**5.0    Financial Risk Assessment**

| 1 | Does the implementation of this policy require any additional Capital resources | No |
|---|---|---|
| 2 | Does the implementation of this policy require additional revenue resources | No |
| 3 | Does the implementation of this policy require additional manpower | No |
| 4 | Does the implementation of this policy release any manpower costs through a change in practice | No |
| 5 | Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff | No |
|  | Other comments<br><br>The implementation of this policy may have a financial impact on individual departments depending on the outcomes of risk assessments and the required control measures. Business cases would need to come from departments |  |

**6.0    Equality Impact Assessment**

This policy has been assessed as not affecting the equality and diversity of any one group or person. Implementation of accountabilities and responsibilities applies to all staff.

**7.0    Maintenance**

This policy and its related procedures will be reviewed by the Health Safety and Improvement Coordinator to comply with changes in legislation or Trust arrangements as necessary. The reviewed document will be agreed through the Health and Safety Steering Group, prior to being ratified through the Trust Management Team.

**8.0    Communication and Training**

**8.1**    This policy will be communicated through line management structures within each Division and Department as identified in Appendix 1.

**8.2**    This policy will be communicated to Divisions and Departments through:

- Attendees of the Health and Safety Operation Groups and Steering Groups
- Trust Communications Strategy
- Trust Intranet site
- Departmental Safety Representatives forum

**8.3**    All staff must undertake statutory and mandatory training as identified within the Trust Policy for Mandatory Training OP41.

**8.4**    All staff who have specific responsibilities relating to Health and Safety must undertake specific training as identified through the Health and Safety Training Plan (Appendix 5).

**8.5**    Communication and reporting is completed via the H&S Reporting structure hierarchy which is;

- Health and Safety Operational Group (Monthly)
- Health and Safety Steering Group (Three per annum to review the HSOG reports)
- QSAG / Quality Committee / Divisional Governance Group
- TMC
- Trust Board

**8.6** H&S Staff will advise security department of violence and aggression Datix incidents.  This forms part of a 'data trawl' of all the Datix incidents reported at the Trust, the prime function for the health and safety team is to identify via Datix reports, if there are any unreported RIDDOR incidents.

**9.0    Audit Process**

| Criterion | Lead | Monitoring | Frequency | Group |
|---|---|---|---|---|
| Health and Safety Management system (via Health and Safety Intel Reports / KPI's) | Department Managers | Meeting minutes | Quarterly via Divisional meetings | Divisional Governance Meetings |
| | Health and Safety Manager | Meeting Agenda / minutes | Quarterly via HSSG | Health and Safety meetings (HSOG & HSSG) & H&S Reporting structure |

| | | | | |
|---|---|---|---|---|
| | Health and Safety Manager | Meeting Agenda / minutes | 6 monthly and annually via full reporting structure | Health and Safety meetings (HSOG & HSSG) & H&S Reporting structure |
| Health and Safety Compliance | Health and Safety Manager / Health and Safety Officers | Internal Audit tool (Podium Audit process) | Via the Trust Health and Safety Management System | Health and Safety meetings (HSOG & HSSG) & H&S Reporting structure |
| | Podium Audits (Quality Assurance program) / Environmental audits | Via KPI and Reporting structure | Via the Trust Health and Safety Management System | Health and Safety meetings (HSOG & HSSG) & H&S Reporting structure |
| | All Datix reports categorized as H&S are monitored and responded to | Via KPI and Reporting structure (Included are VAAG incidents reported to Security, H&S monitor Datix for RIDDOR reportable incidents) | Daily / Weekly (reports are checked quarterly) | Health and Safety meetings (HSOG & HSSG) & H&S Reporting structure |
| | Review of 17mandated risk assessments (and any non-mandated RA's) | Via KPI and Reporting structure | Via the Trust Health and Safety Management System | Health and Safety meetings (HSOG & HSSG) & H&S Reporting structure |

| | | | | |
|---|---|---|---|---|
| Arrangements for access to appropriate specialist advice | Health and Safety Manager | Review of Policy / Strategy (delivery plan) | As required | Health and Safety meetings (HSOG & HSSG) & H&S Reporting structure |
| | H&S Team Email | Review of content part of the H&S officer role | Checked Daily (not on weekends or bank holidays) | Health and Safety meetings (HSOG & HSSG) & H&S Reporting structure |
| Process for checking that all permanent staff, as identified in the training needs analysis complete relevant moving and handling training | Refer to OP41 | Refer to OP41 | Refer to OP41 | Refer to OP41 |

## 10.0 References

The Safety Representatives and Safety Committees Regulations 1977

The Health and Safety (Consultation with Employees) Regulations 1996

The Health and Safety at Work Act 1974

Management of Health and Safety at Work HSG65

Management of Health and Safety at Work Regulations 1992 (as amended)

The Control of Noise at Work Regulations 2005

Personal Protective Equipment Regulations 1992 (as amended)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

Health and Safety (Safety Signs and Signals) Regulations 1996

The Environmental Protection Act 1990

Noise at Work – Guidance for Employers on the Control of Noise at Work Regulations

The Health and Safety (Display Screen Equipment) Regulations 1992 as amended

The Workplace (Health, Safety and Welfare) Regulations 1992 as amended

Manual Handling Operations Regulations 1992

Provision and Use of Work Equipment Regulations

Managing Contractors HSG 159 HSE Latex and You INDG320. The Stationary Office, London

MDA DB9601Latex Sensitisation in the Healthcare Setting [Use of Latex Gloves]. MHRA, London

MDA SN9825 Latex medical Gloves [Surgeons' and Examination] Powdered Latex medical Gloves [Surgeons' and Examination]. MHRA, London

HSC1999 / 186 Latex medical Gloves and Powdered Latex Medical Gloves: Reducing the Risk of Allergic Reaction to Latex and Powdered Medical Gloves. Department of Health, London

Medical Device Alert - MDA/2013/01 - Reporting Medical Device Adverse Incidents and Disseminating Medical Device Alerts

Patient Safety Alert – NHS/PSA/D/2014/005 – Improving Medication Error Incident Reporting and Learning

Patient Safety Alert – NHS/PSA/D/2014/006 – Improving Medical Device Incident Reporting and Learning

Medical Device Alert - MDA/2014/037 – All Medical Devices

**Part A - Document Control**

| Policy number: HS01 Policy version: 7.0 | Policy Title: Management of Health & Safety | Status: Final | | Author: Health & Safety Manager Chief Officer Sponsor: Group Director of Assurance |
|---|---|---|---|---|
| **Version / Amendment History** | **Version** | **Date** | **Author** | **Reason** |
| | 1.0 | Nov 05 | HSIC | New policy |
| | 2.0 | Sept 08 | HSIC | Review |
| | 3.0 | Nov 11 | HSIC | Full review |
| | 3.1 | April 13 | HSIC | Minor amends NHSLA requirement |
| | 4.0 | Feb 15 | HSIC | Full review |
| | 4.1 | Dec 16 | HSIC | Latex Protocol added |
| | 4.2 | March 18 | HSIC | Safety Alerts Protocol added |
| | 5.0 | April 18 | HSIC | Full review |
| | 5.1 | June 2019 | HSIC | Updated Attachment 3 COSHH Protocol – virtually approved |
| | 5.2 | April 2021 | HSIC | Extension applied to policy |
| | 5.3 | July 2021 | H&S Manager | Extension applied to policy |
| | 6.0 | Aug 21 | H&S Manager | Full review of Policy |
| | 6.1 | April 2022 | H&S Manager | Updated Appendix 1 - Organisational Chart and Lines of Communication – virtually approved |
| | 6.2 | May 2023 | H&S Manager | Minor update to Appendix 2 |
| | 6.3 | May 2024 | H&S Manager | • Policy - complete review but only minor changes to terminology<br>• Attachment 1 - minor changes<br>• Attachment 4 - minor terminology and pathway changes<br>• Appendix 3 - minor changes to terminology but the inspection sheet on page 2 is being replaced in its entirety |

| | | | | with a new inspection sheet (H&S Hazard Inspection, Appendix 3a)<br>• Appendix 3a – new addition of Health and Safety Hazard Inspection<br>• Appendix 4 - reviewed. Its new content replaces the need for Appendix 4a<br>• Appendix 4a, Hazard Assessment Form - removed<br>• Appendix 6 - changes to the guidance document<br>• Appendix 6a - new addition of Workplace Welfare Risk Assessment<br>• Appendix 9 – changes to improve the systemic approach |
|---|---|---|---|---|
| | 7.0 | October 2024 | Compliance Manager | Full review |

| **Intended Recipients:** | All staff |
|---|---|
| **Consultation Group / Role Titles and Date**<br>Health & Safety Steering Group members | |
| **Name and date of Trust-level group where reviewed** | QSAG<br>Trust Policy Group - October 2024 |
| **Name and date of final approval committee** | Trust Management Committee – November 2024 |
| **Date of Policy issue** | November 2024 |
| **Review Date and Frequency** (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1) | October 2026 (2 Year review) |
| **Training and Dissemination:** Via the intranet, AUB, Safety Rep Forum and sub groups, namely H&S Steering Group (HSSG) and Governance group | |
| **Publishing Requirements: Can this document be published on the Trust's public page:**<br>**Yes**<br>If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as | |

considering any redactions that will be required prior to publication.

| **To be read in conjunction with:** OP10 |
| --- |

| **Initial Equality Impact Assessment (all policies):** |
| --- |

| **Completed No Full Equality:** Yes / ~~No~~ |
| --- |

**Impact assessment (as required): Completed** ~~Yes / No~~ / NA

<u>If you require this document in an alternative format e.g. larger print, please contact Central Governance Department</u>

| **Contact for Review** | Health and Safety Manager |
| --- | --- |
| **Implementation plan / arrangements (Name implementation Lead)** | Continual audit process |
| **Monitoring arrangements and Committee** | Health and Safety Steering Group, QSAG & TMC |

| **Document summary/key issues covered** |
| --- |
| This policy provides protocols to assist managers to comply with health and safety legislation. There is only one change in a new Health and Safety Manager Role replacing the role of the Health and Safety Improvement Officer. There is also an update on the pathway meetings change to QSAG |
| Individual reviews of the legislative specific appendices are expected throughout the three-year review cycle |

| **Key words for intranet searching purposes** | |
| --- | --- |
| **High Risk Policy?** **Definition:** <br>• Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. <br>• References to individually identifiable cases. <br>• References to commercially sensitive or confidential systems. <br>If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee. | **No** |

# The Workplace, Welfare Regulations

**Detail**

**1.0    Introduction**

The Workplace (Health, Safety and Welfare) Regulations 1992 as amended, seek to protect the health of workers and others by reducing risks with the working environment.

This protocol must be used in conjunction with HS 01 Management of Health and Safety Policy and in line with OP 10 Risk Management and Incident Reporting Policy Procedure 1.

**2.0    Definition**

'Workplace' – the common parts of shared buildings, private roads and paths on industrial estates, business parks and temporary worksites.

'Work' - means work as an employee or self-employed person. 'Premises' - means a place including an outdoor place.

**3.0    Protocol**

**3.1    Each Department will:**

Identify all workplaces within the area under their control.

Undertake the mandated workplace welfare risk assessment (Appendix 6a) using the workplace checklist to support (Appendix 6b). The hazard assessment must take into account all areas where employees may work, including areas within the Trust and external to the Trust.

Where the checklist has identified issues, undertake a suitable and sufficient risk assessment on the workplace, in line with Trust Policy HS 01 Management of Health and Safety

**3.2    All assessments carried out must be reviewed:**

In line with OP10 Procedure 2 but at least annually or

If there are significant changes in the user's workplace / equipment

The user reports any health concerns

**3.3    All risk assessment treatment/action plans must be monitored through local governance meetings.**

**3.4    For assistance and / or advice when undertaking assessments contact the Health and Safety Manager, or your Health and Safety Officer:**

All staff who undertake risk assessments must be trained to do so

**3.5    Any changes to the workplace must be in liaison with Estates Developments and the Health & Safety Team, and take into consideration compliance with The Workplace (Health, Safety and Welfare) Regulations 1992 as amended**

# Display Screen Equipment Protocol Detail

## 1.0 Introduction

This protocol must be used in conjunction with HS 01 Management of Health and Safety Policy and in line with OP 10 Risk Management and Incident Reporting Policy Procedure 1.

The Health and Safety (Display Screen Equipment) Regulations 1992 as amended, seek to protect the health of workers by reducing risks from Display Screen Work. The health problems associated, but not unique, with this type of work are:

- Work related upper limb disorders;
- Eye strain and headaches;
- Fatigue and stress.

## 2.0 Definition

Display Screen Equipment (DSE): any alphanumeric or graphic display screen, regardless of the display process involved.

Competent Person: someone having the necessary experience, practical and theoretical knowledge along with adequate resources to carry out the task involved.

Line Manager: a person who reports to a director and to whom local Managers report.

User: an employee who habitually uses display screen equipment as a significant part of their normal work (if in doubt advice can be obtained from Occupational Health Department or Health and Safety Manager).

Workstation: incorporates the following: display screen equipment, accessories, disk drives, modem, telephone, printer, document holder, work chair, work desk, work surface etc. and the environment around the DSE.

## 3.0 Protocol

**3.1** Each Division, Directorate and / or Department will:

- Identify all DSE users within the area under their control;

- Undertake a hazard assessment of the DSE user's workstation using the VDU checklist (Appendix 7 below). The Checklist must be completed by or with the member of staff classed as the user.

The hazard assessment must consider

- The workstation – including equipment, furniture and work environment

- The tasks being undertaken

- Training

- Special needs of staff

- Where the checklist has identified issues, undertake a suitable and sufficient risk assessment for the DSE user in line with Trust Policy HS 01 Management of Health and Safety;

- Ensure that users are made aware to take rest breaks to prevent the onset of fatigue, injury or ill-health. To achieve this, the department will incorporate changes of activity into the working day. Where possible workers will be given the discretion to decide the timing and extent of off-screen tasks. Anyone who believes their DSE workload does not permit adequate breaks must bring this to the attention of their Line Manager.

**3.2** If a user complains of ill health, the Manager must refer them to Occupational Health for consultation; this may include: musculoskeletal injuries, eye problems, headaches etc.

**3.3** All staff using DSE must be trained on the equipment they are expected to use when they join the Trust, when new equipment is installed or when the risk assessment identifies the need.

**3.4** All assessments carried out must be reviewed:
- In line with OP10 Procedure 2 but at least annually;
- If there are significant changes in the user's workplace / equipment;
- The user reports any health concerns.

**3.5** All risk assessment treatment/action plans must be monitored through local governance meetings.

**3.6** For assistance and / or advice when undertaking assessments contact the Health and Safety Team:
- All staff who undertake risk assessment must be trained to do so.

# COSHH Protocol

**Detail**

## 1.0    Introduction

This protocol must be used in conjunction with [HS 01 Management of Health and Safety Policy](#) and in line with [OP 10 Risk Management and Incident Reporting Policy Procedure 1](#).

**1.1**    The Control of Substances Hazardous to Health Regulations 2002 as amended, seek to protect the health of workers by reducing risks from Hazardous Substances whilst at work. Health problems associated with Chemicals can be acute or chronic in nature and specific diseases include:

- Asthma;
- Dermatitis;
- Cancer.

**1.2**    Dangerous Substances and Explosive Atmosphere Regulations 2002 (DSEAR) are concerned with the protection against the risks of fire, explosion and similar events arising from dangerous substances used within the workplace.

**1.3**    Both sets of regulations require the risks associated with harmful and dangerous substances to be identified, assessed and eliminated or reduced, in line with the requirements of the Management of Health and Safety at Work Regulations 1999 (as amended).

## 2.0    Definition

**Dangerous Substance**    A substance or preparation which meets the criteria in the approved classification and labelling guide for classification as a substance or preparation which is explosive, oxidising, extremely flammable, highly flammable or flammable whether or not that substance or preparation is classified under the Classification (Hazard Information and Packaging for Supply) Regulations 2002.

A substance or preparation which because of its physical-chemical properties and the way it is used or is present in the workplace creates a risk, not being a substance or preparation falling within the above paragraph.

Any dust, whether in the form of solid particles or fibrous materials or otherwise, which can form an explosive mixture with air or an explosive atmosphere, not being a substance or preparation within the paragraphs above.

**Hazardous Substances**    Substances or preparations classified as dangerous for supply under Chemical (Hazard Information and Packaging for Supply) Regulations 2002.

Substances with a Workplace Exposure Limit (EH40 / 2005).

Biological agents.

Dusts that are inhalable or respirable in significant concentrations.

Any other substance creating comparable hazards, due to either chemical or toxicological properties that create a risk to people's health.

**3.0 Protocol**

**3.1** Each Division, Directorate and / or Department will:

- Identify all Hazardous and Dangerous Chemicals used within the area under their control;
- Undertake a hazard assessment of the Hazardous and Dangerous Chemicals using the pre-assessment checklist (Appendix 8);
- Refer to Appendix 8a for some basic rules to follow when hazardous substances are in use within your area;
- Pathology will use a form that has been adjusted to meet the needs of their quality assurance system;
- Where the checklist has identified issues, undertake a suitable and sufficient risk assessment for the hazardous and / or dangerous substance, in line with Trust Policy HS 01 Management of Health and Safety.

**3.2** All staff using hazardous or dangerous substances must be trained on the procedures and any equipment they are expected to use, when they join the Trust, when new procedures are introduced or equipment is installed or when the risk assessment identifies the need.

**3.3** All assessments carried out must be reviewed:

- In line with OP10 Procedure 2 but at least annually;
- If there are significant changes in the user's workplace / equipment;
- The user reports any health concerns;
- There is a serious incident involving the hazardous substance.

**3.4** All risk assessment treatment/action plans must be monitored through local governance meetings.

**3.5** For assistance and / or advice when undertaking assessments, contact the Health and Safety Team.

All staff who undertake risk assessments must be trained to do so

**3.6** Occupational Health and Wellbeing Service must be notified of staff reporting skin conditions such as eczema / dermatitis to the hands or any other health issues that relate to the use of hazardous substances.

**3.7** Where specified in the material safety data sheet, health monitoring requirements must be requested through Occupational Health Department. Staff have a duty to comply with any health surveillance put in place.

# Manual Handling

## 1. Introduction

This protocol must be used in conjunction with HS 01 Management of Health and Safety Policy and in line with incident reporting and risk management outlined OP 10 Risk Management and Patient Safety Reporting Policy Procedure 1 & Procedure 2.

The Manual Handling Operations Regulations 1992 as amended, seek to protect the health of workers and others by reducing risks from Manual Handling at work The objective of this protocol is to implement safer handling operations by:

- Identifying all manual handling activities, animate and inanimate, within the Trust that carries a significant risk of injury to staff, patients and visitors.

- Avoiding, as far as is reasonably practicable, those manual handling operations, that may cause an injury.

- Making a suitable and sufficient risk assessment of those operations that cannot be avoided.

- Implementing measures, so far as is reasonably practical, to reduce the risk of injury from unavoidable handling operations. Consideration must be given to the provision of mechanical aids, however where this is not reasonably practicable, then other measures must be identified, to implement safer handling.

## 2.0 Definition
Manual Handling Operation: The transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying, or moving thereof) by hand or bodily force.

## 3.0 Protocol

**3.1** Each Division, Directorate and / or Department will:

- Identify all Manual Handling activities within the area under their control within the risk assessment.

- Use the HSE Manual Handling hierarchy of controls where necessary in their risk assessment process which is;

    - Avoid Hazardous manual handling operations so far as is reasonably practicable;

    - Assess any hazardous manual handling operations that cannot be avoided

    - Reduce the risk of injury so far as is reasonably practicable

- Undertake a hazard assessment of the Manual Handling Activity using the manual handling checklists (Appendix 9) for inanimate objects to support the risk assessment process and checklist (Appendix 10) is an example of an assessment form for patient handling, there are various patient handling assessment forms available across the Trust depending on the service requirements (see local documentation)

- Each patient must be individually assessed to identify manual handling requirements, this must form part of the care plan and local documentation is to be used. This must be reviewed regularly throughout the patients stay and in

particular when the patient moves between wards. All reviews must be recorded on local documentation or the patient's notes.

- Ensure completion of a mandated risk assessment for the manual handling activity, in line with Trust Policy HS 01 Management of Health and Safety. (Appendix 4b)

- All staff must be made aware of all relevant manual handling risk assessments, they must also assess the activity prior to commencing it reporting any changes required to their supervisor / manager.

**3.2** All staff undertaking manual handling activities must be trained on the procedures and equipment they are expected to use, when they join the Trust during Induction as identified in OP41 TNA; when new procedures or equipment is installed or when the risk assessment identifies the need.

All Trust staff must undertake regular refresher sessions for manual handling training as stated on the TNA in OP 41 – Induction and Mandatory Training Policy.

**People handling**
2 yearly or sooner if this is identified

**Inanimate objects**
All staff will be provided with adequate and suitable health and safety training relating to their equipment in addition to the general user training received in order to do the work itself.

Each staff member will receive mandatory e-learning training every three years as well as their people handling training

**3.3** All assessments carried out must be reviewed:

- In line with OP10 Procedure 2 but at least annually or

- If there are significant changes in the user's workplace / equipment

- The user reports any health concerns

**3.4** All risk assessment treatment/action plans, or assessment scores which are higher than 12, must be monitored through local governance meetings.

**3.5** For assistance and / or advice when undertaking assessments contact the Health and Safety Team.

**3.6** Any staff member reporting pain or injury as a result of a manual handling activity must refer to Occupational Health and Wellbeing who may refer on to physiotherapy is this is deemed appropriate.

**3.7** Managers must undertake a personal risk assessment for any member of staff who, due to ill health, injury or pregnancy is unable to undertake their manual handling training.

**3.8** Managers must ensure that for any for staff returning to work as a result of absence due to a manual handling induced injury they must be referred to occupational health prior to returning to work full time.

**3.9** If requested, health and safety officers will support the area with a Manual Handling Hazard Assessment Inanimate Stage 1 (Appendix 9)

**3.10** Review the need for the MAC or RAPP tools when reviewing the policy to see if inclusion would support a reduction in incidents and their severity.

# Work Equipment Protocol

**Detail**

## 1.0 Introduction

This protocol must be used in conjunction with HS 01 Management of Health and Safety Policy and in line with OP 10 Risk Management and Incident Reporting Policy Procedure 1.

The Provision and Use of Work Equipment Regulations 1998 as amended, seek to protect the health of workers by reducing risks from the use of Work Equipment whilst at work.

## 2.0 Definition Equipment Covered

The scope is very wide; any machinery, appliance, apparatus, instrument or tool used at work (or made available for use in domestic premises) that have the potential to cause harm are covered. Both new and existing equipment are covered.

**Activities Covered**

All activities are involving the work, stopping, starting, its use, transport, and repair, and modification, maintenance servicing and cleaning that have the potential to cause harm.

## 3.0 Protocol

**3.1** Each Division, Directorate and / or Department must:
- Identify all work equipment within the area under their control.

**3.2** Undertake a hazard assessment of the work equipment using the checklist (Appendix 11).
- Where the checklist has identified issues, undertake a suitable and sufficient risk assessment for the work equipment, in line with Trust Policy HS 01 Health and Safety Risk Assessments (Appendix 4).
- Where the assessment identifies items that need to be purchased to reduce the risk of injury or ill-health that these are implemented as far as is reasonably practical.

**3.3** All staff using work equipment must be trained on the equipment they are expected to use, when they join the Trust, when new equipment is installed, or when the risk assessment identifies the need.
- All users will be provided with adequate and suitable health and safety training relating to their equipment in addition to the general user training received in order to do the work itself.

**3.4** All assessments carried out must be reviewed:
- In line with OP10 Procedure 2 but at least annually; or
- If there are significant changes in the user's workplace / equipment; or
- The user reports any health concerns.

**3.5** All risk assessment treatment/action plans must be monitored through local governance meetings.

**3.6** For assistance and / or advice when undertaking assessments contact the Health and Safety Team.

- All staff who undertake risk assessment must be trained to do so.

- When purchasing new equipment managers must undertake a pre-purchase questionnaire to ensure the equipment is suitable for purpose (Refer to HS11).

# Prevention of Slips, Trips and Falls Protocol - including Falls from Height

**1.0    Introduction**

This protocol must be used in conjunction with HS 01 Management of Health and Safety Policy, CP42 Falls Policy and in line with OP 10 Risk Management and Incident Reporting Policy Procedure 1.

The Trust has an obligation under health and safety legislation to safeguard the health, safety and welfare of its staff, patients and visitors, by identifying the causes of slips and trips, putting in place measures to prevent or reduce the risk of them occurring.

**2.0    Definition**

All potential slip and trip hazards in the workplace:
- Slippery / wet surfaces, caused by water and other fluids;
- Slippery surfaces caused by dry or dusty floor contamination;
- Obstructions, both temporary and permanent;
- Uneven surfaces and changes in level, such as unmarked ramps;
- Other factors including, poor lighting, employees rushing, running or carrying items, wearing unsuitable footwear, and improper cleaning regimes;
- Working at height;
- A place is 'at height' if a person will be injured falling from it, even if it is at or below ground level (HSE, 2005).

**3.0    Protocol**

**3.1**    The Department of Estates Development will ensure, at the design stage of any new build or refurbishment, that the requirements of the specification and design guidance of HTM61- Flooring are taken into account.

**3.2**    Existing floor surfaces must be risk assessed, in line with Trust Policy – HS 01 Management of Health and Safety (Appendix 4). It will be the responsibility of the Divisional, Directorate or Departmental Management to ensure that this occurs within the area under their control and that appropriate action is identified and implemented to resolve any issues identified. A list of possible causative factors and possible controls for the risk associated with slips and trips and falls is enclosed (Appendix 12). This may be used to assist managers in undertaking their risk assessment.

**3.3**    It will be the responsibility of the Estates and Facilities department to risk assess all communal areas, such as the main hospital street, external pathways, basement roadways, etc.

**3.4**    All internal flooring surfaces must have a set cleaning regime, to include method and frequency. This is identified through the Hotel Services Department, in discussion with all stakeholders. However, it will be the responsibility of all departments to ensure spillages are cleaned up immediately outside of the set cleaning regimes.

**3.5** All risk assessments carried out must be reviewed
in line with OP10 Procedure 2 but at least annually; or
- If there are significant changes in the user's workplace / equipment; or
- The user reports any health concerns

**3.6** All risk assessment treatment/action plans must be monitored through local governance meetings.

**3.7** For assistance and / or advice when undertaking assessments, the Health and Safety Team.

**3.8** All staff who undertake risk assessments must be trained.

**3.9** The Department of Estates Management will be responsible for maintaining flooring surfaces, both internal and external.

**3.10** It is the responsibility of all staff to report any fault or defect that they find with any flooring surface, both internal and external. Reports must be made to the Estates Hotline on 8999 that will then instigate remedial work. Where the work may be delayed, action must be taken to safeguard the area.

Any slip or trip incident must be reported in line with Trust policy OP 10 Risk Management and Incident Reporting Policy.

**3.11** Any department working at height must undertake generic risk assessments to identify hazards associated with that activity.

**3.12** Any equipment used for working at height, must be risk assessed, suitable for purpose and in safe working condition.

**3.13** Ladders and other working at height equipment must be regularly checked and maintained by a competent person. It's the department's responsibility to ensure this is in place.

**3.14** In the event of an incident from a slip, trip or fall, the risk assessment must be reviewed and further controls identified.

**3.15** Following an incident an investigation into the cause of the incident must be undertaken and recorded on the investigation form (Appendix 13) (available from the Governance & Legal Home page /templates) and attached to the Datix incident within 20 days.

**3.16** Patient falls must be managed in line with CP42.

**4.0 Training**

**4.1** Awareness training on causes and potential controls for slips, trips and fall will be provided to staff through manual handling training.

# Noise at Work Protocol

## 1.0 Introduction

The Trust has a vital role to play in preventing and recognising work related diseases especially in areas containing noise. It specifically wishes to improve the quality of the environment for staff, patients and visitors with respect to noise reduction.

There are general duties imposed upon the Trust under 'Health and Safety at Work Act 1997' Section 2 and various regulations such as:

- The Control of Noise at Work Regulations 2005;
- Management of Health and Safety at Work Regulations 1992 (as amended);
- Personal Protective Equipment Regulations 1992 (as amended);
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995;
- Health and Safety (Safety Signs and Signals) Regulations 1996;
- The Environmental Protection Act 1990.

Divisions, Directorates and Departments must actively work towards reducing noise levels. This will require that an assessment be undertaken of the workplace to ensure that all staff, patients and visitors are not exposed to noise from the activity (which may breach the regulations or cause a nuisance).

## 2.0 Definitions Used

| | |
|---|---|
| Competent Person | Able to produce an adequate noise assessment, possessing the necessary training, skills, knowledge and experience. |
| Exposure Limit Values | Daily or Weekly Exposure of 87 dB(A); Peak Sound Pressure of 140 dB(C). |
| Lower Exposure Action Levels | Daily or weekly exposure level of 80 dB(A); Peak Sound Pressure of 135 dB(C). |
| Upper Exposure Action Levels | Daily or weekly exposure level of 85dB (A); Peak Sound Pressure of 137 dB(C). |

**(These values must not be exceeded.)**

## 3.0 Protocol

**3.1** Where noise levels indicate an issue, each Division, Directorate and / or Department must take the following actions.

Undertake an assessment of noise levels and exposure values within their workplace using the check list (Appendix 14). If required, they must undertake a full risk assessment of the activity and of the workplace to reduce the risk of damage to the hearing of all persons from exposure to noise to the lowest level reasonably practicable and minimise exposure to nuisance noise.
All risk assessment treatment/action plans must be monitored through local governance meetings.

**3.2** Any Division, Directorate or Department that considers the noise level may breach or reach the above action levels must arrange for the assessment of the exposure to be carried out by a Competent Person (contact the Health and Safety Manager for further advice on engaging a competent person).

This assessment must identify persons at risk from hearing damage; determine the daily personal noise exposure levels of the persons exposed; identify if any of the exposure action levels or limit values have been breached; and any control measures needed to remove or reduce exposure.

If in any doubt you must arrange for some initial sound levels to be taken to assess whether there is a need to carry out a full assessment, through the Health and Safety Manager.

**3.3** All staff must be informed of any assessments undertaken and control measures to be adopted to reduce the risk of ill health associated with noise.

**3.4** The Occupational Health and Wellbeing service must be notified of any results of noise monitoring undertaken to enable them to set up health surveillance as appropriate.

**3.5** Records of these assessments are to be kept and reviewed when there is a change to the process or new equipment is purchased which may alter the noise levels or regularly at no more than 2 yearly intervals.

**3.6** When purchasing equipment, Divisions, Directorates and Departments must ensure (as part of the selection process) that the noise levels will not increase the risk to any person's hearing, and actively eliminate or reduce noise wherever possible.

**3.7** Managers of any activities or workplaces that are at the lower action levels or limit values must provide staff with information on the risk and the measures to be taken to protect hearing. Any persons working in the area or vicinity must be provided with suitable and sufficient hearing protection and keep them in good working order. Managers must ensure every effort to reduce noise levels as far as possible by modifying or replacing equipment and maintaining it regularly.

**3.8** Where persons are exposed to levels above the Upper Exposure Action Value then the Trust will as far as reasonably practicable, reduce their exposure to noise other than providing hearing protection. Hearing protection must be provided and it must be worn; Managers must ensure this happens and must also keep the ear protection in good condition and clearly mark ear protection zones – areas where it must be worn.

**3.9** It will be the responsibility of the Directorate of Estates Management to ensure that all construction work, refurbishment, service installation and maintenance activities are assessed irrespective of action levels to reduce the risk of damage to the hearing of all persons from exposure to noise to the lowest level reasonably practicable.

**3.10** Any areas of noise assessment must be reviewed if a significant change has taken place or at least once a year in line with Trust Policy.

**3.11** It will be the responsibility of the Divisional, Directorate or Departmental Manager to ensure that all maintenance or other activities under their control other than under Section 3.6 are undertaken to equipment and services, in order to reduce noise levels to a minimum practicable level.

**3.12** Any protective equipment provided must be sufficient and suitable conforming to the 'Personal Protective Equipment Regulations 1992' and must be assessed as such in line with [Attachment 8 (Personal Protective Equipment) of Policy HS 01 Management](#) of Health and Safety.

**3.13** Divisions, Directorates and Departments must ensure that staff under their control make use of systems, equipment or any other measures provided by the Trust in order to reduce or prevent damage to a person's hearing.

**3.14** The Accommodation Manager or person in charge of any accommodation managed by the Trust must ensure that a procedure is in place to ensure that the tenants or persons occupying the premises are sufficiently aware of the law of noise nuisance and that sufficient controls are in place to restrict or prevent a nuisance occurring.

**3.15** Divisions, Directorates or Departments requiring a member of staff to be assessed for hearing loss or other relevant hearing problems must contact the Occupational Health Department to arrange health surveillance.

**3.16** Staff who are placed on a health surveillance programme must co-operate with this programme by attending Occupational Health when requested to do so.

**3.17** Any staff exposed at or above any of the Exposure Action values must be adequately and sufficiently trained, instructed or informed on the following:

- The likely noise exposure and the risk to hearing the noise creates;
- What is being done to control risk and exposure;
- Where and how hearing protection can be obtained;
- How to report defects in hearing protectors and noise control equipment;
- Staff duties under the Noise Regulations;
- Instructions on how to minimise the risk, such as the correct way to use hearing protection and other noise control equipment, how to maintain, store and where to use it.

**3.18** Any area regularly reaching **80 +dB** must make hearing protection (PPE) available for staff to use however it is the employee's decision whether they wear it or not.

In areas exceeding **85+dB,** hearing protection must be available and it is a mandatory requirement for staff to wear it.

# Personal Protective Equipment Protocol

**Detail**

**1.0** The introduction of the Personal Protective Equipment at Work Regulations 1992, as amended, places a legal obligation upon the Trust and its managers to ensure that personal protective equipment (PPE) must be supplied and used at work wherever risk to health and safety cannot be adequately controlled by other means.

The aim of this protocol is to ensure that all Divisional, Directorate and Departmental managers ensure that all employees are adequately protected and that careful consideration is given to what sort of risks and equipment will provide suitable protection, whilst taking into account the conditions in which it is to be used.

The use of personal protective equipment must be seen as a last resort and emphasis must be on the elimination or other methods to control the risk. Divisional, Directorate and Departmental Managers must undertake a comprehensive, suitable and sufficient risk assessment in accordance with The Management of Health and Safety at Work Regulations 1999 and Trust Policy HS01 Management of Health and Safety at Work.

**2.0 Definitions Used**

**Personal Protective Equipment (PPE)**
Aprons, protective clothing for adverse weather conditions, gloves, safety footwear, safety helmets, high visibility waistcoats, eye protection, life jackets, respirators, safety harness, etc. Waterproof, weatherproof or insulating clothing is subject to the regulation if it is worn to protect employees against risk to their health and safety, but not otherwise.

**Note:**

These regulations DO NOT cover PPE required to be worn under the following.

- The Ionising Radiation Regulations.
- The Control of Asbestos at Work Regulations.
- The Control of Substances Hazardous to Health Regulations.
- The Noise at Work Regulations.
- The Construction (Head Protection) Regulations.
- Uniforms provided for corporate image.
- Ordinary working clothing.
- Protective clothing provided in the food industry primarily for food hygiene purposes.

**3.0 Divisional, Directorate and Departmental managers' responsibilities**

- Ensure that suitable PPE is provided to employees exposed to risk to their health and safety whilst at work, where the actions from undertaking a risk assessment deem it to be necessary as part of the control measures.

The selection of PPE shall only be considered suitable if:

- It is appropriate for the risk;
- Takes account of the ergonomics and health of the person;
- Fits the wearer correctly with adjustments;
- Is effective to prevent or control risk;
- Does not increase the overall risk;
- Complies with the enactment.

- Ensure that if more than one item of PPE is worn that they are compatible and do not affect the protective properties.
- Ensure that a system of maintaining, replacing or cleaning the PPE is in place and effective.
- Provide adequate storage for the safe keeping of all PPE when not in use.
- Ensure that all staff required to use PPE have sufficient information, instruction training and supervision so that the equipment is properly used.
- Make known to all employees their duties to use the equipment in accordance with any training and instruction given.
- Ensure that a system is in place where employees using PPE can report any loss or obvious defects in the equipment.
- Maintain a continuous log of the persons training, location, maintenance and type of PPE.
- Undertake a risk assessment in line with The Management of Health and Safety at Work Regulations 1999 and Trust HS01 Management of Health and Safety Policy.
- All risk assessment treatment/action plans must be monitored through local governance meetings.

## 4.0 Training

All staff required to use any form of PPE must be sufficiently and adequately trained in the use of, care, maintenance, and storage of PPE and that this training is recorded.

# First Aid Protocol

## 1. Detail

It is the Royal Wolverhampton NHS Trust's policy to provide First Aid facilities for employees and to train those employees who require it. This is in accordance with the Health and Safety (First Aid Regulations) 1981 (as amended) and the Approved Code of Practice.

This protocol aims at setting the framework to enable Divisions, Directorates, Departments and those persons responsible for management of health and safety to ensure that, on behalf of the Trust, all reasonable systems for providing first aid, are implemented and maintained and that all persons are aware of those arrangements.

As a result of the assessment carried out under the Management of Health and Safety at Work Regulations 1992 (as amended) and the First Aid Regulations 1981, the following areas are defined as requiring fully qualified first aiders or appointed persons.

- Workshop Areas - Engineering, Carpentry, Electrical, MPCE, Orthotics and Max Fax.
- Hotel Services – Catering and Transport services.
- Laboratories - Clinical Chemistry, Haematology, Histopathology and Microbiology.
- Health Records - Central Library.
- Procurement - Central Stores - Receipt and Distribution.
- Office areas - Administration areas.
- Other areas where there are no qualified Medical or Nursing Practitioners.

It is not considered necessary to have fully qualified First Aiders where trained Medical and Nursing staff are available. In most cases resuscitation training is considered appropriate for trained staff to update their skills.

- Each Division, Directorate and Department is required to have in place suitable and sufficient first aiders and facilities for administration of first aid.
- Each area is to undertake a suitable and sufficient risk assessment to ensure the provision of competent first aiders.
- The Governance & Legal Services Department will provide training that is laid down by the Skills for Health Framework, and will maintain approval status from an education regulating body to deliver this training. All certificates are valid for 3 years.

All training is subject to verification procedures to ensure that it remains of a high standard.

## 2.0 Definitions Used

- **Appointed Person**
  A person who will provide emergency first aid until the trained first aider arrives.

- **Emergency First Aider**
  is someone who has undertaken training for the level 2 certificate in Emergency

First Aid (skills for health qualification 66/7226/8).

- **First Aid at Work**
  A 3-day course for named first aiders.

- **First Aider**
  A person who has undertaken training for the Level 3 certificate in First Aid at Work (skills for health qualification 600/7226/8), or has undertaken first aid training as part of membership of a voluntary aid society such as St. John Ambulance, or is a Nurse registered with the Nursing and Midwifery Council or a Doctor registered with the General Medical Council.

  .
  **OR**

## 3.0 Protocol

- Department Managers / Senior Sisters will ensure that a risk assessment is undertaken (and recorded) bearing in mind such factors as distribution of staff (i.e. home workers), nature of the work, size and location of the department, shift working, distance from medical services, and number of staff.

- Department Managers / Senior Sisters must ensure that the standard of first aid equipment is at a minimum in accordance with Appendix 15 using this form to record their quarterly checks. Where first aid equipment is provided or sited, its position must be indicated by a sign that conforms to the Health and Safety (Safety Signs and Signals) Regulations 1994. First aid boxes and equipment can be purchased by the responsible person on site through the supplies department. Safety Signs can be ordered through the Trust Health and safety Manager at a cost to the Division, Directorate or Department.

- First aiders must ensure equipment is properly always maintained.

- Department Managers / Senior Sisters must provide enough qualified first aiders. The number of first aiders should be approximately one per 50 members of staff as a minimum but must be always available during working hours.

- The first aider must be appointed in writing and his / her name displayed on a notice board.

- The first aider must be easily identifiable and be readily available to render first aid.

- Department Managers / Senior Sisters must ensure that all first aiders undertake update training to maintain certification.

- Governance and Legal Services will maintain a database of first aiders within the Trust. Any staff member who has undertaken first aid training outside the Trust will need to provide a copy of their certificate to ensure that their training is in date.

## 4.0 References

1. Health and Safety (First Aid) Regulations 1981 and Approved Code of Practice (as amended).
2. Management of Health and Safety at Work and Code of Practice 1992.
3. The Health and Safety (Safety Signs and Signals) Regulations 1994.

# Health and Safety Signs and Signals Protocol

**Detail**

**1.0** This protocol must be used in conjunction with HS 01 Management of Health and Safety Policy and in line with OP 10 Risk Management and Incident Reporting Policy Procedure 1.

The Trust has a general duty under the Health and Safety at Work Act to ensure, so far as is reasonably practicable, the health, safety and welfare of its staff, patients and visitors. To assist the Trust in realising its obligations it must ensure that safety messages are appropriately communicated to all persons. Therefore, all safety signs and signals, informing staff, patients and visitors of safety issues must conform to the requirements of the Health and Safety (Safety signs and Signals) Regulations.

The aim is to have in place, throughout the Trust, a standardised approach to the type of safety signs displayed that follow the requirements of legislation.

**2.0 Definitions Used**

**Prohibition Sign** (Appendix 16)
A Red Sign indicating certain behaviour is prohibited, e.g. No Entry.

**Mandatory Sign** (Appendix 16)
A Blue Sign indicating a specific course of action is required, e.g. wearing of Personal Protective Equipment

**Warning Sign** (Appendix 16)
A Yellow sign indicating the presence of a hazard, e.g. Wet Floor.

**Safe Condition** (Appendix 16)
A Green Sign indicating a safe condition, e.g. Fire Exit.

**Safety Signal** (Appendix 16)
Audible and / or visual signal, e.g. a Fire Alarm or flashing beacon.

**3.0 Specific Detail**

**3.1** Each Division, Directorate and Department must undertake a risk assessment of the working area to ensure that the relevant safety signage is identified and displayed, and that they all comply with the requirements of this procedure and therefore legislation. This will form part of existing assessments that are already undertaken in line with other Trust procedures, including COSHH, Fire, and PPE.

**3.2** All safety signs that do not comply with the requirements of this procedure and legislation must be removed and replaced.

**3.3** Advice on the appropriateness of all safety signs can be obtained from the Health and Safety Manager.

**3.4** Medical Illustration has the ability to print off and laminate basic signage, this will be at the cost of the Division, Directorate or Department.

**3.5** All risk assessments must be managed in line with Trust policy OP10 Procedure 2.

**3.6** All risk assessments carried out must be reviewed:

- In line with OP10 Procedure 2 but at least annually or if there are significant changes in the user's workplace / equipment;
- The user reports any health concerns.

**3.7** All risk assessment treatment/action plans must be monitored through local governance meetings.

# Management of Contractors Procedure

## 1.0 Detail

The Trust often uses contractors to carry out various types of work. This work can range from very simple work such as office equipment repair or maintenance, window cleaning or provision of security services to major construction projects for the building, refurbishment or maintenance of premises.

The Trust will employ contractors through 3 main routes:
- Capital Schemes – for large building and refurbishment projects of sites and departments which normally fall under construction design management (CDM) requirements;
- Shared Services – such the Estates and IT shared service function through specific contracts of agreements normally of a smaller scale than Capital Developments;
- Direct Labour – where service units and departments employ contractors directly.

## 2.0 Definitions

### Competent Person
Any individual, who is appropriately trained, qualified and/or experienced to carry out the work or supervise the work or services provided. This is particularly pertinent where authorised persons' duties or CDM Regulations apply, for notifiable projects.

### Contractor
Any individual, company or organisation, external to the Trust who has been employed to carry out work or provide services.

### Responsible Person / Manager
Any individual within the Trust responsible for engineering the contractor and/or works which could be Head of Estates, Capital Manager, Directorate Manager or acting on their behalf e.g. Matron, Supervisor, Ward Manager etc.

## 3.0 Duties

**The Chief Executive** is ultimately responsible for ensuring the Health, Safety and Welfare of employees, patients, visitors and others.

**The Chief Nurse** is responsible for ensuring that there is a robust health and safety management system in place throughout all areas of the Trust, as part of his / her nominated and accepted role as the Executive Director of the Trust Board responsible for Health and Safety.

Wherever contractors are employed by or on behalf of the Trust, a **responsible person or their nominated member of staff** must oversee the work of the contractors to ensure the safety of employees, patients, visitors, general public and others, including the contractor, who may be affected by the work being carried out.

## 4.0    Context

The Health and Safety at Work Act places a general duty on employers to safeguard the health, safety and welfare of both employees and non-employees. The Management of Health and Safety at Work Regulations requires employers to ensure that:

- suitable and sufficient risk assessments are in place;
- prevention principles are applied;
- health and safety arrangements are in place;
- health and safety assistance is identified;
- co-operation with other employers to co-ordinate safety takes place;
- information, instruction and training are in place.

The Construction Design and Management Regulations, require employers to identify when work is notifiable to the Health and Safety Executive. If notifiable, the regulations require competent persons to be employed to undertake certain functions.

## 5.0    Procedure

**5.1**    The **Responsible Person / Manager** must ensure the following.

**a.** They are competent to undertake their duties required under this policy.

**b.** Where the work involves alterations to the fabric, services and installations or will compromise the means of escape in case of fire in Trust premises, consult with the Estates Management for works valued below £5k and Estates Development Team for works over £5k authorisation to progress.

**c.** No contactors are to be employed directly without either Estates Management or Estates Developments authorisation.

**d.** That they undertake checks to establish that:
- Contractors are competent to carry out the work safely;
- Necessary safety measures to protect individuals and property are in place;
- Where necessary authorised and competent persons are appointed;
- Adequate resources are in place for health and safety.

**e.** Contractors are provided with information on:
- Site induction;
- Work order and authorisation on planet;
- The risks to health and safety present on the Trust site;
- Permits to work process and request system;
- Control measures put in place by the Trust to control or minimise the risks, including communication lines, emergency procedures, location of services (if necessary), hazardous materials (chemicals, asbestos, etc.), permit to work areas, isolation procedures (fire alarms, etc.), patient / client-based risks, infection control risk assessment protocol etc.;
- Named senior contact person within the Trust who if necessary can halt works or require better controls to be introduced where significant hazards and risks are identified.

**f.** That on completion of the work, the contractor obtains a signature confirming

that the work has been completed to a satisfactory standard and that the site has been left in a safe condition so the planned work order can be closed.

    **g.** Departmental Managers and Safety Representatives have been notified and made aware that contractors will be working within their areas and the type of work being carried out.

**5.2** The **Contractor** must ensure the following.

    **a.** The safety of his or her own employees, by providing them with a safe place and safe system of work. A safe place and system of work will be developed through risk assessment

    **b.** The safety of Trust employees, patients, visitors and members of the public by planning and carrying out the work so that risks are controlled or minimised.

    **c.** Where a permit to work is required, 10 days' notice must be provided to the Estates Helpline e.g. hot works. The permit must be authorised and permit issued before any activity being undertaken, and that the work is carried out within the remit of the permit in line with Estates rules.

    **d.** They provide written information indicating any hazards likely to affect the Trust and suitable measures to control or minimise the risks as a consequence, in the form of risk assessments and method statements.

    **e.** The Trust is provided with the name of the senior person who is acting on behalf of the contractor in managing and controlling the work and thus responsible for health and safety issues.

    **f.** That there is a mechanism in place for reporting incidents and for first aid procedures.

## 6.0 Training

**6.1** All Contractors must undergo a health and safety induction before being allowed to work on the Trust premises. In the case of a capital project, this will be undertaken by the Principal Designer, as identified within the CDM Regulations.

## 7.0 Process of Monitoring Compliance

**7.1** Compliance with this procedure will be monitored by both regular and ad-hoc inspections by competent persons, with reports being supplied to the Responsible Manager.

**7.2** For a notifiable project, as identified by the CDM regulations the competent person will be the CDM Designer.

**7.3** For non-notifiable projects the competent person(s) can be the:
- Responsible Manager;
- Estates Manager;
- H&S Advisor.

## 8. References

Health and Safety at Work etc. Act 1974 Regulatory Reform (Fire Safety) Order 2005

Construction Design and Management Regulations 2015 Management of Health and Safety at Work Regulations 1999

# Young Persons

## 1.0 Protocol Statement

**This protocol must be read in conjunction with the Work Experience Policy HR14.**

This protocol sets out the responsibilities and arrangements made by The Royal Wolverhampton NHS Trust to comply with the Health & Safety at Work etc. Act (1974), and other subordinate legislation, to ensure, so far as is reasonably practicable, the health, safety and welfare of employees, and those persons who are not employees who might be affected by the activities of the Trust.

Young persons are often exposed to risks to their health and safety when at work because of their immaturity, lack of experience or absence of awareness of existing or potential risks.

Young persons at work are protected by general legislative requirements, which include risk assessments. Specific areas are highlighted where legislation imposes exclusions or specific control measures. It also advises on the conditions of work imposed by the Working Time Regulations 1998 as amended 2002 as it affects young workers.

The *Management of Health and Safety at Work Regulations 1999 (S.I. 1999, No. 3242)* (MHSWR) particularly controls the special risks to children and young people in an occupational context, i.e. at work.

**The control of these risks in MHSWR is ensured by the risk assessment carried out before they begin work. In particular, this extra assessment needs to take into account the general fact that they are at greater risk because of their possible lack of awareness of existing or potential risks, immaturity and inexperience and also the specific risks referred to in the MHSWR.**

## 2.0 Definitions:

- A **child** is anyone who has not yet reached the official minimum school leaving age (MSLA) in the school year in which they turn 16.
- A **young person** is anyone between 16 and 18.

## 2.1 Work Experience

A number of schools and colleges of higher education endeavour to broaden the education of their learners by placing them with employers for a short period of time for the purpose of work experience. For many 14-19-year olds, work experience forms part of their 'education for work' scheme for young people over 16 years of age.

## 3.0 Accountabilities

**The Chief Executive** has overall accountability for ensuring that responsibility for health and safety management is properly assigned, understood and accepted at all levels.

**The Director of Workforce** has a specific responsibility for ensuring the appropriate management of Young Persons at Work and that the Young Persons at Work Policy implementation, is properly assigned, understood, implemented and accepted at all levels.

**Managers / Named Supervisors** are responsible for completing a Young Persons Pre- Risk Assessment Form (see Appendix 17) for participants aged 16-18 years, to determine if their department is suitable for the work experience prior to its commencement. They must ensure the departmental risk assessment is reviewed to take any factors identified from the Pre-Risk Assessment into account, and that subsequent control measures are implemented to safeguard the young persons and those they are working with.

**All Employees** will familiarize themselves with this and other health and safety policies, be responsible for their own safety and the safety of others who may be affected by their errors and omissions, co-operate with management on health and safety matters, observe all safety rules at all times, wear appropriate personal protective equipment and use appropriate safety devices at all times, and promptly report all accidents, hazards or near misses and damage, in accordance with OP10 The Trust Risk Management & Patient Safety Policy and Procedures.

## 4.0     Procedure Detail / Actions

**Wolverhampton Education Business Partnership (WEBP)** will facilitate the supplying of a Young Person Risk Assessment on behalf of The Royal Wolverhampton NHS Trust (Appendix 18). The departmental manager/named supervisor must ensure the risk assessment reflects the findings of the Young Person Pre-risk Assessment form (Appendix 17) they have completed before signing and accepting it.

The Young Person Pre-risk Assessment will assist in identifying specific factors which have the potential to cause harm to a young person. Where factors are identified by both WEBP and RWT assessments, the departmental general risk assessment must be reviewed to take these into account and to ensure that controls are put in place to protect the young person see Appendix 19.

If risks or hazards have been identified the Departmental manager / supervisor must send a copy of the RWT Young Person Pre-Risk Assessment to the WEX Team. The WEX Team will forward this to the EBP who will ensure the relevant school or college has access to it and are therefore able to inform the parents of the young person of the key findings of the Young Person Pre-risk Assessment and the control measures introduced before commencement of the work experience. This includes Wolverhampton City College; all Wolverhampton schools and specific schools within the Cannock area. This process also ensures a record is kept.

For learners accepted for work experience who attend school / college outside Wolverhampton / Cannock, the WEX team will request a copy of the Young Person Pre-Risk Assessment from the Departmental Manager / supervisor and will forward this directly to the learner's school/college.

The young person themselves must be briefed by the Department Manager / Supervisor on the specific risks/hazards relating to their age and the protective /

preventative measures to be adopted to reduce or eliminate risk of injury before they start their work experience so they understand.

The Named Supervisor of each Work Experience participant is responsible for ensuring they are only taken to areas / departments within their specialty where the above risk assessments are in place.

## 5.0 Vicarious Liability

Employers must take into account the fact that they can be vicariously liable for the actions of their employees whilst at work. Proper controls on the behaviour of young persons at work so as to ensure that they do not put themselves at risk or indeed any other persons through actions such as horseplay, breaking the rules or being involved in unauthorised activities (initiations).

## 6.0 References

Management of Health and Safety at Work Regulations1999 Health and Safety at Work etc. Act 1974

HSG65 – Successful Health and Safety Management, HSE Books, 2013 *Young People at Work: A Guide for Employers* (HS(G)165, available from HSE Books, Price £7.95, ISBN 0 7176 1889 7).

*The Right Start: NDG364 published by The Health & Safety Executive*

# Management of Latex for Staff

## 1.0 Protocol Statement

This Protocol should be used in conjunction with HS01 Management of Health and Safety Policy and OP10 Risk Management and Incident Reporting Policy.

Due to the increased use of natural rubber latex (NRL) within healthcare since the 1980's, there has been an increase in sensitivity of staff to this substance. Employees can exhibit signs of allergic reaction of different levels of severity, from mild skin irritation to severe life-threatening anaphylactic reactions. One of the key causes of this reaction has been the increased use of disposable gloves made from NRL.

The Royal Wolverhampton NHS Trust recognises its duty under legislation to provide a safe environment for its employees and to protect them from hazards, which may arise during healthcare activities, particularly in the case of NRL.

Through this policy the organisation will:
- Provide guidelines for the protection and management of staff from developing an allergy to NRL;
- Improve awareness of latex allergy, by providing information and advice to employees.

## 2.0 Accountabilities

It will be the responsibility of each Division, Directorate and Department to have in place a robust system that will:
- identify all employees who are at risk of an allergic reaction to NRL;
- manage the health of employees who are allergic to NRL.

## 3.0 Protocol Detail / Actions

**3.1** There are three main types of allergic reaction to NRL.

**Irritation**
A non-allergic condition consisting of a dry and itchy rash, which normally occurs at the site of contact with NRL. This is usually reversible once contact has ceased, however, this reaction can predispose an individual to progress to allergic problems.

**Delayed Hypersensitivity (Type IV)**
This hypersensitivity is predominantly a response to the chemical additives known as accelerators used in the manufacturing process. Symptoms usually appear between 12 – 48 hours after initial contact with NRL. Symptoms may include skin rash, blisters, eczema and dermatitis. This condition can predispose the individual to a type I allergic reaction.

**Immediate Hypersensitivity (Type I)**

This hypersensitivity is predominantly a response to the natural protein residue found in NRL. Symptoms usually appear within 5 – 30 minutes after initial contact; however delayed reactions have been noticed. Symptoms include local or generalised urticaria and oedema, and, if mucous membranes are affected, rhinitis, conjunctivitis or asthma may result. Respiratory difficulties and anaphylaxis may occur in extreme cases.

Anaphylaxis is characterised by a generalised rash, respiratory distress and hypotension, which occurs within minutes of contact. This reaction is most likely to occur when the skin barrier is broken or when a device containing NRL comes into contact with mucous membranes.

The amount of exposure to NRL needed to produce sensitisation is unknown, however once sensitisation has occurred, further exposure to even the smallest amount can cause symptoms to recur. Increasing the exposure to NRL increases the risk of developing allergic symptoms.

3.2     It will be the responsibility of each Division, Directorate and Department to do the following.

- To identify a lead person to take this protocol forward under their control.

- Implement this protocol ensuring that there is a robust operational procedure in place within all areas to protect staff from the effects of exposure to NRL.

- To undertake a risk assessment to eliminate, where reasonably practicable, the presence of devices containing NRL. Where elimination is not practicable, then reducing the risks of exposure to staff who may exhibit allergic reactions.

- Identify individual staff who are or may be at risk of an allergic reaction to NRL.

- To identify the products within their area of control which contain NRL (Appendix 20).

- To reduce the number of devices which contain NRL to the lowest possible; many manufacturers now provide devices, which are classed as latex free, to eliminate the risk of reactions. Divisions, Directorates and Departments must identify those devices that can be replaced with a latex free option. If there is an increased cost of products this must be reflected in a business case.

- Where an incident of allergic reaction occurs, the staff member must be referred to Occupational Health immediately. The incident must also be reported using an incident form, in line with Trust Policy OP10 - Reporting Incidents, Accidents and Near Misses and where necessary to external agencies, Health and Safety Executive (Under RIDDOR via H&S Team).

3.3     **Identification and Management of Individuals who may be at risk of sensitivity to NRL**
        **Staff**

- All staff who are employed by the Trust must undergo pre-employment checks, through the Occupational Health Department, on joining the Trust or

when changing jobs within the Trust. The checks must identify if staff are at an increased risk of latex allergy.

- Staff must inform their Departmental Manager, Line Manager or Supervisor if they experience any irritation or allergic reaction that may be attributed to devices containing NRL.

- Departmental Managers, Line Managers or Supervisors must ensure that any employee who shows signs of irritation or allergic reaction to NRL is reported to the Occupational Health Department for Health Surveillance.

- When an employee has been identified as being sensitive to NRL, then it is the responsibility of the Departmental Manager, Line Manager or Supervisor to undertake an individual risk assessment and put in place suitable measures to protect the employee from further exposure. Advice can be sought from the Occupational Health Department or through the H&S Team.

## 4.0 Equipment Required

As identified in 3.2

## 5.0 Training

It is the responsibility of Divisions, Directorates and Departments to ensure that all staff are trained in the implementation of this policy and local operational procedures to deal with NRL sensitivity.

## 6.0 References

Health and Safety at Work Act 1974. The Stationary Office. London

The Management of Health and Safety at Work Regulations 1999. The Stationery Office. London.

The Control of Substances Hazardous to Health Regulations 2005. The Stationery Office. London.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. The Stationery Office. London.

HSE Latex and You INDG320. The Stationary Office. London.

MDA DB9601Latex Sensitisation in the Healthcare Setting [Use of Latex Gloves]. MHRA. London.

MDA SN9825 Latex medical Gloves [Surgeons' and Examination] Powdered Latex medical Gloves [Surgeons' and Examination]. MHRA. London.

HSC1999 / 186 Latex medical Gloves and Powdered Latex Medical Gloves: Reducing the Risk of Allergic Reaction to Latex and Powdered Medical Gloves. Department of Health. London.

# Management of Safety Alerts

### 1.0 Procedure Statement (Purpose / Objectives of the Procedure)

This protocol is intended to standardize practice for the management and distribution of all documents classified as Safety Alerts (identified in 3.1) received by the Royal Wolverhampton NHS Trust.

The Department of Health requires the Trust to have a person in place to act as the Safety Alert Broadcast Liaison Officer (SABLO), who will receive, distribute and ensure compliance with all safety Alerts. The SABLO will also ensure that the Central Alert System (CAS) Website is kept up-to-date for all safety alerts.

Any document received by the Trust indicating that equipment, products, substances, articles or their method of application / use that may affect the health, safety and welfare of staff, patients, visitors, etc., will be covered by this protocol.

### 2.0 Accountabilities

### 2.1 Chief Executive

Under the Standing Orders of the Trust, the Chief Executive as the Accountable Officer has overall responsibility for health and safety matters. This responsibility has been delegated to the Chief Nurse.

Copies of any manufacturer alerts sent directly to the Chief Executive or other officers will be forwarded to the Safety Alert Broadcast Liaison Officer for dissemination as appropriate.

### 2.2 Chief Nurse

The Chief Nurse will have overall responsibility for ensuring this protocol is implemented across the Trust and will be responsible for nominating a Safety Alert Broadcast Liaison Officer for the Trust, and for ensuring that appropriate systems and processes are in place to respond effectively and promptly to all external agency alerts.

### 2.3 Chief Medical Officers/Divisional Medical Directors/Clinical Directors

A Chief Medical Officer will identify and nominate the lead for complex alerts, e.g. NHSPSA / NHS Improvement alerts, and authorize the closure of the alerts on the CAS system.

A Chief Medical Officer will identify a deputy in their absence to ensure continuity.

### 2.4 Safety Alert Broadcast Liaison Officer (SABLO)

The Health and Safety Manager will act as the Safety Alert Broadcast Liaison Officer (SABLO) who is responsible for ensuring the dissemination of all safety alerts to the relevant persons, monitoring responses, ensuring the update of the CAS system, and providing reports on compliance to the appropriate individuals / groups. The SABLO will identify a deputy in their absence to ensure continuity.

### 2.5 Medical Devices Safety Officer (MDSO) (currently the Head of Clinical Engineering)

One of the MDSO's key roles is to promote the safe use of medical devices across the organisation and provide expert advice. As well as improving the quality of reporting and learning, the MDSO will be the essential link between the identification and implementation of local and national medical devices safety initiatives and the daily operations to improve the safety of medical devices.

As a member of the National Medical Device Safety Network, they will:

- Be the main contact for NHS Improvement, the MHRA and medical device manufacturers;
- Report any issues / concerns to Medical Device Group monthly;
- Ensure incidents are discussed and any learning shared across the Trust;
- Identify a deputy in their absence to ensure continuity.

**2.6    Medication Safety Officer (MSO)** (currently a Senior Pharmacist)

The MSO is responsible for reporting medication error incidents and sharing learning. They will:

- Be the main contact for NHS Improvement, the MHRA and drug manufacturers;
- Report to Medicines Management Group any issues / concerns and where relevant report to HSSG;
- Ensure incidents are discussed and monitored via Medicines Management Group;
- Be a member of the National Medication Safety Network; support reporting and learning and take local actions to improve medication safety;
- Identify a deputy in their absence to ensure continuity.

**2.7    Estates Safety Alert Lead (ESAL)** (currently the Deputy Head of Estates)

The ESAL is responsible for assigning Estates Facilities Alerts (EFA) and Estates Facilities Notices (EFN) to the relevant nominated subject lead for action according to the requirements of the alert, ensuring responses are uploaded to the Health Assure (HA) system and notified to the SABLO. The ESAL will:

- Report outcomes and lessons learnt through the Estates and Facilities local Governance Meetings and onwards to Health and Safety Steering Group (HSSG);
- Update and authorise closure of alerts via HA with evidence of compliance within the specified timeframes;
- Identify a deputy in their absence to ensure continuity.

**2.8    The nominated Lead**
**The nominated lead** for complex alerts (such as NHS / PSA / alerts etc.) will:

- Assess the alert and respond within timescales;
- Develop action plans as appropriate;
- Update Health Assure of position.

**2.9    Divisional, Directorate and Departmental Management Team**

- Be responsible for ensuring the actions required for all relevant alerts will be implemented within the given timeframes.
- Annually review Safety Alerts to be added to Clinical Audit Plans.

**2.10 Governance Team Leader**

The Team Leader in liaison with the Governance Officer will oversee the implementation process at Directorate level to ensure that appropriate alerts are added to the Directorate Clinical Audit Plans and that audit is completed within the appropriate timeframes.

**2.11 Governance Officers**
- Responsible for supporting the Nominated Lead Officer with completion of relevant paperwork.
- Provide exception reports for review at the appropriate Directorate Governance Meetings.
- Support Directorates in ensuring that guidance is audited within appropriate timeframes. Keep HA updated with information regarding implementation.

**2.12 Health and Safety Steering Group (HSSG)**

HSSG is responsible for the review of the internal alert data (via HA) and receives information from other responsible groups in order to provide a report to the Quality Standards Action Group, ensuring alerts are actioned as fully as possible.

**2.13 Quality, Safety Advisory Group (QSAG)**

QSAG is responsible for the monitoring and review process of all Safety Alerts, providing assurance to the Quality Governance Assurance Committee.
QSAG receives exception reports in relation to outstanding Safety Alert Actions where this may impact on patient safety.

**2.14 All Employees**

Have a responsibility to comply with safety alerts and associated required actions.

**3.0 Protocol Detail / Actions**

**3.1 Safety Alerts**
- Notifications received into the Trust from external agencies, i.e. Medicines and Healthcare Products Regulatory Agency (MHRA).

- Medical Device Alerts (MDA) – e.g. faulty devices or considerations on use of devices.

- Drug Alerts e.g. drug recall sensitivities, contraindications, packaging similarities etc.

- Estates and Facilities Alerts (EFA) - alerts that directly affect NHS estates and facilities e.g. boilers, storage of hazardous gases, safe working practices etc.

- Department of Health - Estates and Facilities Notification (EFN) – High voltage alerts, dangerous incident notifications.

- NHS Improvement – Patient Safety Alerts (NHS / PSA / W / ) – Warnings,
  D = Directives and
  Re = Resource requirements and tend to be based on patient procedure incident prevention.

- Field Safety Notices (FSN) – issued by suppliers directly to the user – e.g. batch recalls, training notifications, software updates etc.

- Any document received by the Trust indicating equipment or products that may

affect the health, safety and welfare of patients.

- CMO letters - advisory notices for medical staff received from the Chief Medical Officers Office.
- Dear Doctor Letters - advisory information for medical professionals.

3.2 The Trust SABLO will be alerted to the publication of new safety alerts and will also regularly check the Central Alerting System (CAS) site for updates relating to MHRA, E&F, DOH and Manufacturer / Supplier alerts and Recall Notices.

Appendix 21 details the Procedure for receipt of MHRA Safety Alerts / EFA / EFN Alerts Appendix 22 details Procedure for Product Recall Notice

A response must be returned to the SABLO stating whether applicable or not to the service.

**3.3 NHS PSA Implementation Process**

(Appendix 23) details the implementation procedure for NHS PSA alerts including:

- How alerts are received in the Trust and assessed for relevance;
- How alerts are disseminated within the Trust;
- How responses are co-ordinated;
- Timescales for responses and reporting.

**4.0 Equipment Required**

Access to Health Assure software package, which is internet based and gained via ID and password allocation from the Compliance Officer, is required.

**5.0 Training**

Training will be cascaded through The Compliance Officer and SOP.

**6.0 References**

Medical Device Alert - MDA / 2013 / 01 - Reporting Medical Device Adverse Incidents and Disseminating Medical Device Alerts.

Patient Safety Alert – NHS/PSA/D/2014/005 – Improving medication error incident reporting and learning.

Patient Safety Alert – NHS/PSA/D/2014/006 – Improving medical device incident reporting and learning.

Medical Device Alert - MDA /2014 /037 – All Medical Devices.

**7.0 Maintenance**

This protocol and its related procedures will be reviewed 3 yearly or sooner, if deemed necessary, by the Health and Safety and Manager. The reviewed document will be agreed through the Health and Safety Steering Group, prior to being ratified through the Management Team.

**8.0    Communication** (see guidance in policy template)

This protocol will be communicated to Divisions and Departments through:

•    Attendees of the Health and Safety Steering Group;
•    Special Information Bulletins via the Trust Communications Department;
•    Trust Intranet.

No specific training is required for the administration and managerial procedure. Divisional, Directorate or Departmental responsible persons to undertake their role to satisfy this protocol.
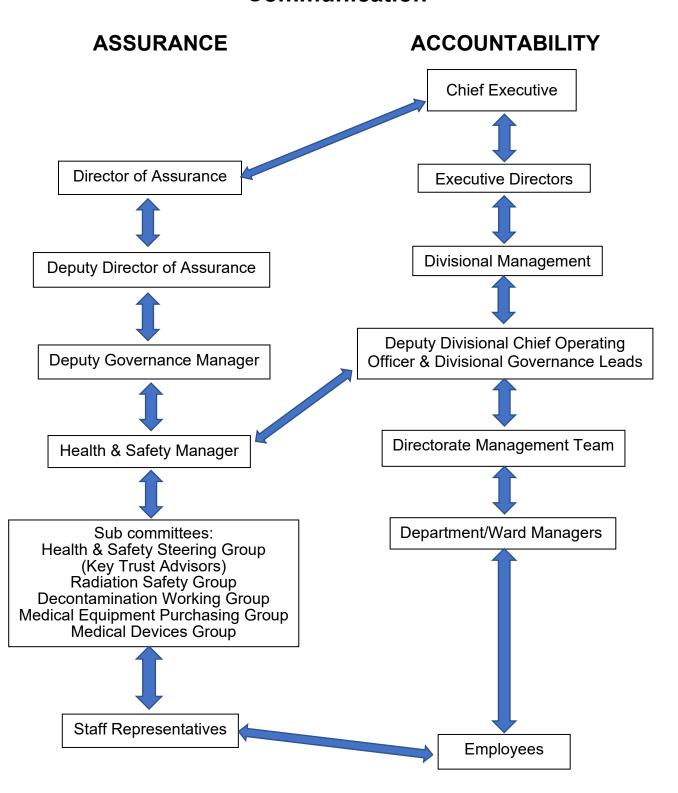
**9.0    Audit / Monitoring**

| Criteria | Lead | Monitoring method | Frequency | Committee / Group |
|---|---|---|---|---|
| **Alerts are responded to within time frame as Identified** | MDSO | HA database / HA Reports | Monthly | Medical Devices Group |
| | MSO | HA database / HA Reports | Monthly | Medicines Management Group |
| | GTL / GOs | HA database / HA Reports | Monthly | Directorate / Divisional Governance Meetings |
| | SABLO | HA / HSSG Reports | 6-monthly | Quality, Safety Advisory Group (QSAG) |
| | SABLO | HA database / HA Reports | Bi-monthly | HSSG |
| | Identified Lead | Progress reporting | Bi-monthly | HSSG |
| | Identified Lead | Exception Report for non-compliance with alert | As and when | Quality, Safety Advisory Group (QSAG) |
| **Audits are undertaken (where applicable)** | Alert Lead to identify audit requirement. GO to include in the audit plan | Monitor audit database / audit minutes | Annually | Directorate / Divisional Governance Meetings |

**10.0    Definitions**

| | |
|---|---|
| SABLO | Safety Alert Broadcast Liaison Officer – Health and Safety Manager |
| MDSO | Medical Device Safety Officer – Head of Clinical Engineering |
| MSO | Medicines Safety Officer – Senior Pharmacist |
| ESAL | Estates Safety Alert Lead – Deputy Head of Estates |
| MHRA | Medicines and Healthcare Products Regulatory Authority |
| HA | Health Assure |
| HSSG | Health & Safety Steering Group |
| QSAG | Quality, Safety Advisory Group () |

# Health and Safety Organisational Chart and Lines of Communication

## ASSURANCE                    ACCOUNTABILITY

Chief Executive

Director of Assurance

Executive Directors

Deputy Director of Assurance

Divisional Management

Deputy Governance Manager

Deputy Divisional Chief Operating Officer & Divisional Governance Leads

Health & Safety Manager

Directorate Management Team

Sub committees:
Health & Safety Steering Group
(Key Trust Advisors)
Radiation Safety Group
Decontamination Working Group
Medical Equipment Purchasing Group
Medical Devices Group

Department/Ward Managers

Staff Representatives

Employees

# Health and Safety Policy Statement

**1.0 Policy Statement**

**The Royal Wolverhampton NHS Trust attaches the greatest importance to Health and Safety and wishes to implement policies and procedures which minimise risk; promote health, safety and wellbeing and seeks the co-operation of all employees for that purpose. Managers and staff, at all levels, will work together to ensure that the risk of personal injuries and hazards to the health of staff, patients and visitors will be reduced to a minimum.**

The Trust will endeavour to provide a working environment and conditions that comply with:
- Statutory requirements
- Approved Codes of Practice
- Relevant Standards and Guidance

**2.0 Accountabilities**

**2.1** The Chief Executive is ultimately responsible and accountable for the health, safety and welfare of staff, patients and visitors. She will ensure that safe working practices and systems of work are adopted within a safe environment throughout the Trust.

**2.2** Group Director of Assurance has a delegated responsibility to ensure that there is a robust Health and Safety system in place within the Trust.

**2.3** Directors and Managers within the Trust have a responsibility to ensure that there is an effective Health and Safety system implemented within the area(s) under their control.

**2.4** The Trust will work with its employees to provide a safe working environment and will remind employees of their obligations and responsibilities under Health and Safety legislation:

- To act in such a manner as to preserve the health, safety and welfare of themselves and others.
- To co-operate with the Trust in matters affecting safety.
- To report to a senior person in their department / directorate any matter which appears to suggest a Health and Safety hazard.
- Not to interfere with or misuse anything provided in the interest of Health and Safety at work.

**3.0 Specific Detail**

**3.1** The Trust will take all steps within its power to meet its Health and Safety obligations so far as is reasonably practicable to:

- Ensure full compliance with all appropriate legislative and statutory requirements, with hazard identification, risk assessment and control being at the forefront to reduce the likelihood of incidents occurring and
- When incidents do occur to analyse these, identifying the causes and put in place actions to eliminate, where possible, or reduce any further likelihood of recurrence.

Furthermore, to

- Establish and maintain a safe working environment throughout the Trust premises.
- Establish and maintain safe working practices and procedures within the areas under its control.
- Ensure staff are given such information, instruction, training and supervision as is necessary to enable the safe performance of work activities.
- Provide and maintain plant, equipment and systems of work which are safe and without risk.
- Formulate effective emergency procedures for use in the case of fire and other untoward events.
- Develop safety consciousness and responsible attitudes towards Health and Safety.
- Establish monitoring and audit procedures to measure the effectiveness of the safety system.
- Establish effective communication and consultation procedures with staff on Health and Safety issues.

**All staff must read and become familiar with their responsibilities under the following Health and Safety policies which can be found on the Trust intranet site:**

HS01 Management of Health and Safety
HS03 Sharps Management Policy
HS05 Ionising Radiation Safety Policy
HS06 Laser Safety Policy
HS10 Waste Disposal Policy
HS11 The Management of Medical Devices
HS12 Decontamination of Medical Devices
HS22 Asbestos
HS26 Trust Fire Policy
HS33 Driving for Work Policy

**Signed:**

Interim Chief Executive
Caroline Walker

**Date: September 2024**

Group Director of Assurance
Kevin Bostock

# Functions of Departmental Safety Representatives

In order for the Safety Representatives to fulfil their role, the manager must work with the safety representative with the aim of assisting them in their duties.

The **Departmental Safety Representative** (DSR's) must take all reasonable steps to keep themselves informed of:

- Support the H&S team to ensure all areas are compliant in their legal requirements relating to the Health and Safety (H&S) of persons at work, particularly the persons they directly represent.

- Support the risk assessment and inspection process to highlight particular hazards of the workplace and measures deemed necessary to eliminate or minimise the risk derived from these hazards.

- Support the contents of the Health and Safety policy of their employer and the organisation and arrangements fulfilling that policy.

To do this the **Health and Departmental Safety Representative** must, within the defined area they cover:

- Encourage co-operation between the manager(s) and employees in promoting and developing essential measures to ensure the Health and Safety of employees and checking effectiveness of these measures.

- Consult with the manager(s) on Health and Safety matters.

- Complete the inspection sheet on a quarterly basis and send confirmation of the completed inspection to the H&S team.  The safety representative is responsibly to close out any actions from the inspection.

- Make representation via the inspections/Datix reports, etc., to the manager(s) concerning health hazards, dangerous occurrences and accidents.

- Make representation on general matters affecting the health, safety and welfare of employees in the workplace to the H&S team.

- Support management in ensuring inspection once every three months or more frequently as circumstances dictate with the agreement of the manager(s). ([Appendix 3a](#) below)

- Consult with inspectors of the Health and Safety Executive as to any information acquired by inspectors in the course of their activities, or action that they have taken or propose to take against their employer.

- Attend H&S meetings, in the capacity of safety representative.

- Attend H&S training, in the capacity of the safety representative.

# Health and Safety Hazard Inspection

| Assessor's Name(s) | *Please complete* | Location | *Please complete* |
|---|---|---|---|
| Date of Assessment | *Please complete* | Department | *Please complete* |
| Date of Previous Review | *Please complete* | Directorate | *Please complete* |
| Next Review Date | *Please complete* | Division | *Please complete* |

| 1. Health, Safety & Welfare | | YES | NO | COMMENTS |
|---|---|---|---|---|
| a | Is there a H&S law poster or the RWT Trust H&S policy displayed within the building completed with up-to-date information? | | | *The H&S Law poster in on the intranet site* |
| b | Does the department have a natural or mechanical ventilation system (or both) and are they in working order; | | | |
| bi | Natural (i.e., opening windows) | | | *Welfare Regs* |
| bii | Mechanical (i.e., fans/air con) | | | *Welfare Regs* |
| c | First aid & evacuation marshal information for the department? | | | *Is this somewhere visible such as noticeboard and are names clearly stated* |
| d | Is there a fully stocked first aid box and is there a green/white sign identify location? | | | Per policy HS01 Apdx 15 |
| e | Is there a H&S noticeboard and is its information up to date? | | | |
| f | Do staff have sufficient changing facilities which is secure? | | | |
| 2. Environment | | YES | NO | COMMENTS |
| a | Is the housekeeping in stairwells and communal areas in good condition (i.e. any visible damage to Flooring, doors, ceilings, etc.,)? | | | |
| b | Are all (types of) work areas free from clutter? (i.e., under desks) | | | |
| c | Are walkways/routes in good condition and clear? | | | |
| d | Is all portable electrical equipment visually in good condition (i.e., no exposed wires, plugs in good condition) | | | |
| e | Are all communal chairs in good working order? (visually inspect chairs NOT covered by DSE regulations i.e chairs without wheels) | | | |

| f | Are all doors, door frames, closures and door fittings in good working order? | | | |
|---|---|---|---|---|
| **3. Operational Controls** | | **YES** | **NO** | **COMMENTS** |
| a | Is local signage correct? | | | *This must match the Risk Assessment content* |
| b | Is the signage being adhered to? | | | *For example, is stipulated PPE being worn* |
| c | Is safe access and egress to all areas of work feasible? | | | |
| d | Is any damaged equipment correctly tagged and been reported? | | | |
| e | Do staff have sufficient work equipment in line with Display Screen Equipment Regs (DSE) | | | |
| f | Is there any Asbestos on site and if so, is there access to a register held locally? | | | Per policy HS22 Attm 7 |
| g | Are there any Latex products used on site and is of what communication has given to staff to ensure they are aware of its allergic properties? | | | Per policy HS01 Apdx 20 |
| **4. Equipment** | | **YES** | **NO** | **COMMENTS** |
| a | Are there any obstructions on the floor that could cause a slip, trip or fall i.e., loose carpets, mats, poorly maintained or ripped flooring? | | | |
| b | Is there any work equipment that could create a slip, trip or fall hazard? | | | |
| c | Is there any radiation/UV/laser equipment in use and if so, is there a risk assessment? | | | |
| d | Have staff been trained in use of PPE? | | | |
| **5. Emergency Procedures** | | **YES** | **NO** | **COMMENTS** |
| a | Are there any PEEP or GEEPS required for staff in the Department and are they up to date and sufficiently shared if required? | | | Per policy HS26 Attm 1 & 2 |
| b | Are all fire equipment (fire extinguishers/signage) visible and unobstructed? | | | |
| c | Are there Evacuation chairs/mattresses in situ (usually stairwells) and have staff been trained in their use? | | | |
| d | Is potential for a Spillage, if so, is there a spill kit located with full contents? | | | |

| e | Are there any security issues/concerns? If so, please state what? | | | |
|---|---|---|---|---|

| 6. General Items for Disclosure | COMMENTS |
|---|---|
| a | |
| b | |
| c | |
| d | |
| e | |
| f | |

## Action Log

| No. | Description of Action | Responsible Person | Job Number / PO number / Datix | Status/Comments |
|---|---|---|---|---|
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**Any actions which cannot be completed during the audit should be added to the Action Log (page 3).**

**The content of this inspection is for guidance only and any operational issues not included within this checklist should ALWAYS be included in section 6.**

**The responsibility for operational issues is always with the area performing the audit.**

# Undertaking a Risk Assessment

The management system has evolved risk assessment to a newly mandated system.  This allows clarity the ask from the H&S Team and what risk assessments are required within policy, and which MUST be considered by each department/area.

Consideration for 17 distinct subject areas which are classed as the mandated risk assessments.  These risk assessments are the team risk assessments found within Trust policies.  All of these assessments may not be required but MUST be considered.  If there is any uncertainty, please contact the Health and Safety team.

The 17 mandated risk assessments are:

- COSHH (Control of Substances Hazardous to Health)
- Covid 19
- Driving for work
- First Aid
- Laser
- Ligature (Attachment B & C)
- Lone Working
- Manual Handling
- PPE (Personal Protective Equipment)
- PUWER (Provision and Use of Work Equipment Regulations)
- Radiation
- Security
- Sharps
- Slips Trips and Falls
- Violence and aggression
- Workplace, Welfare RA
- Working at Heights

Any risk assessments not included within the mandated risk assessments are classed and stored in SharePoint as non-mandated risk assessments.  It is up to the individual areas to ensure these are considered and reviewed.  Other risk assessments are required within policy but as they are for the individual and may hold personal information they are not included as a mandated risk assessment or held on SharePoint by the health and safety team, these include;

- DSE
- New and expectant mothers
- Stress

- Young people

**Detailed Risk Assessment procedure**

All mandated and non-mandated team risk assessments must be sent to the health and safety team who will then input them into SharePoint.  These assessments should also be kept locally by the local department/team.  Any team with at least one risk assessment exceeding the 12-month review period, will be highlighted as a 'RED' in the reporting structure (refer to 8.5).

1.    Decide who might be harmed and how.

2.    Consider whether there are already some control measures in place.

3.    Evaluate the risk and decide whether further controls are required and what they will be.

4.    Once further controls have been identified re-evaluate the risk.

5.    Compile and instigate Divisional, Directorate or Department action / treatment plan with committed timetable to remove or reduce the risks.

6.    Inform all staff of findings and agreed action plan.

7.    Complete and monitor all actions as per your local Operational Governance Strategy.

8.    Enter risks onto risk register where relevant (refer to OP 10 Procedure 2).

9.    Ensure that the 12 month review date (or sooner due to an incident or significant change) is adhered to at all times (refer to OP 10 Procedure 2).

All areas MUST inform Divisional Healthcare Governance Manager of all risk assessments which are 12 or above in the risk assessment scoring matrix).

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**HS01 Appendix 4B**

*Refer to the guidance before completing and use a separate form for each risk. Refer to the guidance before completing and use a separate form for each risk. After completing Sections A-C please give this form to your manager. Thank you.*

| SECTION A: Initial Assessment Details | |
|---|---|
| **Date of Assessment:** | **Risk Assessor (s):** |
| **Directorate / Specialty:** | |
| **Location:** | |

| SECTION B: The Risk |
|---|

**Provide a description of the local hazard** Problem or Concern (potential dangers / harm of risk): identified from your service activity or the trigger lists provided in HS01 Management of Health & Safety Policy: Trigger lists are available for: Workplace, Manual Handling, COSHH, DSE, Work Equipment, Slips, Trips & Falls. (Trigger lists MUST be used as per HS01, Attach Risk Assessment to trigger sheet where applicable) Fire Risk Assessments have a specific form please refer to HS26 Fire Policy – these will be undertaken by the Fire Management Team.

**Who is affected?**

**What is the potential outcome(s)?**

**How was the risk identified**

| Control Measures in Place | Responsible Person / Lead for Control | Date Started | Gaps in Controls |
|---|---|---|---|
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**Initial Risk Evaluation with controls**: (Please use the Trust Categorisation Matrix and circle below)

| Likelihood: | | | | | Consequence: | | | | | Severity: (1- 3) green | (4 – 6) yellow | (8 – 12) amber | (15+) red |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | | | |

**SECTION C: Treatment Plan** (Further measures required to reduce the risk)

| Action No | Action Required | Responsible/Lead for implementation | Timescale for completion (MUST have date, NOT on-going) | Date Action Complete |
|---|---|---|---|---|
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**SECTION D: To be completed by the areas Lead Manager for Risk / Head Nurse**

**Risk Re-Evaluation after Action(s) Implemented:**
(Please use the Trust Categorisation Matrix and circle below) i.e. the target risk score once actions are in place

| Likelihood: | | | | | Consequence: | | | | | Severity: (1 - 3) green | (4 – 6) yellow | (8 – 12) amber | (15+) red |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | | | |

| Recommended actions in Section C are agreed and I have added as necessary | | |
|---|---|---|
| **Full Name:** | **Designation:** | |
| **Signature:** | **Date:** | |
| | **Date for Review:** | |

## SECTION E: RISK ASSESSMENT REVIEW SHEET

**Treatment Plan** (Further measures required to reduce the risk)

| Date of Review | Actions required/brought forward from last review (state action numbers) | Changes to/or new controls | Grade | Responsible / Lead for Implementation of Action | Timescale for Completion | Date Action Complete | Managers Signature for RA & Actions | Comments (Barriers / Progress) |
|---|---|---|---|---|---|---|---|---|
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**Next Review Date:**

**Treatment Plan** (Further measures required to reduce the risk)

| Date of Review | Actions required/brought forward from last review (state action numbers) | Changes to/or new controls | Grade | Responsible / Lead for Implementation of Action | Timescale for Completion | Date Action Complete | Managers Signature for RA & Actions | Comments (Barriers / Progress) |
|---|---|---|---|---|---|---|---|---|
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**Next Review Date:**

**Treatment Plan** (Further measures required to reduce the risk)

| Date of Review | Actions required/brought forward from last review (state action numbers) | Changes to/or new controls | Grade | Responsible / Lead for Implementation of Action | Timescale for Completion | Date Action Complete | Managers Signature for RA & Actions | Comments (Barriers / Progress) |
|---|---|---|---|---|---|---|---|---|
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**Next Review Date:**

This form is to be used by those who have the responsibility and have had training to undertake risk assessments. A new form must be completed for each <u>new</u> risk identified. <u>All</u> sections of this form are mandatory.

## SECTION A: Assessment Details

**Date of Assessment:** The date the assessment was undertaken.

**Directorate/Specialty:** The directorate/specialty that the risk assessment is being conducted by or on behalf of.

**Location:** The exact location that the risk assessment is focused on, where applicable.

**Risk Assessor(s):** Please list the name(s) and job title(s) of all people involved in producing the risk assessment.

## SECTION B: The Risk

**Hazard, Problem or Concern:** A hazard is any substance, process, action, inaction and/or object that could have a consequence, which may cause danger or harm to an individual, be it staff, patient, visitor or other; or damage to property or equipment.

It is important to remember that hazards may be many and varied within your area of work.

- Staff shortages
- Manual handling
- Trailing leads
- Poor office environment
- Poor access
- Insufficient equipment

Use the trigger lists/pre-assessment forms referred to in HS01 to assist with identifying the hazards associated with your service.

A hazard could have a number of potential outcomes. Therefore, identify the potential consequence, danger or harm that the identified hazard may cause. A hazardous process can be broken down into its component parts, each of which will have its own danger. Having identified the dangers, you can now assess the risk for each identified danger.

**How was risk identified:** Please indicate from what source the risk has been identified e.g.

✓ In-house specialist knowledge.
✓ Incidents / complaints / claims.
✓ Internal / external audit / assurance reports
✓ Business Plan

Include details of the identified Underlying Causes.

**Control Measures already in place:** Please list all controls that are <u>*already*</u> in place to reduce the identified risk.

**Description:** A description of the control identified.

**Responsible/Lead:** The individual responsible for the identified control, include job title.

**Date Started:** When was the control started.

**Gap in Controls:** Any identified barriers encountered when trying to perform the identified control. Or an indication that the control is failing to achieve its objective.

**Initial Risk Evaluation:** This is the initial assessment of risk with the control(s) in place. To assist in scoring the risk please use the Trust's Categorisation Matrix that has been provided to all areas in wall-chart format. Using the descriptors given identify the hazard/consequence and likelihood of occurrence. The combination of these will give you a severity grade which indicates the priority of the risk. Please circle the likelihood, consequence and severity attributed. When scoring the risk please do not go for the worst-case scenario, the aim of a risk assessment is to identify what is reasonably likely to occur and how often.

## SECTION C: Treatment Plan

Now that the consequence, danger or harm and the likelihood of occurrence have been identified, action to eliminate or reduce the risks needs to be identified. The aim of any action in the first instance, if possible, is to eliminate the risk entirely. Thereafter the aim will be to reduce the risk to it's lowest.

Actions should be SMART and have objectives:

- ✓ Specific;
- ✓ Measurable;
- ✓ Agreed;
- ✓ Realistic;
- ✓ Time bounded

Actions need to be in place to reduce both likelihood and consequence.

**Treatment Plan:** All fields are mandatory for each action identified.

**Action Required:** A description of the action identified, including what objective the action will achieve.

**Responsible/Lead:** A person must be empowered to undertake and be responsible for the identified action, include job title.

**Timescale for Completion:** When the action has been identified it must be given a realistic date for commencement and completion. The greater the risk the sooner the start and completion date.

## SECTION D: To be completed by Manager

A Senior Manager within the area of work must sign to agree the actions and risk scoring. They should also use their knowledge to complete and supplement the Treatment Plan identified in Section C.

**Risk Ref:** Located in the top left-hand corner. Please number each risk assessment with your own unique identification; this will make it easier for you to identify your assessments.

**Date for Review:** This should be no greater than 12 months.

**Risk Re-Evaluation:** What will the risk score be (i.e. target score) when all of the identified actions have been completed. Ideally this should be lower than the previous score.

## SECTION E: Risk Assessment Review Sheet

**This section is to be used each time you review and monitor your risk assessment and must be completed following your Governance meeting discussion.**

Once completed please send this risk assessment to your Line Manager for review and for consideration.

| Level of Health and Safety Responsibility | Mandatory training | Job specific | How delivered |
|---|---|---|---|
| All staff | Governance Presentation<br><br>Risk Management and Incident Reporting<br><br>Basic Health and Safety Awareness | | Trust Induction Mandatory training via My Academy<br><br>H&S training programme / My Academy e-learning |
| Divisional / Directorate / Departmental Health and Safety Reps<br>Must have 2 yrs. experience in job role | As above | Risk Assessment Training including:<br>Workplace COSHH<br>Display Screen Equipment<br>Manual Handling<br>Stress<br>RIDDOR<br>Incident investigation and reporting | H&S Training Programme / Mandatory e-learning |
| Divisional Responsible Person | | As above plus<br><br>NEBOSH General Certificate | As above<br><br>External provider |
| CEO / Exec Directors / Chairman / Non-Exec Directors / Divisional / Directorate / Department Managers / Head Nurse | Health & Safety for Managers | | Internal programme / My Academy e-learning |

# Workplace H&S Regulations Guidance

Employers have a duty under the Health and Safety at Work etc. Act 1974 to ensure, so far as reasonably practicable, the health, safety and welfare of their employees at work. People in control of non-domestic premises have a duty towards people who are not their employees but use their premises.

This is guidance to support the completion of a Workplace, Welfare Risk Assessment. This forms part of the mandated risk assessment process (Refer to Appendix 6a).

| Regulation Requirement and Guidance for Risk Assessment inclusion | Do you know if you are compliant? (this may need input from Estates or H&S) | If not consider this for inclusion into your Risk Assmt (6a) |
|---|---|---|
| **Ventilation**<br>• Adequately ventilated. (Fresh, clean air must be drawn from a source outside the workplace)<br>• Ventilation must also remove and dilute warm, humid air and provide air movement which gives a sense of freshness without causing a draught<br>• Windows or mechanical ventilation | | |
| **Temperatures in indoor workplaces**<br>• The temperature must normally be at least 16 °C. If work involves physical effort must be at least 13 °C<br>• There is no upper limit however, you must have a plan to manager excessive temperatures must they occur. (consideration needs to be given to the number of persons in the office, how much equipment in the office excessive temperatures must be monitored and action taken to protect the health of staff and visitors) | | |
| **Lighting**<br>• Lighting must be sufficient to enable people to work and move about safely Internal<br>• Particular risk such as crossing points on traffic routes - External<br>• Lighting/light fittings must not create any hazard.<br>• Automatic emergency lighting, powered by an independent source, must be provided where sudden loss of light would create a risk. | | |
| **Cleanliness and waste materials**<br>• Every workplace and the furniture, furnishings and fittings must be kept clean and it must be possible to keep the surfaces of floors, walls and ceilings clean.<br>• Cleaning and the removal of waste must be carried out as necessary by an effective method.<br>• Waste must be stored in suitable receptacles. | | |
| **Regulation Requirement and Guidance for Risk Assessment inclusion** | **Do you know if you are compliant? (this may need input from** | **If not consider this for inclusion into your Risk** |

| | Estates or H&S) | Assmt (6a) |
|---|---|---|
| **Room dimensions and space**<br>• Workrooms must have enough free space to allow people to move about with ease. All or part of a room over 3.0 m high must be counted as 3.0 m high. 11 cubic metres per person is a minimum and may be insufficient depending on the layout, contents and the nature of the work. | | |
| **Workstations and seating**<br>• Workstations must be suitable for the people using them and for the work they do.<br>• People must be able to leave workstations swiftly in an emergency.<br>• If work can or must be done sitting, seats which are suitable for the people using them and for the work they do must be provided.<br>• Seating must give adequate support for the lower back, and footrests must be provided for workers<br>• who cannot place their feet flat on the floor. | | |
| **Safety** | | |
| **Floors and traffic routes**<br>• Traffic route' means a route for pedestrian traffic, vehicles, or both, and includes any stairs, fixed ladder, doorway, gateway, loading bay or ramp. There must be sufficient traffic routes, of sufficient width and headroom, to allow people and vehicles to circulate safely with ease.<br>• Make sure shared routes are well lit. | | |
| • It is often difficult for drivers to see behind their vehicle when they are reversing; as far as possible, plan traffic routes so that drivers do not need to reverse.<br>• Floors and traffic routes must be sound and strong enough for the loads placed on them and the traffic expected to use them.<br>• The surfaces must not have holes or be uneven or slippery, and must be kept free of obstructions and from any article or substance which may cause a person to slip, trip or fall.<br>• A handrail must be provided on at least one side of every staircase, and on both sides if there is a particular risk.<br>• Additional handrails may be required down the centre of wide staircases.<br>• Access between floors must not be by ladders or steep stairs. | | |
| **Windows**<br>• Openable windows, skylights and ventilators must be capable of being opened, closed or adjusted safely and, when open, must not pose any undue risk to anyone.<br>• Windows and skylights must be designed so that they may be cleaned safely. | | |

| Regulation Requirement and Guidance for Risk Assessment inclusion | Do you know if you are compliant? (this may need input from Estates or H&S) | If not consider this for inclusion into your Risk Assmt (6a) |
|---|---|---|
| **Welfare** | | |
| **Sanitary conveniences and washing facilities**<br>• Suitable and sufficient sanitary conveniences and washing facilities must be provided at readily accessible places.<br>• They and the rooms containing them must be kept clean and be adequately ventilated and lit.<br>• Washing facilities must have running hot and cold or warm water, soap and clean towels or other means of cleaning or drying.<br>• If required by the type of work, showers must also be provided.<br>• Men and women must have separate facilities unless each facility is in a separate room with a<br>• lockable door and is for use by only one person at a time. | | |
| **Drinking water**<br>• An adequate supply of high-quality drinking water, with an upward drinking jet or suitable cups, must be provided.<br>• Water must only be provided in refillable enclosed containers where it cannot be obtained directly from a mains supply.<br>• The containers must be refilled at least daily (unless they are chilled water dispensers where the containers are returned to the supplier for refilling).<br>• Bottled water/water dispensing systems may still be provided as a secondary source of drinking water.<br>• Drinking water does not have to be marked unless there is a significant risk of people drinking non-drinking water. | | |
| **Accommodation for clothing and facilities for changing**<br>• Adequate, suitable and secure space must be provided to store workers' own clothing and special clothing.<br>• As far as is reasonably practicable the facilities must allow for drying clothing.<br>• Changing facilities must also be provided for workers who change into special work clothing.<br>• The facilities must be readily accessible from workrooms and washing and eating facilities, and must ensure the privacy of the user, be of sufficient capacity, and be provided with seating | | |
| **Facilities for rest and to eat meals**<br>• Suitable and sufficient, readily accessible rest facilities must be provided.<br>• Seats must be provided for workers to use during breaks. These must be in a place where personal protective equipment need not be worn.<br>• Rest areas or rooms must be large enough and have sufficient seats with backrests and tables for | | |

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| | | |
|---|---|---|
| the number of workers likely to use them at any one time, including suitable access. | | |
| **Regulation Requirement and Guidance for Risk Assessment inclusion** | **Do you know if you are compliant? (this may need input from Estates or H&S)** | **If not consider this for inclusion into your Risk Assmt (6a)** |
| • Seating which is adequate for the number of disabled people at work must be available.<br>• Work areas can be counted as rest areas and as eating facilities, provided they are adequately clean and there is a suitable surface on which to place food.<br>• Where provided, eating facilities must include a facility for preparing or obtaining a hot drink.<br>• Where hot food cannot be obtained in or reasonably near to the workplace, workers may need to be provided with a means for heating their own food (e.g. microwave oven).<br>• Canteens or restaurants may be used as rest facilities provided there is no obligation to purchase food. | | |

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### *Workplace, Welfare Risk Assessment*

*Refer to the guidance before completing and use a separate form for each risk. Refer to the guidance in 6b for guidance on what things should be considered for inclusion. After completing Sections A-C please give this form to your manager. Thank you.*

| SECTION A: Initial Assessment Details | | |
|---|---|---|
| **Date of Assessment:** | | **Risk Assessor (s):** |
| **Directorate / Specialty:** | | |
| **Location:** | | |

| SECTION B: The Risk |
|---|
| **Provide a description of the local hazard** Problem or Concern (potential dangers / harm of risk): identified from your service activity or the trigger lists provided in HS01 Management of Health & Safety Policy: Trigger lists are available for: Workplace, Manual Handling, COSHH, DSE, Work Equipment, Slips, Trips & Falls. (Trigger lists MUST be used as per HS01, Attach Risk Assessment to trigger sheet where applicable) Fire Risk Assessments have a specific form please refer to HS26 Fire Policy – these will be undertaken by the Fire Management Team. <br><br> **Who is affected?** <br><br> **What is the potential outcome(s)?** |
| **How was the risk identified** |

| Control Measures in Place | Responsible Person / Lead for Control | Date Started | Gaps in Controls |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |
| | | | |
| **Initial Risk Evaluation with controls**: (Please use the Trust Categorisation Matrix and circle below) | | | |

| Likelihood: | | | | | Consequence: | | | | | Severity:<br>(1- 3)<br>green | (4 – 6)<br>yellow | (8 – 12)<br>amber | (15+)<br>red |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | | | |

**SECTION C: Treatment Plan** (Further measures required to reduce the risk)

| Action No | Action Required | Responsible/Lead for implementation | Timescale for completion (MUST have date, NOT on-going) | Date Action Complete |
|---|---|---|---|---|
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**SECTION D: To be completed by the areas Lead Manager for Risk / Head Nurse**

**Risk Re-Evaluation after Action(s) Implemented:**
(Please use the Trust Categorisation Matrix and circle below) i.e. the target risk score once actions are in place

| Likelihood: | | | | | Consequence: | | | | | Severity:<br>(1 - 3)<br>green | (4 – 6)<br>yellow | (8 – 12)<br>amber | (15+)<br>red |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | | | |

Recommended actions in Section C are agreed and I have added as necessary

| Full Name: | | Designation: | |
|---|---|---|---|
| **Signature:** | | **Date:** | |
| | | **Date for Review:** | |

**SECTION E: RISK ASSESSMENT REVIEW SHEET**

**Treatment Plan** (Further measures required to reduce the risk)

| Date of Review | Actions required/brought forward from last review (state action numbers) | Changes to/or new controls | Grade | Responsible / Lead for Implementation of Action | Timescale for Completion | Date Action Complete | Managers Signature for RA & Actions | Comments (Barriers / Progress) |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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**Next Review Date:**

**Treatment Plan** (Further measures required to reduce the risk)

| Date of Review | Actions required/brought forward from last review (state action numbers) | Changes to/or new controls | Grade | Responsible / Lead for Implementation of Action | Timescale for Completion | Date Action Complete | Managers Signature for RA & Actions | Comments (Barriers / Progress) |
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**Next Review Date:**

**Treatment Plan** (Further measures required to reduce the risk)

| Date of Review | Actions required/brought forward from last review (state action numbers) | Changes to/or new controls | Grade | Responsible / Lead for Implementation of Action | Timescale for Completion | Date Action Complete | Managers Signature for RA & Actions | Comments (Barriers / Progress) |
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**Next Review Date:**

This form is to be used by those who have the responsibility and have had training to undertake risk assessments. A new form must be completed for each <u>new</u> risk identified. <u>All</u> sections of this form are mandatory.

**SECTION A: Assessment Details**

> **Date of Assessment:** The date the assessment was undertaken.
>
> **Directorate/Specialty:** The directorate/specialty that the risk assessment is being conducted by or on behalf of.
>
> **Location:** The exact location that the risk assessment is focused on, where applicable.
>
> **Risk Assessor(s):** Please list the name(s) and job title(s) of all people involved in producing the risk assessment.

**SECTION B: The Risk**

> **Hazard, Problem or Concern:** A hazard is any substance, process, action, inaction and/or object that could have a consequence, which may cause danger or harm to an individual, be it staff, patient, visitor or other; or damage to property or equipment.
>
> It is important to remember that hazards may be many and varied within your area of work.
>
> - Staff shortages
> - Manual handling
> - Trailing leads
> - Poor office environment
> - Poor access
> - Insufficient equipment
>
> Use the trigger lists/pre-assessment forms referred to in HS01 to assist with identifying the hazards associated with your service.
>
> A hazard could have a number of potential outcomes. Therefore, identify the potential consequence, danger or harm that the identified hazard may cause. A hazardous process can be broken down into its component parts, each of which will have its own danger. Having identified the dangers, you can now assess the risk for each identified danger.
>
> **How was risk identified:** Please indicate from what source the risk has been identified e.g.
>
> ✓ In-house specialist knowledge.
> ✓ Incidents / complaints / claims.
> ✓ Internal / external audit / assurance reports
> ✓ Business Plan
>
> Include details of the identified Underlying Causes.
>
> **Control Measures already in place:** Please list all controls that are <u>*already*</u> in place to reduce the identified risk.
>
> **Description:** A description of the control identified.
>
> **Responsible/Lead:** The individual responsible for the identified control, include job title.
>
> **Date Started:** When was the control started.
>
> **Gap in Controls:** Any identified barriers encountered when trying to perform the identified control. Or an indication that the control is failing to achieve its objective.

**Initial Risk Evaluation:** This is the initial assessment of risk with the control(s) in place. To assist in scoring the risk please use the Trust's Categorisation Matrix that has been provided to all areas in wall-chart format. Using the descriptors given identify the hazard/consequence and likelihood of occurrence. The combination of these will give you a severity grade which indicates the priority of the risk. Please circle the likelihood, consequence and severity attributed. When scoring the risk please do not go for the worst-case scenario, the aim of a risk assessment is to identify what is reasonably likely to occur and how often.

## SECTION C: Treatment Plan

Now that the consequence, danger or harm and the likelihood of occurrence have been identified, action to eliminate or reduce the risks needs to be identified. The aim of any action in the first instance, if possible, is to eliminate the risk entirely. Thereafter the aim will be to reduce the risk to it's lowest.

Actions should be SMART and have objectives:
- ✓ Specific;
- ✓ Measurable;
- ✓ Agreed;
- ✓ Realistic;
- ✓ Time bounded

Actions need to be in place to reduce both likelihood and consequence.

**Treatment Plan:** All fields are mandatory for each action identified.

**Action Required:** A description of the action identified, including what objective the action will achieve.

**Responsible/Lead:** A person must be empowered to undertake and be responsible for the identified action, include job title.

**Timescale for Completion:** When the action has been identified it must be given a realistic date for commencement and completion. The greater the risk the sooner the start and completion date.

## SECTION D: To be completed by Manager

A Senior Manager within the area of work must sign to agree the actions and risk scoring. They should also use their knowledge to complete and supplement the Treatment Plan identified in Section C.

**Risk Ref:** Located in the top left-hand corner. Please number each risk assessment with your own unique identification; this will make it easier for you to identify your assessments.

**Date for Review:** This should be no greater than 12 months.

**Risk Re-Evaluation:** What will the risk score be (i.e. target score) when all of the identified actions have been completed. Ideally this should be lower than the previous score.

## SECTION E: Risk Assessment Review Sheet

**This section is to be used each time you review and monitor your risk assessment and must be completed following your Governance meeting discussion.**

Once completed please send this risk assessment to your Line Manager for review and for consideration.

# VDU / DSE Workstation Hazard Assessment Checklist

**Division:**                                **Directorate:**

**Dept:**                                      **User Name:**

**Date:**                                      **Assessment checked by:**

**Further action required? – YES / NO**           **Completion date:**

This checklist has been produced to assist in undertaking a suitable and sufficient risk assessment as required by the Management of Health and Safety at Work Regulations and the Health and Safety (Display Screen Equipment) Regulations.

This checklist must be completed by the workstation user ticking either the 'yes' or 'no' column against each risk factor. The checklist must then be checked by the responsible person for the Division, Directorate or Department, to identify if further action is required.

| Risk Factors | Yes | No | Items to Consider | Actions |
|---|---|---|---|---|
| **1. Display Screens** | | | | |
| Are the characters on the screen clear and readable? | | | • Is the screen clean and are cleaning materials provided?<br>• Do the text and background colours work well together? | |
| Is the text set at a comfortable size to read? | | | • Can you adjust the software settings? | |
| Is the screen image stable, free from flickering or juddering? | | | • Have you altered the screen colours to reduce flicker, darker background and lighter text?<br>• Is the screen faulty, ask for it to be checked? | |
| Does the specification of the screen meet its intended use requirements? | | | • Is the screen large enough for the work being undertaken? Graphics work may require a larger screen. | |
| Can the screen brightness and contrast be adjusted? | | | • Although not essential as long as the user can read the screen clearly | |
| Does the screen tilt and swivel? | | | • Tilt and Swivel are essential for obtaining the correct user position.<br>If not incorporated consider a tilt and swivel table attachment, or screen replacement | |

| Risk Factors | Yes | No | Items to Consider | Actions |
|---|---|---|---|---|
| Is the screen free from glare and reflections? | | | • Place a mirror in front of the screen to identify where reflections are coming from.<br>• The screen or workstation may need to be moved<br>• Using dark characters on a light background can reduce glare and reflections | |
| Are adjustable window coverings provided, in an adequate condition? | | | • Do blinds work; vertical blinds are better than horizontal.<br>• If these do not work, then consider antiglare screen filter | |
| **2. Keyboards** | | | | |
| Are the screen and keyboard Separate? | | | • A requirement unless using portable devices | |
| Does the keyboard tilt? | | | • Need not be in-built | |
| Can you find a comfortable keying position? | | | • Push the Screen further back to create more room for user<br>• Wrist rest may be needed. | |
| Do you have good keyboard technique? | | | • Training may be required to facilitate good technique | |
| Are the keyboard characters easy to read? | | | • Keyboards must be cleaned, if still not readable, then consider replacement<br>• A key board with a matt finish will reduce glare and reflection | |
| **3. Mouse, Trackball, etc.** | | | | |
| Is the device being used suitable for the task for which it is provided? | | | • Devices are available in many differing shapes and sizes.<br>• Alternative devices, such as, touch screens may be beneficial. | |
| Is the device being used close to the user? | | | • Devices are best placed close to the user.<br>• Training staff on the need to: - prevent overreaching, - removing their hand from the device encouraging a relaxed arm and straight wrist. | |
| Is a support used for the device user's wrist and forearm? | | | • Support can be from the work surface or a chair arm. If not a separate support can be obtained<br>• Users must be able to find a comfortable working position with an appropriate device. | |

| Risk Factors | Yes | No | Items to Consider | Actions |
|---|---|---|---|---|
| Does the device work smoothly at speeds that are suitable for the task and user? | | | • Cleaning of the mouse ball or rollers may be needed<br>• Is the work surface suitable?<br>• Is a mouse mat required? | |
| Can the user adjust the software settings for the mouse and pointer? | | | • Training of staff on the use of the software may be required | |
| **4. Software** | | | | |
| Is the software being used suitable for the task? | | | • Check that the user has had appropriate training on the use of the software?<br>• Software must help the user carry out the task, in a user-friendly way minimising stress.<br>• Software must respond quickly to user input with clear help messages | |
| **5. Furniture** | | | | |
| Is the work surface large enough for all necessary equipment and accessories? | | | • Create more space by moving items to other locations, printers, files, etc. May require installation of new services<br>• Consider the style of desk, may be necessary to purchase a new one. | |
| Can the user reach all of the equipment and accessories that they are required to use? | | | • Rearrange desk so that frequently used items are closest to user.<br>• Consider a document holder to minimise head / neck / eye movements | |
| Are the surfaces free from glare and reflection? | | | • Consider the use of mats and blotters to reduce unwanted glare / reflection. | |
| Is the chair suitable for the user?<br>Is it stable?<br>Does the chair have a working:<br>* Seat back height and tilt adjustment<br>*Seat height adjustment<br>*Swivel mechanism<br>*Castors or glides | | | • The chair may require repair or replacement, especially if all of the adjustments do not work or the user cannot easily adjust the mechanisms. | |

| Risk Factors | Yes | No | Items to Consider | Actions |
|---|---|---|---|---|
| Is the chair adjusted correctly? | | | • The user must be in a comfortable position when undertaking their work<br>• Does the user require training on how to adjust their chair?<br>• Do the arms on the chair (if fitted) hinder the user finding a comfortable work position?<br>• Are there any obstructions under the desk? | |
| Does the chair support the small of the back? | | | • The user must have a straight back which is supported by the chair, with relaxed shoulders | |
| Are the forearms of the user in a horizontal position, with their eyes at the same level as the top of the VDU / Monitor? | | | • Adjust the users chair so that arms are horizontal, and then adjust the monitor to the right height for the user's eyes. Further adjustments may be required to the rest of the workstation when this has been done, footstool, etc. | |
| Are the user's feet flat on the floor, without too much pressure from the seat edge on the back of the legs? | | | • If not then consider the use of a footstool. | |
| **6. Environment** | | | | |
| Is there enough room for the user to change position? | | | • The user will require space to move, stretch, change position etc.<br>• Consider reorganising the office layout and remove obstructions<br>• Ensure cables are tidy and do not cause a trip hazard | |
| Is the lighting suitable for the user, not too bright or too dim too work comfortably? | | | • Users must be able to control the levels of light, by adjusting window coverings or light switches.<br>• Consider shading, repositioning light sources or providing additional lighting, desk lamps, etc. ensuring additional lights do not increase glare or reflection. | |
| Does the air within the area feel comfortable? | | | • VDUs and other associated equipment can dry the air, circulate the air if possible and consider a humidifier if discomfort is severe | |

| Risk Factors | Yes | No | Items to Consider | Actions |
|---|---|---|---|---|
| Are levels of heat comfortable? | | | • Can the heat levels within the area be controlled? More ventilation or air-conditioning may be required, especially if the area contains a significant amount of electrical equipment.<br>• Can user be moved away from the heat source, radiator, window, etc. | |
| Are levels of noise comfortable? | | | • What are the causes of the noise; can printers be moved away from the user? | |
| Are cables / wires secure thus not causing hazard? | | | • Consider possibility of Trip hazards.<br>• Consider accidental disconnection of devices resulting in loss of work<br>• Consider damage to equipment | |
| If laptops are used, is there sufficient suitable equipment to achieve similar ergonomics as using a desktop | | | • Raised plinths<br>• Separate keyboard / mouse<br>• Ancillary screen<br>• Is good posture maintained? | |
| **7. Other Considerations** | | | | |
| Has the checklist covered all of the problems the user has with working with VDUs? | | | | |
| Has the user experienced any discomfort or symptoms that can be attributed to the use of the VDU? | | | | |
| Is the user aware of the entitlement for eye and eyesight test? | | | | |
| Does the user take regular breaks from working on the VDU? | | | | |

**Comments**

# Hazardous / Dangerous Substance Hazard Assessment Form

| Document Number | | | | | |
|---|---|---|---|---|---|
| **Division** | | **Directorate** | | **Department** | |
| **Assessor(s) Name** | | **Assessor(s) Signature** | | **Assessment date** | |
| | | | | **Review date** | |

**Substance / Kit Details**

| Name | | Material Safety Data Sheet | YES | | NO | |
|---|---|---|---|---|---|---|
| **Manufacturer** | | Contact Tel. No. | | | | |

**Substance Hazards** (please use Material Safety Data Sheet)

| Hazardous |  Very Toxic | Yes No |  Toxic | Yes No |  Health Hazard | Yes No |
|---|---|---|---|---|---|---|
| |  Irritant | Yes No |  Corrosive | Yes No |  Biohazard | Yes No |
| **Dangerous** |  Explosive | Yes No |  Oxidising | Yes No |  Compressed gas | Yes No |
| |  Flammable | Yes No |  Highly / Extremely Flammable | Yes No |  Environment | Yes No |

| **Associated Hazards:** **Safety Phrases:** | **Storage Criteria** |
|---|---|

**Workplace Exposure Limits (WEL)**

| Substance & Concentration | WEL | Recommended Control | Environmental Monitoring |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Prevention and Control**

| Eliminate | | Substitute | | | |
|---|---|---|---|---|---|
| Enclose / Isolate | | Local Exhaust Ventilation | | General Ventilation | |
| Exposure Reduction | | Good Housekeeping | | Personal Protective Equipment | |
| Health Surveillance | | Inform, Instruct, Train | | | |

**Emergency Procedures**

| Fire | |
|---|---|
| Spillage | |
| Disposal | |

**First Aid Procedures**

| Inhalation | |
|---|---|
| Ingestion | |
| Eye Contact | |
| Skin Contact | |
| Other | |

1. Ensure your domestic sluice is kept locked at all times – if you see a door not secured then take action to address this.

2. If you run out of supplies, contact housekeeping they will arrange to replenish you as a matter of urgency.

3. **DO NOT** decant chemicals from their original container into anything that could be mistaken for a drinking aid i.e. small bottle, beaker etc.

4. Only housekeeping should be pouring chemicals into other containers i.e. buckets when measuring out for cleaning.

5. **DO NOT** leave cleaning liquids in public areas i.e. toilets/kitchens – keep them secure at all times

6. For any chemical used other than what is provided via housekeeping you must have a suitable COSHH assessment in place along with access to the safety data sheet.

7. The COSHH assessment should be kept within the area the chemical is being used so it is to hand in case of an emergency.

8. If domestic trolleys are left unattended with chemicals in view please bring this to the attention of the housekeeping supervisors as soon as possible.

# Manual Handling Hazard Assessment Inanimate (MHHAI)

**Division:**   **Dept:**          **Assessor(s):**          **Date:**
**Review: Task being assessed:**

Either tick 'No' or 'Yes' in the appropriate box, then total the number of ticks in each box.

| The Task **Does it involve:** | No | Yes |
|---|---|---|
| Holding loads away from the trunk | | |
| Twisting | | |
| Stooping (bending with straight legs) | | |
| Reaching above shoulder height | | |
| Lifting from floor | | |
| Long carrying distances | | |
| Strenuous pushing / pulling | | |
| Unpredictable movement of loads | | |
| Repetitive handling | | |
| Insufficient rest or recovery | | |
| A work rate imposed by process | | |
| Some other hazard | | |
| Individual capacity **Does the task:** | No | Yes |
| Require unusual capability | | |
| Hazard those with an health problem | | |
| Hazard those who are pregnant | | |
| Call for special information / training | | |
| The Load **Are they:** | No | Yes |
| Heavy | | |
| Bulky / unwieldy | | |
| Difficult to grasp | | |
| Unstable / unpredictable | | |
| Intrinsically harmful (sharp, hot, etc.) | | |
| The Working Environment **Are there:** | No | Yes |
| Constraints on posture | | |
| Poor floors | | |
| Variations in level | | |
| Hot / cold / humid conditions | | |
| Strong air movements | | |
| Poor lighting conditions | | |
| Some other hazard | | |
| Other factors **Such as:** | No | Yes |
| Movement or posture hindered by clothing or PPE | | |
| **Total (out of 29 potential marks):** | **No** | **Yes** |
| | | |

# How to calculate:

Each tick in the 'No' section is worth zero.  Each tick in the 'Yes' section is worth one point.

Then add each column

Scores: >10 = low risk, between 10-20 = medium risk, >20 = high risk

- Low risk requires no immediate action but will require a minimum of an annual review,

- Medium risk contact H&S support,

- High risk stop task with immediate effect and ask for immediate H&S support.

All MHHAI assessments must have an accompanying risk assessment.  This may be part of a holistic view of manual handling at department level.

# Manual Handling Risk Assessment – Patient Handling

| Initials | Print Name |
|---|---|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

AFFIX PATIENT LABEL

Patient Weight: _____ Kgs

**Please initial, date and time all appropriate boxes**

| Date |  |  |  |  |  |  | Date |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Turning in Bed** | | | | | | | **Lateral Transfer** | | | | | | |
| Independent |  |  |  |  |  |  | Independent |  |  |  |  |  |  |
| Slide Sheet |  |  |  |  |  |  | Patslide |  |  |  |  |  |  |
| **Sitting up in Bed** | | | | | | | **In / Out Chair / Commode** | | | | | | |
| Independent |  |  |  |  |  |  | Independent |  |  |  |  |  |  |
| Monkey Pole |  |  |  |  |  |  | With Staff |  |  |  |  |  |  |
| Slide Sheet |  |  |  |  |  |  | Stand Hoist |  |  |  |  |  |  |
| Hoist |  |  |  |  |  |  | Hoist |  |  |  |  |  |  |
| **On / Off Bed** | | | | | | | **Walking** | | | | | | |
| Independent |  |  |  |  |  |  | Independent |  |  |  |  |  |  |
| With Staff |  |  |  |  |  |  | With Staff |  |  |  |  |  |  |
| Transfer Board |  |  |  |  |  |  | Walking Aid |  |  |  |  |  |  |
| Stand Hoist |  |  |  |  |  |  | Type of Aid |  |  |  |  |  |  |
| Hoist |  |  |  |  |  |  | **Intra-operatively (prone, limb holding)** | | | | | | |
| **Chair to Trolley** | | | | | | | Staff |  |  |  |  |  |  |
| Independent |  |  |  |  |  |  | Hoist |  |  |  |  |  |  |
| Hoist |  |  |  |  |  |  | **In / Out of Bath** | | | | | | |
| **Up from Floor** | | | | | | | Independent |  |  |  |  |  |  |
| Independent |  |  |  |  |  |  | Hoist |  |  |  |  |  |  |
| With Staff |  |  |  |  |  |  | **Other Considerations** | | | | | | |
| Hoist |  |  |  |  |  |  | Patient co-operation, Disability, Pain, Tissue Viability | | | | | | |

# Provision and Use of Work Equipment Hazard Assessment Form

| | | | |
|---|---|---|---|
| **Division** | | | |
| **Directorate** | | | |
| **Department Location** | | | |
| **Assessor Name** | | **Signature** | |
| **Date of Assessment** | | **Date of Review** | |
| Item / Group of Equipment | | | |
| Manufacturer | | | |
| Supplier (if different) | | | |
| Type / Class / Identification | | | |
| Identify task equipment suitable for: | | | |
| Is equipment suitable for task | | Yes / No | |
| Is information on health and safety supplied with the equipment? | | Yes / No | |
| Are Instructions on how to use the equipment supplied? | | Yes / No | |
| Are there any specific risks involved in the use of the equipment? | | Yes / No | |
| If Yes, Please give details of risks | | | |
| Are there any risks with using this equipment which will expose the user to either Hand / arm or whole body vibration | | | |
| If Yes, Please give details of risks | | | |
| Is any action required to reduce risk immediately | | Yes / No | |
| If Yes, please give details of the actions you are taking? | | | |
| Did you carry out risk assessments before purchase? | | Yes / No | |
| Did you obtain professional advice where necessary before purchase? | | Yes / No | |
| Are user checks / tests carried out? | | Yes / No | |
| Is the equipment regularly serviced / tested / maintained? | | Yes / No | |
| Who maintains the equipment? | | | |
| Is a maintenance record kept for this equipment? | | Yes / No | |
| Do you always ensure the testing; operational checks and maintenance arrangements are in place before using equipment? | | Yes / No | |
| Does the use of this equipment require training: | | Yes / No | |
| If Yes, how is training undertaken? | | | |
| Is a record of training kept? | | | |
| How often is training reviewed? | | | |

# Slips Risk Controls

| Causative Factors | Practical Measure for Slips Risk Control |
|---|---|
| **Environmental Factors** | |
| **Contamination of the floor from:** Spillages of solid, liquid materials  Wet cleaning methods  Shoes / clothing  Natural contamination such as wet, and / or mud in outside areas  Dry contamination, e.g. dusts, powders, polythene bags left on floors, product spillages or cardboard laid over spills  Wind-driven rain, sleet and snow through doorways  Condensation, e.g. from poor ventilation | **Eliminate contamination in the first place:** Maintain equipment to prevent leakage  Install suitable entrance matting systems  Place entrances to suit the prevailing weather (only an option during the initial design of the building)  Put up effective entrance canopies  **If not reasonably practicable, prevent contamination becoming deposited on walking surfaces:** Use dry methods for cleaning floors  Cleaning and dry incoming footwear, by use of suitable entrance matting  **If not reasonably practicable, limit the effects of contamination:**  By immediate clearing up of spillages  By prompt repair of leaks  By limiting the area of contamination  By restricting access to contaminated areas  By using under floor heating, particularly at entrances If there is still a risk, follow the next steps |

| Causative Factors | Practical Measure for Slips Risk Control |
|---|---|
| **Environmental Factors** ||
| **Inherent slip resistance of the floor not maintained adequately** e.g. from incorrect or inadequate cleaning, maintenance or wear | **Maximise the surface roughness and therefore slip resistance of the existing floor surface** Methods of cleaning and cleanliness of flooring is an important factor to consider, in conjunction with slip resistance. The frequency of cleaning will be determined by how many, and the type of pedestrians, who will use the floor. Floor manufacturers are required to provide information on the cleaning regime needed to make their floor safe in the intended environment and this information must be passed to the appropriate employees. Just a tiny amount of contamination, wet or dry, is sufficient to make a smooth floor dangerously slippery. **Take the following measures to minimise the risks due to wet cleaning:** Thoroughly dry the wet floor after cleaning Exclude people from wet cleaning areas until dry Clean by dry methods wherever possible Clean in sections so that there is always a dry path through the area Clean during quiet hours Thoroughly rinse wet cleaning areas Use warning signs to identify contaminated floors or floors after cleaning Spot cleaning and cleaning of spillage will be need between scheduled whole-floor cleaning (and it is equally important to thoroughly dry these areas). Frequent spot cleaning can supplement whole-floor cleaning Train, supervise and equip those who clean floors to ensure effective and safe cleaning Maintain floors and drainage to maximise slip resistance. A residual film of water is just as slippery as a puddle, and is more difficult to identify **If this is not enough, take the following steps:** |

| Causative Factors | Practical Measure for Slips Risk Control |
|---|---|
| **Environmental Factors** | |
| **The Slip resistance of the floor is too low** This is influenced by: The friction between the floor and shoe The presence of suitable surface micro-roughness The hardness of the floor Applications for sealing floors during installation Later modification of the floor surface such as inappropriate varnishing / sealing /  polishing | **Increase the surface roughness of the existing floor** Surface micro-roughness may be increased by acid etching, sand blasting, or coarse diamond grinding. However, any of these methods can destroy or permanently alter other desirable characteristics of the floor such as appearance, chemical resistance, durability and ease of cleaning. Flooring treated by some of these methods may develop unacceptable pattern staining affected, compromising the floor construction. Note: Any benefits from an increase in the surface roughness (RZ) will be lost if contamination built-up occurs. Therefore, any surface modification has implications for the cleaning regime. Changes in cleaning methods must be based on a risk assessment that considers any potential change of slip resistance. The use of stick-on anti-strips may offer limited improvement, but strips must be placed very close to one another, and must be maintained carefully. If it is possible to influence staff footwear, then anti-slip footwear may be an option. If this is not enough: **Lay a more slip-resistant floor with higher surface roughness and higher coefficient of friction.** In a few cases a new floor may be needed: <br>• Draw up a performance specification for the supplier to meet. Specification must include specialist slip resistance data such as surface micro-roughness and coefficient of friction measurements. *Note: This data must always be specified for the 'as installed' condition, and must be based on a 'pendulum- type' test. Experience of how that floor performs in a similar situation may help: and a small sample of the preferred materials will confirm manufacturer's claims and their suitability.* <br>• See the installation is correctly done Check to see the specification has been met |

| Causative Factors | Practical Measure for Slips Risk Control |
|---|---|
| **Steps and slopes: do they cause sudden changes in step or not offer adequate foothold and / or handhold?** | **Check that steps give adequate foot and handhold, and that slopes have no sudden changes**<br><br>Is the lighting adequate?<br><br>Are handrails in place?<br><br>Are stairs clearly demarked visually?<br><br>Remove all sudden changes in level<br><br>Ensure stairs have clearly visible musings, good handrails, and suitable balustrades<br><br>Ensure that the rise and going of each step in the stair is consistent in size throughout of the flight<br><br>Ensure that any applied slip-resistant nosing does not create a tripping or heel-catch hazard<br><br>Good visual cues for changes in floor level and surface are essential |
| **Adverse environmental and other conditions hiding the condition of the floor and distracting attention**<br><br>Low light levels<br><br>Shadows<br><br>Glare<br><br>Excess noise<br><br>Extremes of temperature<br><br>The use of repeating patterns on floor coverings that might be distracting to the eye, for example, by disguising a change in level<br><br>Bulky / awkward personal protective equipment | **See that the prevailing conditions allow good visibility of and concentration on floor conditions**<br><br>For example: provide adequate lighting and see environmental demands do not distract attention from the floor condition |

| Causative Factors | Practical Measure for Slips Risk Control |
|---|---|
| **Organisational Factors** | |
| **The nature of the task being carried out such as:** The need to carry, lift, push, lower or pull loads The need to turn, to move quickly or to take long strides Distractions Having no hands free to hold on to handrails to stop a fall Encumbrance or restricted vision | **Analyse the tasks in any slip risk area to see that only careful walking is required** Tasks must not compromise ability to walk safely. Tasks must be: Mechanised to avoid the need for pushing, lifting, carrying, pulling etc. while walking on a slippery surface Moved to safer areas |
| **Environmental Factors** | |
| **Individual capability** Poor knowledge of risks and measures Poor health and safety Poor eyesight Fatigue Physical frailty / disability **Inadequate supervision** **Safety culture which is not supportive. For example: where the risks are accepted as part of the job** | **Allocate tasks in high slip risks areas only to those competent to follow slips precautions** **And:** **Supervise and monitor physical controls to see safe practices are followed;** **And:** **Establish a positive attitude that slips risks can be controlled.** **This achieved through clear line management responsibilities and consultation with workers.** |
| **Personal Protective Equipment** | |
| **Footwear Factors** | |
| **Shoes offer insufficient slip resistance in combination with the floor surface, because of:** Contamination of shoes Sole material Sole pattern Type of shoe Wear Fit Maintenance / renewal | **Select suitable shoes for the floor, environment and the individual** Base this on experience and information / advice from suppliers. Ensure employees maintain the shoe soles in good repair and keep them free from contamination. Replace them before they have worn smooth Where overshoes are required, use good quality reusable ones where possible, laundering them between uses. Disposable overshoes can be slippery, and are easily split |

| Causative Factors | Practical Measure for Slips Risk Control |
|---|---|
| **Individual Factors** ||
| **Unsafe action by staff, due to:**<br>Awareness of risk<br>Knowledge of how slips occur<br>Information and training, or<br>Distraction, carelessness | **Train, inform and supervise employees on the risk, the control arrangements and employees' role(s) especially to:**<br>Clean as they go<br>Report contamination<br>Maintain footwear<br>Walk appropriately to circumstances<br>**Set Procedures for visitors** |
| **Trips Risks Controls**<br>**Environmental Factors** ||
| **Uneven Surfaces**<br>For example: gullies, holes, and steps<br><br>**Obstructions**<br>For example: accumulation of articles such as trolleys, wheelchairs, medical equipment, waste, trailing cables, floor sockets etc.<br><br>**Adverse environment**<br>For example: inadequate illumination to see floor properly, or glare | **Eliminate holes, slopes or uneven surfaces which will cause trips risks**<br>To do this: inspect the maintain floors so they have a consistent surface finish with no holes to cause a tripping hazards. Highlight any changes in level, particularly at single steps and at the top and bottom of ramps. Make slopes gradual and steps clearly visible, avoid open gullies and channels: And:<br>**Good housekeeping**<br>Eliminate materials likely to obstruct walkways and therefore lead to trips<br>For example: analyse work flows and design process so waste and equipment does not accumulate on walkways<br>**Or if this is not reasonably practicable:**<br>**Prevent material obstructing walkways**<br>For example: provide sufficient suitable Receptacles for the items mark out walkways, working areas and receptacle locations and make sure they are kept free of obstruction.<br>**And:**<br>**Provide suitable lighting to permit obstructions to be seen** |
| **Organisational Factors** ||
| **The nature of the task creates obstructions**<br>**Safety culture which is not supportive**<br>For example: where risks are accepted as part of the job | Analyse the tasks and process flows to see if work can be handled to eliminate or minimise obstructions.<br>**And:**<br>Establish a positive attitude that trips can be prevented |

| Causative Factors | Practical Measure for Slips Risk Control |
|---|---|
| **Individual Factors** | |
| **Safe practices not followed** | Train, inform and supervise employees |
| **Falls from Height** | |
| **Overstretching** | Use suitable equipment |
| **Faulty equipment** | Check equipment prior to use<br>Missing, damaged or worn anti slip feet, cracks in the rungs, cracked or damaged welds, missing or loose screws |
| **Slipping or losing footing** | Wear suitable footwear<br>Ensure ladder is on level surface<br>Avoid spillages<br>Ensure that each foot is on a firm, level surface that is free from oil, grease or loose material |
| **Incorrect positioning** | Check that all 4 feet are in contact with the ground<br>Place steps with rungs facing the work activity<br>Ensure that the steps are of the correct length for the job at hand<br>Avoid using the top 2 steps unless it has a suitable handrail<br>Be mindful of opening doors/windows<br>Be mindful of foot or vehicular traffic<br>Do not use boxes or other items to gain extra height<br>Be mindful of power cables at ceiling height |
| **General Safer Practice for stepladder use** | |
| | Only use for light, short duration work – about 30 minutes duration<br>Do not use if you have a medical condition or taking medication that will affect your safety whilst working at height<br>Wear the correct footwear<br>Don't rush whilst going up or down a ladder Ascend and descend one rung or tread at a time Maintain 3 points of contact at all times<br>Avoid carrying heavy or awkward shaped objects whilst ascending or descending |

# SLIPS. TRIPS, & FALLS INVESTIGATION FORM

### ALL ACCIDENTS MUST BE REPORTED WITHIN 24 HOURS

| | |
|---|---|
| **Claimant Name:** | |
| **Department:** | |
| **Incident/Accident circumstances:** | |
| **Location of accident:** | |
| **Date / Time of accident:** | |
| **Reasons for being in area:** | |
| **Was the accident reported to Supervisor:** | |
| **Date reported to Supervisor (immediately):** | |
| **Details of Supervising Staff / Manager:** | |
| **Was the Location checked for defects immediately after the accident being reported (give details):** | |
| **Date photographs taken:** | |
| **Name of person taking photographs of the defect:** | |
| **Record of any comments made by the claimant after the accident at location of accident:** | |

Page **1** of **2**

| | |
|---|---|
| **Details of injury suffered:** | |
| **Date treatment received:** | |

| **Inside** ☐ | **Outside** ☐ |
|---|---|

| **Cause of accident:** | Wet floor/spillage ☐ |
|---|---|
| | Pothole ☐ |
| | Uneven floor/slab ☐ |
| | Obstruction ☐ |
| | Bad weather (snow/ice) ☐ |
| | Other ☐ |

| | |
|---|---|
| **Date of inspection / maintenance:** | |
| **Date remedial works / gritting carried out:** | |

| | |
|---|---|
| **Details as to the size of defect / affected area (if applicable):** | |
| **Details as to when the floor was last cleaned:** | |
| **Date incident reported on Datix / Datix number:** | |
| **Details of any witnesses (if known):** | |
| **Further comments if defect already reported / known:** | |

| | |
|---|---|
| **Reporting Staff Name:** | |
| **Date:** | |

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# Noise Assessment Checklist

**Do you have a noise problem?**

|  | Yes | No |
|---|:---:|:---:|
| **Is the noise:** Intrusive for the majority of the working day? | ☐ | ☐ |
| **Do staff:** Have to raise their voice to carry out a normal conversation when about 2m apart, for at least part of their day? | ☐ | ☐ |
| **Do staff use:** Noisy powered tools or machinery for more than half an hour per day? | ☐ | ☐ |
| **Is the working area:** Noisy; such as Estates Management, workshops? | ☐ | ☐ |
| **Are Staff:** Working in areas where there are noises due to impacts such as hammering? | ☐ | ☐ |

**If you answer yes to any of these questions a full risk assessment must be carried out.**

# First aid box check sheet

**Please complete for each time you check your first aid box. Boxes must be checked at least quarterly**

| **Items required for First Aid that may be required following Risk Assessment** | **Date** | **Content in date** | **Content in good condition** | **No inappropriate items** | **Signature** |
|---|---|---|---|---|---|
| **First Aid Container: (Minimum)** | | | | | |
| - Guidance leaflet | | | | | |
| - 20 individually wrapped adhesive dressing (assorted sizes) | | | | | |
| - two sterile eye pads | | | | | |
| - four triangular bandages | | | | | |
| - safety pins (6) | | | | | |
| - six medium sized sterile dressings | | | | | |
| - two large sized sterile dressings | | | | | |
| - disposable gloves | | | | | |
| **Additional** | | | | | |
| - scissors | | | | | |
| - where no running water is available, eye irrigation will be required | | | | | |
| **First Aid Room / Area** | | | | | |
| - This does not have to be a designated room for this use only but must be identified to your staff. | | | | | |
| **Minimum** | | | | | |
| - sink with hot and cold running water | | | | | |
| - soap and paper towels | | | | | |
| - First aid container | | | | | |
| - Clinical waste bin | | | | | |
| - Chair (couch may be required, however not in this area) | | | | | |

# Prohibition





# Mandatory

# Hazard warning



Danger
240 Volts



Radiation
risk

# Safe Conditions



First aid



Fire
exit

# YOUNG PERSONS PRE-RISK ASSESSMENT FOR WORK EXPERIENCE

Completing this form will assist in identifying the factors which have potential to cause harm to a Young Person in the workplace on observational only Work Experience.
Where factors have been identified, details of the controls in place must be identified.

| **DEPARTMENT** | |
|---|---|
| **MANAGER COMPLETING REVIEW** | |

| **Hazard** | **Problem Identified** | **If Yes: controls in place and actions agreed if appropriate** |
|---|---|---|
| Exposure to potential stressful situations? | **Yes / No** | |
| Exposure to potential violence and aggression? | **Yes / No** | |
| Exposure to biological agents? | **Yes / No** | |
| Exposure to harmful chemical agents? | **Yes / No** | |
| Exposure to lead or lead compounds? | **Yes / No** | |
| Exposure to asbestos? | **Yes / No** | |
| Exposure to Ionising Radiation? | **Yes / No** | |
| Exposure to Non-Ionising Radiation? | **Yes / No** | |
| Exposure to flammable liquids or gasses? | **Yes / No** | |
| Exposure to risk of structural collapse? | **Yes / No** | |
| Exposure to electrical installations? | **Yes / No** | |
| Exposure to extremes of hot or cold? | **Yes / No** | |
| Exposure to noise? | **Yes / No** | |

**Signature of Manager:**

**Date of this review:**                                    **Date of next review:**

**Please Sign and retain in your departmental Work Experience folder**

**Wolverhampton Education Business Partnership**
**Work Placement Assessment Form**
Civic Centre, St Peter's Square, Wolverhampton, WV1 1RR
Tel. 01902 555277  Fax. 01902 555272

Sch Code No [            ]

| Visited by | [            ] | Visit date | [            ] | Date of next Assessment | [            ] |

## Assessment Outcome

| Recommendation | Suitable ☐ | Suitable with Conditional Action Plan ☐ | Unsuitable ☐ |

| Overall Risk Category | High ☐ | Medium ☐ | Low ☐ |

| Type | Initial Assessment ☐ | Re-assesssment ☐ | Extended ☐ | Block ☐ | Other |

## Placement details

| Company Name | [            ] |

**Nature and type of work carried out at workplace location.(please circle)**

| Agriculture | Animal Work | Mechanical | Art, Craft & Design | Personal Service | Community Care |
|---|---|---|---|---|---|
| Horticulture | Construction | Scientific | Retail | Hotel | Health |
| Forestry | Building Maintenance | Technical | Financial | Catering | Education/Training |
| Fishery | Engineering | Manufacturing | Business | Leisure Services | Uniformed Services |

**Occupational activities assessed** [            ]

**Location(s) of placement eg office, assembly area, reception, warehouse etc.**
[            ]

| Contact | [            ] | H&S Contact | [            ] |
| Address | [            ] | Tel Number | [            ] |
| | [            ] | Email | [            ] |
| District | [            ] | | |
| Town | [            ] | Website | [            ] |
| County | [            ] | | |
| Post Code | [            ] | | |

**Number of Employees.(please circle)**   4 or less   5 to 24   25 to 49   50 to 199   200+

## Action Plan

| Ref No | Further action required (if necessary) ( Indicate if continued on supplementary sheet ☐ ) | Target date | Confirmation of Completed Action ie Verbal, letter, fax, email, visit & Date. |
|---|---|---|---|
| | | | |

| DBS Recommendation | Yes ☐ | No ☐ |

## Ref No  Insurance

| 1.1 | Is the employers' liability insurance policy current and is other insurance cover in place as appropriate to the business' undertaking (e.g. public liability and vehicle insurance)? | Employers liability | Expiry date | liability level £M |
| | | Ins. Co. | Policy No | |
| | | Public liability | Expiry date | liability level £M |
| | | Ins. Co. | Policy No | |
| 1.2 | Insurer/s informed of the company undertaking WEX | Yes ☐  No ☐  Not known ☐ |

## EBP Quality Assurance Sample Check (for internal use)

| Name | [            ] | Job Title | [            ] | Date | [            ] |

1

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| Ref No | | Yes/No | Comments/Actions |
|---|---|---|---|
| **1** | **Basic health and safety requirements** | **Yes/No** | **Comments/Actions** |
| 1.3 | Has the employer registered with the appropriate enforcing authority for health and safety (OSR1 / F9 Form)? | | |
| 1.4 | Does the employer display appropriate health and safety signs and notices? | | |
| 1.5 | How does the employer keep up to date with the requirements of health and safety legislation? | | |
| 1.6 | **Child Protection:** Have child protection issues been considered and appropriate actions implemented to safeguard young people? | | *EBP Child Protection Employer Guidance issued Yes ☐ No ☐* |
| 1.7 | Are Child Protection 'triggers' sufficient to warrant a DBS recommendation (if so why- see Aide Memior) | | |
| **2** | **Health and safety policy** | **Yes/No** | **Comments/Actions** |
| 2.1 | Is there a current health and safety policy in place? | | |
| 2.2 | Does the policy include arrangements for the health and safety of young persons? | | |
| **3** | **Risk assessment and control** | **Yes/No** | **Comments/Actions** |
| 3.1 | Have risk assessments been carried out to identify significant risks and put adequate risk control measures in place? (Cross ref to section 10 for RA relating toYoung Persons) | | |
| **4** | **Accidents, incidents and first aid** | **Yes/No** | **Comments/Actions** |
| 4.1 | Have adequate arrangements for first aid equipment and / or facilities been made? | | |
| 4.2 | Have adequate arrangements for first aiders and / or appointed persons been made? | | |
| | Who is responsible for first aid? | | |
| | To whom should accidents be reported? | | |
| 4.3 | Are accidents and first aid treatment appropriately recorded? | | |
| 4.4 | Are or will all RIDDOR reportable events be reported to the enforcing authority and will the employer investigate and take suitable remedial action? | | |
| **5** | **Supervision, information, instruction and training** | **Yes/No** | **Comments/Actions** |
| 5.1 | What arrangements are in place for initial/induction training for young people and do they appear to be adequate. | | |
| | *EBP Induction Sheet issued ?* | | |
| 5.2 | What arrangements are in place for supervision and do they appear to be adequate. | | |
| 5.3 | Is ongoing health and safety information, instruction and training given to all employees? Recent example? | | |

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| Ref No | | Yes/No | Comments/Actions |
|---|---|---|---|
| **6** | **Work equipment and machinery** | | |
| 6.1 | Is machinery and work equipment provided to the appropriate standards, including appropriate guards and other control measures? | | |
| 6.2 | Is machinery and work equipment adequately maintained? | | |
| 6.3 | Are safe electrical systems and equipment provided and maintained? | | |
| **7** | **Personal protective equipment and clothing** | | |
| 7.1 | Is PPE/C provided, free of charge, to employees / learners as determined through risk assessment? | | |
| 7.2 | What arrangements are in place to ensure that PPE/C is used properly and effectively? | | |
| **8** | **Fire and emergencies** | | |
| 8.1 | Has a suitable and sufficient fire risk assessment been carried out? | | |
| 8.2 | Are adequate arrangements in place for dealing with fires and other emergencies? | | |
| **9** | **Safe and healthy working environment** | | |
| 9.1 | Are premises and the working environment safe and healthy? | | |
| 9.2 | Are adequate welfare facilities and arrangements provided? | | |
| 9.3 | Are measures in place to ensure that the risks presented by workplace traffic are properly controlled? | | |
| 9.4 | Are measures in place for transport in which employees are expected to travel on company business | | |

| **Assessment summary** | High/Med/ Low | Comments/Actions |
|---|---|---|
| Does there appear to be a HIGH MEDIUM LOW *level of risk* associated with the placement occupational context? | | Overall recommendation for page 1 (LOW-3 yrs., MED-2yrs., HIGH-1 yr. Unsuitable) |
| Does there appear to be a HIGH MEDIUM LOW *level of risk* associated with the Employer's compliance and understanding of Health & Safety issues? | | |

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**APPENDIX 11          PLACEMENT EMPLOYER RISK ASSESSMENT FOR YOUNG PERSONS**

The Health and Safety regulations require this company to inform young people and their parents/guardians of the significant risks involved for work placements and the preventative and protective measures which are in place for your son/daughter.  This information is based on an assessment that:

§ Takes into account the young person's age, inexperience, immaturity and lack of awareness of risks.
§ Gives consideration to any other learning difficulties, disabilities or medical / health conditions.
§ Considers the young person's aptitude, ability and attitude initially and on an ongoing basis.
§ Results in adequate control measures that are explained to the young person and their supervisor.
§ Identifies any necessary prohibitions or restrictions relating to tasks, areas and work equipment.
§ Considers the need for adequate supervision and, where necessary, suitability checks for child protection purposes.
§ Results in the provision of adequate information, instruction and training for the young person.
§ Determines the need for any personal protective equipment.

| Company name and address | Nature of learner work placement activity |
|---|---|
|  |  |

**Type of hazard within the locations that the learner will work and visit.** Asbestos ☐     Animals/plants ☐

Lifting and carrying ☐   Operation of portable hand tools ☐   VDUs ☐   Operation of plant or machinery ☐   Electrical work ☐

Substances hazardous to health ☐   Height/depth or confined spaces ☐   Vibration ☐   Noise above 80 dBA ☐   Fork Lifts ☐

Extreme cold or heat ☐   Lead, chromium or zinc processes ☐   Ionizing radiation ☐   Traffic Organisation ☐

| Key Tasks, Locations and Areas | Hazards and significant risks | Risk control measures |
|---|---|---|
|  |  |  |

Prohibited or restricted tasks, areas or work equipment:

Details of any relevant learning difficulties, disabilities or medical / health conditions that may be restrictive or require special consideration prior to the young person starting their work placement:

I confirm that young persons following a programme of work experience with the above named company will be supervised by competent and suitably experienced personnel at all times

**Name(Printed)**                                    **Signature**

**Status**                                                **Date**

4                                                W'ton EBP July 2010

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# Guidance notes for reviewing departmental risk assessments

**Where risk assessments have already been carried out for activities that young employees are to perform, they will need to be revised taking into account the following factors.**

1. The inexperience, lack of awareness of risks and immaturity of young persons (the recognition that the perception of risk in young persons is different, their background, culture and beliefs may be affected by family, cultural, religious or social behaviour).

2. The fitting out and layout of the workplace and the workstation (the ergonomic design, the young person may be physically smaller, have smaller arms and legs etc.).

3. The nature, degree and duration of exposure to physical, biological and chemical agents (considering that the young person may be less able to safely endure the same level of exposure as an adult, and may require longer recovery periods between exposures, e.g. radiation, lead, etc.).

4. The form, range and use of work equipment and the way in which it is handled (risks may arise from the equipment itself, the way in which it is used and from its source of energy or power). The complexity of the equipment also needs to be considered.

5. The organisation of processes and activities. Young persons may be less aware of the risks involved and of the complex nature of the process and activities. Therefore, the system of work to be followed needs to be explained in a comprehensible manner to them (do not assume they will have any prior knowledge).

6. The extent of the health and safety training provided to young persons (they will lack familiarity with the world of work in general and with the specific processes and activities related to the work they will be undertaking, so the training provided needs to be tailored to meet their needs and aimed at their level of maturity and understanding).

7. Risks from agents, processes and work listed in the Annex to Council Directive 94/33/EC on the protection of young people at work. (Guidance from Health and Safety Executive Publication HS(G) 165 Young People at Work, A Guide for Employers)

8. Physical Capability - Consideration must be taken into account of jobs that require repetitive or forceful movements, particularly when in association with awkward posture and/or insufficient recovery time. Young persons are more at risk as their muscle strength may not be fully developed and their bones are not fully formed until approximately age 25. Additionally, they may be less skilled in handling and moving techniques or in pacing the work to match their capacity. The guidance contained within the Manual Handling Operations Regulations 1992 (S.I. 1992, No. 2793) must be followed. Young persons are particularly subject to peer group pressure and this may lead them to undertake tasks that are beyond them or to work beyond their skills. Care must be taken when the speed of the activity is controlled by the pace of the equipment or process and if it involves payment based on production targets being met.

9. DSE assessments must also be carried out in accordance with the DSE Protocol. The extent of the risk, assessed by the risk assessment, will determine whether or not the work of the young person must be restricted and aide any training assessment necessary to structure the appropriate training in each case. This assessment must be completed before the young person starts to carry out any work. Where it is concluded that there exists a significant risk to the young person carrying out the work, then they must be prohibited from doing such work.

# Common Devices which Contain NRL

The following list contains common equipment found in the healthcare setting which contains latex; it is by no means exhaustive.

It is not always obvious that latex is a constituent of a device, if in doubt then the manufacturer or supplier must be contacted.

- Adhesive tape and dressings

- Blood pressure cuffs

- Colostomy products

- Condom-type incontinence aids

- Elasticated bandages

- Electrode pads (ECG etc.)

- Administration / giving sets

- Haemodialysis equipment

- Stretcher / Trolley / Bed mattresses

- Monitoring equipment / leads

- Protective sheets

- Surgeons' examination gloves

- Stethoscope tubing

- Pharmaceuticals

- Tourniquets

- Catheters (urinary, suction etc.)

# Procedure for receipt of MHRA Safety Alerts, EFA & EFN Alerts

Safety Alert received electronically by SABLO / deputy.
SABLO / deputy acknowledges receipt on CAS system within 48 working hours.

Any safety alert received by Department / individual direct **MUST** be forwarded immediately to SABLO

Estates Facilities alert (EFA, EFN) forwarded to Estates Safety Alert Lead (ESL) via HA

MDA's for medical equipment assigned to the Medical Devices Safety Officer (MDSO) and nominated leads

Safety Alerts associated with Drugs are received directly by the Medicines Safety Officer (MSO) and nominated Lead

ESL to disseminate accordingly for action

MDSO will monitor responses and respond accordingly via HA

Lead will disseminate / action accordingly

Lead will update HA with the relevant response to evidence compliance with the alert within the specified time

SABLO will disseminate further via HA if instructed by MDSO to Divisional / / Department Management teams who will respond accordingly via HA

Divisional / Directorate / Department Management teams will be instructed accordingly by MSO/Lead and respond via HA

ESL to inform the SABLO the alert is complete and ready for closure

MDSO will review responses and inform the SABLO the status for response to CAS

MSO to report bi-monthly to HSSG regarding compliance

Any residual risk evolving from compliance with safety alerts must be considered and addressed through relevant Governance Process – Equip/Sundries – MDG Drugs - MMG

SABLO updates CAS with Trust response and closes out safety alert when action complete or not applicable

SABLO provides six monthly reports to Quality, Safety Advisory Group (QSAG) and HSSG on CAS position – Overdue alerts must be reported monthly by the Lead.to QSAG until fully compliant

# Procedure for Product Recall Notices

```
Product Recall Notice / Field Safety Notice /
Safety Information Notice received by Central
Stores or any other department
```

```
Forward electronically to Safety
Alert Broadcast Liaison Officer
(SABLO) with a list of users if
known.
```

```
SABLO / deputy seeks
specialist advice regarding
relevance to Trust
```

```
SABLO to forward to relevant
Lead depending on subject
e.g. equipment / sundries etc.
(this may be via HA or
manually)
```

```
Lead etc. to check relevance
and disseminate accordingly
for action via HA
```

```
If Product Recall for sundries:
Department contact to check
stocks and inform Central
Stores of quantities to be
returned
```

```
Central Stores to liaise with
relevant departments to return
the affected products
```

```
If FSN / Information
notification: department contact
to action accordingly in liaison
with specialist team
i.e. Medical Devices
```

```
Central Stores to liaise with supplier to comply with
Recall Notice and arrange return of affected products
```

```
Dept Lead to update HA
accordingly including not
applicable responses
```

```
Central Stores to update HA with all
action taken and completed including nil
returns or not applicable
```

```
SABLO to respond to Supplier action complete
```

# NHS PSA Implementation Procedure

NHS PSA Alert Received by SABLO, receipt acknowledged on CAS

SABLO updates HA accordingly

Alert forwarded to Medical Director to identify Lead

All documentation to be uploaded to HA

Lead for implementation of NHS PSA agreed

Implementation action plan to be presented to Divisional Governance Meeting for approval / monitoring

Documentation forwarded to identified Lead with draft action plan c.c. Medication safety officer for medication alerts

Implementation progress to be presented to Quality, Safety Advisory Group (QSAG) quarterly to provide assurance

Lead to assess compliance timeframe and advise if any barriers are identified to prevent completion

Completion of action plan overseen by Lead and monitored via Divisional Governance Committees

NHS PSA progress report requested quarterly, any barriers to prevent achieving timeline must be reported immediately they are identified.

Alerts expected to breach timelines must be notified to QSAG as soon as this is identified

DHGM to add to annual audit plan if required

Lead to confirm actions complete or not applicable return to SABLO

Progress reports for **Overdue** NPSA's must be provided to QSAG monthly by the Lead

SABLO to update CAS and HA