

Policy Number: GHS01

Policy Title: Group Management of Health & Safety Policy

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Attachment and Appendix

Protocol 1 – Group Health & Safety Risk Assessment Procedure

[Appendix 1a](#) – Group Health & Safety General Risk Assessment Template

[Appendix 1b](#) – Template for Risk Assessment Profile 1 (Slips, Trips, & Falls; Working at Height and Unsafe Windows)

[Appendix 1c](#) – Template for Risk Assessment Profile 2 (Driving for Work; Lone Working and Security within Department)

[Appendix 1d](#) – Template for Risk Assessment Profile 3 (Electrical Hazards; Provision & Use of Personal Protective Equipment (PPE) AND Workplace Welfare)

[Appendix 1e](#) – Template for Risk Assessment Profile 4 (Preventing Contact with Asbestos Containing Materials (ACM) and Avoiding the Formation of Legionella & Pseudomonas in water)

[Appendix 1f](#) – Prevention of Violence & Aggression Risk Assessment Template

[Appendix 1g](#) – Prevention of Inoculation (Sharps & Splash) Injuries Risk Assessment Template

[Appendix 1h](#) – Template for Initial Manual Handling (TILEE) Risk Assessment

[Appendix 1i](#) – Template for First Aid Needs Assessment (FANA)

[Appendix 1j](#) – Work Experience Risk Assessment for Young Persons

[Appendix 1k](#) – Workplace Assessment Form for Wolverhampton Education Business Partnership.

Protocol 2 – Group Health & Safety Incident Reporting & Investigation Procedure

[Appendix 2a](#) – RIDDOR Guide and Frequently Asked Questions

[Appendix 2b](#) – Flowchart on Identifying RIDDOR Reportable Patient-Fall Incident

[Appendix 2c](#) – Group Template for Suspected RIDDOR Notification

[Appendix 2d](#) – Group Template for Health & Safety Related Incident Investigation

[Appendix 2e](#) – Violence & Aggression Incident Investigation Form.

[Appendix 2f](#) – Sharps Injury Incident Investigation Form.

[Appendix 2g](#) – Staff/Visitor Slips, Trip & Fall (Legal/Claim) Investigation Form.

[Protocol 3](#) – Control of Substance Hazardous to Health (COSHH)

[Appendix 3a](#) – COSHH Risk Assessment Framework

[Appendix 3b](#) – COSHH Inventory

[Appendix 3c](#) – COSHH Risk Assessment Guidance

[Appendix 3d](#) – Group Template for COSHH Risk Assessment

[Protocol 4](#) – Group Display Screen Equipment (DSE) Procedure

[Appendix 4a](#) – DSE Self-Assessment

[Appendix 4b](#) – DSE 12 Points Plan Guidance

[Appendix 4c](#) – Template for DSE Self-Assessment Action Plan.

[Protocol 5](#) – Health and Safety Work-Related Stress Risk Assessment Framework

[Appendix 5a](#) – Group Template for Team Work-related Stress Risk Assessment

[Appendix 5b](#) – Group Template for Individual Work-related Stress Assessment.

[Appendix 6](#) – Workplace Health & Safety Hazard Inspection Form.

1.0 GROUP HEALTH AND SAFETY POLICY STATEMENT OF INTENT

The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT), herein referred to as the ‘**Group**’, are committed to delivering services that actively promote the health, safety, and wellbeing of our staff, patients, visitors, and all others who may be affected by our activities. We recognise that effective health and safety management is fundamental to our continued success, and we are resolute in our ambition to foster a positive safety culture that is supported collectively and individually at every level of the Group.

To achieve both regulatory compliance and best practice, we will allocate appropriate financial and physical resources, ensure the competency of our workforce, and seek external specialist advice where necessary. We will adopt recognised health and safety management principles, continuously improve our systems, and embed a culture of safety across all areas of the Group.

So far as is reasonably practicable, we will provide and maintain safe and healthy working conditions, equipment, systems, and environments for all staff, patients, visitors, contractors, and others affected by our operations. We will implement robust processes for hazard identification and risk assessment, prioritising the elimination of hazards and the reduction of risks to health, and ensuring all staff receive appropriate information, instruction, training, and supervision to safeguard their health and safety at work.

Health and safety will be integral to our planning and embedded within all activities. We will engage with staff through the Health and Safety Steering Group (HSSG) and communicate relevant policies, procedures, and processes through accessible governance channels. Incidents, near misses, and non-conformities will be reported and investigated, with appropriate actions taken and lessons learned shared to drive continuous improvement.

We will work collaboratively with partners, suppliers, contractors, and other employers sharing our workplaces to manage and control health and safety risks effectively. Monitoring activities will be undertaken to ensure standards are met, and organisational changes will be risk assessed and managed to maintain health and safety before, during, and after implementation.

To support these commitments, the Group will maintain a competent and adequately resourced Health and Safety Team to provide advice, support, and guidance.

All staff have a statutory duty to take reasonable care for their own health and safety and that of others who may be affected by their acts or omissions. Staff are therefore required to co-operate with the Group in fulfilling its duties, including participation in training, adherence to safe systems of work and risk assessments, and compliance with relevant policies and procedures.

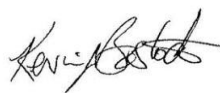
While the Group Chief Executive Officer retains ultimate accountability for this Policy, all employees are expected to demonstrate a proactive commitment to health and safety in their daily duties. To support this, the Board and Group Chief Executive Officer have delegated responsibility for health and safety to the Group Chief Safety and Assurance Officer. In addition, the Group Specialist Head of Health and Safety has been appointed as the competent person for health and safety matters across the Group. Staff should refer to this individual for guidance or support in the event of any difficulties in implementing this Policy or its associated procedures.

Joe Chadwick-Bell



**Group Chief Executive
Officer**

Kevin Bostock



**Group Chief Safety
& Assurance Officer**

Christian Iroh



**Group Specialist Head of
Health & Safety**

2.0 PURPOSE OF THE POLICY

The purpose of this policy is to set out the Group's provisions for the management of health and safety. This includes defining roles and responsibilities and identifying the arrangements that are in place to ensure that the Group meets its legal obligations with regard to the requirements of the Health and Safety at Work etc. Act 1974 and relating regulations.

3.0 DEFINITIONS

CBRNe	In emergency planning, CBRNe stands for Chemical, Biological, Radiological, Nuclear, and Explosive . It refers to deliberate, malicious events (like terrorism or criminal attacks) that use hazardous substances to cause mass casualties or widespread panic.
DSR	Departmental Safety Representative (Non-Union)
HSE	Health and Safety Executive – the United Kingdom's national regulatory body for workplace health and safety matters.
HSSG	Health & Safety Steering Group
KPI	Key Performance Indicator
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
RWT	Royal Wolverhampton NHS Trust
SAW Inspection	Safety Assurance Walkabout Inspection routinely undertaken by the Health & Safety Officers across Trust premises.
Safe System of Work (SSOW)	A formal approach, system or procedure which defines the method of working which eliminates hazards or minimises the risks associated with them to ensure work is carried out safely.
Standard Operating Procedure (SOP)	A developed step-by-step guide that outlines how a specific work operation or task is or should be performed.
WHT	Walsall Healthcare NHS Trust

4.0 ROLES & ACCOUNTABILITIES

The purpose of this policy is to set out the Group's provisions for the management of health and safety. This includes defining roles and responsibilities and identifying the arrangements that are in place to ensure that the Group meets its legal obligations with regard to the requirements of the Health and Safety at Work etc. Act 1974 and relating regulations.

4.1 Group Board of Directors:

- All Executive and Non-Executive Directors of the Board hold corporate responsibility for ensuring a safe working environment across the Group. They are accountable for ensuring that adequate arrangements and resources are in place to implement the requirements of this Health and Safety Policy, comply with relevant legislation, and uphold associated procedures and safe systems of work within their respective areas of responsibility.
- Directors must ensure that health and safety arrangements are appropriately resourced, supported by competent advice, and subject to regular review through reports, escalation points, and action plans. They are expected to recognise that failure to meet statutory health and safety duties may constitute a criminal offence and could also result in civil liability in the event of an incident.
- Each Board Director/Member is responsible for health and safety within their area of responsibility and influence and must provide visible and proactive leadership on health and safety matters throughout the Group. They are required to ensure that their actions and decisions reinforce the principles outlined in the Group Health and Safety Policy Statement, and to promote a culture where employees at all levels are encouraged to take ownership of health and safety. Directors must remain informed of relevant health and safety risk management issues and review health and safety performance regularly, at least twice per year.

4.2 Group Chief Executive Officer:

The Group Chief Executive Officer holds overall accountability and responsibility for ensuring the health, safety, and welfare of employees, patients, visitors, and others across the Group. This includes ensuring that comprehensive policies and procedures are effectively developed and implemented and that appropriate financial resources made available within the financial framework of the Group for the safe management of health and safety. The Chief Executive will:

- Ensure that the Group Leadership and Management Teams fulfil its responsibilities as outlined in this Health and Safety Policy, with appropriate accountability.
- Appoint a lead Director to act on their behalf in overseeing health and safety, ensuring effective management and adequate infrastructure across the Group.
- Ensure that Group management decisions reflect the requirements of the Health and Safety Policy and comply with applicable statutory provisions.
- Maintain effective channels of communication to be informed of, and alerted to, serious or imminent health and safety risks and take appropriate actions to mitigate them.
- Ensure that any health and safety short comings are fully addressed.
- Ensure that health and safety matters appear on board or Tier 1 committee agendas to ensure they are aware of health and safety matters, providing assurance and making recommendations as appropriate.

4.3 Group Chief Safety and Assurance Officer:

The Group Director of Assurance holds delegated responsibility from the Group Chief Executive Officer for the strategic management of health and safety across the organisation. This includes chairing the Health and Safety Steering Group and ensuring robust governance and assurance is provided to the Board. They will:

- Ensure regular reports are made to the Board or Tier 1 committee giving details of information concerning health and safety performance and risk, noting emerging trends and recommending action as necessary.
- Maintain strategic oversight on the management of health and safety across the Group.
- Inform the Group Trust Board or Tier 1 committee of all relevant health and safety matters, including compliance with this policy and any actual or potential breaches of health and safety legislation.
- Ensure the Health and Safety Policy is regularly reviewed, effectively implemented, and supported by appropriate targets and objectives where appropriate.
- Provide leadership, strategic and professional direction for development and implementation of the Health and Safety compliance framework.
- Ensure a robust program of compliance monitoring and reporting exists to manage associated risks and inform the wider Board Assurance Framework.
- Ensure the chairing of the Health & Safety Steering Group.

4.4 Managing Directors:

The Managing Directors of each Trust hold delegated responsibility from the Group Chief Executive Officer for the operational oversight and implementation of health and safety arrangements across services under their control. While the Group Chief Executive Officer retains ultimate accountability for health and safety, Managing Directors are responsible for ensuring that health and safety is fully embedded within operational management and service delivery functions in their trusts. They will:

- Ensure adequate resources, capability and operational capacity are available to enable compliance with statutory health and safety obligations.

- Provide visible leadership on health and safety matters, promoting a positive safety culture and proactive risk management across all operational areas.
- Ensure Chief Operating Officer, Divisional Directors and operational leads implement and comply with this Policy and its associated procedures, guidance and safe systems of work.
- Hold Divisional leadership to account for health and safety compliance and the effective identification, assessment and management of health and safety risks, including oversight of local risk registers and action plans.
- Provide visible leadership on health and safety matters, promoting a positive safety culture and proactive risk management across all operational areas.
- Ensure that health and safety considerations are fully integrated into operational planning, performance management, service redesign and transformation activities.
- Review health and safety performance data, trends and assurance reports and escalate significant risks, themes or concerns to the Group Chief Executive Officer and Group Chief Safety and Assurance Officer as appropriate.
- Support continuous improvement in health and safety performance and contribute to organisational learning and system development in line with operational priorities and organisational change.

4.5 Chief Nursing Officers:

The Chief Nursing Officer holds delegated responsibility from the Group Chief Executive and the Board for the oversight on the management of health risks and health and safety performance across all clinical divisions within the Group. This includes the management and scrutiny of clinical health and safety related risks and ensuring compliance with relevant legislation and standards to aid patient and staff safety. They will:

- Ensure that effective systems are in place for the management of health and safety across clinical nursing operations, and that these systems are monitored and reviewed through appropriate governance channels.
- Maintain oversight and scrutiny of nursing-related health and safety performance across nursing activities.
- Maintain oversight and scrutiny of the management of nursing-related health and safety risk across all clinical areas, ensuring that risks are appropriately identified, assessed, and managed.

4.6 Health and Safety Team

4.6.1 Group Specialist Head of Health and Safety:

The Group Specialist Head of Health and Safety hold delegated responsibility from the Group Chief Safety and Assurance Officer for the management of health and safety across Group. They are designated as the Group's 'Competent Person' under the Management of Health and Safety at Work Regulations (MHSWR) 1999. They will:

- Notify the Group Chief Safety and Assurance Officer of emerging risk areas or potential breach in legal requirement and develop a work plan aimed at their elimination or reduction.
- Support Development and maintenance of an operational framework for the strategic planning and management of health and safety, ensuring compliance with all relevant legislation.
- Keep the Group Trust Board and Group Chief Safety and Assurance Officer informed of progress against the strategic health and safety plan and emerging risks and action plan aimed at their elimination or reduction.

- Develop and oversee the implementation of a robust health and safety auditing system and conduct audits and deep dives into the incident reporting system to identify areas of concern and determine where further training or investigation is required.
- Produce detailed health and safety reports for the Health and Safety Steering Groups, Divisional meetings, Quality meetings and the Group Trust Board (or delegated Committees).
- Ensure the development, delivery, and provision of training, information, and guidance to support compliance with statutory requirements under the Health and Safety at Work Act and related regulations.
- Reserve the right to stop any unsafe act or activity where it is reasonably foreseeable that risk mitigation inaction could result in serious injury, ill-health, or regulatory impact to the Group.
- Maintain oversight of incidents which fall under the requirements of the RIDDOR to aid reporting compliance and where reasonably practicable support services in identifying suitable precautions to reduce the likelihood of the incident reoccurring.
- Be a point of contact for staff representatives, HSE and internal/external stakeholders on all matters relating to staff and patient health and safety.
- Provide expert guidance and specialist advice to services on the Group's legal duties relating to health and safety matters.
- Keep the Group informed of relevant legislative changes and implications.

4.6.2 Trust Health and Safety Officers:

Trust Health and Safety Officers/Advisors play a critical role in supporting the implementation and governance of health and safety across the organisation. Their responsibilities include:

- Assist the Group Specialist Head of Health and Safety in delivering the Group Health and Safety Plan.
- Maintain health and safety dashboards and trackers and escalate identified themes and emerging risks to the Group Specialist Head of Health and Safety as appropriate.
- Guide and support services in the effective implementation of this Health and Safety Policy.
- Deliver health and safety training across the Trust, ensuring consistency and relevance to staff roles.
- Provide support, ratification, and expert guidance to services in undertaking and implementing the Group Health and Safety Risk Assessment process.
- Investigate RIDDOR-reportable incidents as appropriate and ensure timely reporting to the HSE.
- Conduct routine SAW inspections across Trust premises to identify and mitigate risks.
- Monitor, audit, and inspect Directorates, Care Groups, and Departments on health and safety matters. Support the development and implementation of action plans to address identified risks/gaps.
- Encourage best practice, identify areas requiring additional training, and offer advice to support compliance with health and safety legislation.
- Review daily incident reports to ensure appropriate actions are taken and trends are identified.
- Maintain ownership of Divisional and sub-topic level health and safety reports as required.

4.7 Health and Safety Steering Group and Working Groups

4.7.1 Health and Safety Steering Group (RWT & WHT):

The Health and Safety Steering Group (HSSG) operate under its own Terms of Reference and are accountable for providing strategic oversight of health and safety across each Trust. The HSSG will:

Working in partnership

- Gain assurance from sub-groups that all health and safety issues within their remit are being appropriately managed.
- Gain assurance from Divisions that health and safety matters are being effectively addressed within their areas of responsibility.
- Provide assurance to the Group Board that relevant training is being delivered, and performance targets are being met.
- Provide assurance to the Trust that statutory health and safety obligations are being fulfilled.
- Review specialist reports to compliance with health and safety regulations, identify trends and opportunities for improvement.
- Monitor the effectiveness and progress of Safety Improvement Programmes.
- Ratify Trust-wide health and safety policies, procedures, and related documentation.
- Escalate concerns and risks to the Group Board through appropriate governance channels to ensure adequate oversight.

4.7.2 Working/Task and Finish Groups:

Health and Safety-related Working or Task and Finish Groups may be established when scrutiny or targeted improvement is required. These groups are accountable to the Trust Health and Safety Steering Group. Typically time-limited, they consist of individuals with relevant specialist knowledge and/or interest in the focus area. Their objectives are to:

- Establish a strategic framework for the specialist area of focus, including Key Performance Indicators (KPIs).
- Develop and oversee the implementation of action plans aimed at improvement.
- Ensure the Trust remains informed of relevant legislative changes and best practice guidance related to the area of focus.
- Where appropriate, disseminate information and advice across the Trust, including the development of Policies, Procedures, and Working Guidelines.

4.8 Divisional Directors/Divisional Management Team/Head of Nursing or Equivalent:

Deputy Chief Operating Officers, Operational Directors, Director of Nursing/Midwifery and Divisional Management Teams have delegated responsibility from the Chief Nursing Officers and Managing Directors for the management of health and safety, providing leadership and integrating health and safety into day-to-day business (operational and clinical) activities.

They will ensure that there are suitable and sufficient arrangements and resources to ensure this policy is implemented for areas under their control. To enable their responsibility to be effectively discharged they must:

- Provide health and safety leadership within their division and provide appropriate redress and resolution to related risks, issues or concerns reported or escalated. Ensure appropriate resource and capability exists to deliver H&S responsibilities.
- Be aware of this policy and relevant procedure and ensure that there are appropriate resources in place to implement, maintain and monitor the Group health and safety systems.
- Ensure that detailed health and safety performance measures are adhered to and set out in Departmental plans and individual performance plans.
- In collaboration with the Health and Safety Team, ensure adherence with the implementation (and timely completion) of the Group Health and Safety Audit process (refer to GSOP-04 for H&S audit SOP).

- Ensure risk assessments are completed for their work areas, activities, and communicated to all relevant staff
- Ensure that automated action plans from health and safety audits are monitored for complete implementation within the required timescales.
- Ensure appropriate information is added to the risk register following risk assessments, with relevant risk rating and planned outcome detailed effectively.
- Ensure health and safety compliance and performance activity is maintained in line with Trust policy and Health and Safety regulation and guidance.
- Ensure training compliance is monitoring and prioritised.
- Integrate health and safety into all business activities and reviews through the management structure.
- Ensure that staff health and safety form an integral part of their Governance agenda.
- Know and keep abreast of the appropriate health and safety legislation.
- Ensure attendance of relevant health and safety training to aid their competence with health and safety procedures.
- Ensure attendance and provision of Divisional report at Health and Safety Steering Group Meetings.

4.9 Senior Managers/Matrons/Directorate and Care Group Managers or Equivalent:

Will:

- Ensure that all employees within their services receive appropriate health and safety training (both statutory, mandatory and role-specific) to commensurate with their duties and level of risk exposure. Training must be kept up to date in accordance with this policy.
- Ensure appropriate resource and capability exists to deliver H&S responsibilities.
- Work closely with the Divisional Leaders to ensure health and safety systems are effectively implemented, maintained, monitored, reviewed, and audited in line with this policy.
- Implement and maintain Divisional/Directorate/Care Group/Departmental Health and Safety arrangements that comply with this policy and associated protocols.
- Support, monitor, and drive the implementation of the Group Health and Safety Audit SOP (refer to GSOP-04).
- Investigate incidents (including near-misses) within their remit and take appropriate actions to mitigate future risks.
- Cooperate with the Health and Safety Team as required to support the implementation of this policy and associated processes and procedures.
- Ensure timely escalation of RIDDOR-reportable incidents to the Health and Safety Team to facilitate statutory reporting. Engage in incident investigations to support organisational learning.
- Identify hazards within their areas of responsibility and, in collaboration with specialist advisors, recommend appropriate control measures or elimination strategies.
- Work with Ward/Department Managers to identify a suitable Departmental Safety Representative (non-unionised) to support the implementation of the Group Health and Safety System. Ensure the nominated individual is given adequate time to complete training and fulfil their role responsibilities.
- Where appropriate, ensure health and safety related risks are reported and effectively managed on the risk register.

4.10 Ward or Department Managers/ Team Leaders/ Senior Sisters or Equivalent:

Will:

- Ensure the implementation and compliance of all health and safety related policies, standard operating procedures and protocols.
- Ensure appropriate resource and capability exists to deliver H&S responsibilities
- Implement the Group Health and Safety Management System and associated processes within their area of control.
- Assess and identify specific risks related to the work activities of their team. All health and safety related risk assessments must be completed in accordance with the Protocol 1: Group Health and Safety Risk Assessments Process.
- Support staff in the timely reporting of incidents, including Staff related and Patient related RIDDOR reportable events in line with Protocol 2 below and via the incident reporting system.

Important: Only the Health & Safety Team is authorised to report RIDDOR incidents to the HSE. Therefore, it is essential that the team is promptly notified of any such events.

- Engage with the Health & Safety Team as required to ensure compliance with relevant legislation and to promote learning from investigations.
- Collaborate with line managers and staff to identify a suitable Departmental Safety Representative (non-unionised) to support the implementation of the Group Health and Safety System. Ensure the nominated individual is given adequate time to complete relevant training and fulfil their role responsibilities.

Important: The nominated DSR is not accountable for the implementation of health and safety systems within the team. This responsibility lies with the Service Manager. The DSR's role is to support the effective implementation of these systems, not to lead or manage them.

- Inform Senior Management of any breaches of the Health and Safety Policy or Arrangements and ensure incidents or adverse events are reported and investigated appropriately.
- Provide staff with relevant induction and safety information, including the communication of risk assessments and safe systems of work applicable to their roles and working environment.
- Ensure that daily work activities within their control are conducted in accordance with good health and safety practices and in compliance with this policy and its arrangements.
- Collaborate with relevant Specialist Teams to ensure that employees receive appropriate health surveillance based on the risks associated with their roles.

4.11 Employees:

Under *Section 7 - General duties of employees at work*, of the Health and Safety at Work Act 1974, employees have a duty to take care for their own health and safety and that of others who may be affected by their acts or omissions. Employees must also co-operate with the Trust to enable it to comply with its responsibilities under relevant legislation. Therefore, employees must:

- Adhere to Trust policies, protocols, procedures, training requirements, and risk assessments. Employees should also proactively identify and suggest improvements to existing procedures and working guidelines where appropriate.
- Complete all statutory and mandatory health and safety training within the stipulated timeframes, as identified by the Trust. This includes any additional training agreed upon in the employee's personal development plan with their line manager.
- If aware of any unsafe practice and condition or if uncertain about the safety of a situation, consult their line manager or an appropriate responsible person (e.g. Head of Department or Health & Safety Team).

- Report any potential risks to patients, visitors, or others to their line manager and via the incident reporting system.
- Report all incidents and near miss events to their line manager and via the incident reporting system and collaborate with the line manager to investigate and implement preventative measures.
- Perform work activities in a manner that safeguards personal safety and the safety of others.
- Report any safety defects related to work equipment or the environment to the line manager and, where appropriate, to the Estates and Facilities Maintenance Team to aid remediation.

4.12 Safety Representative

4.12.1 Department Safety Representative (DSR) - Non-Unionised:

A Department Safety Representative (DSR) is a nominated, non-unionised individual who supports their team and line manager in the effective implementation of health and safety processes. While the DSR is not accountable for the implementation of these processes, that responsibility lies with the service manager; they are expected to provide appropriate support and carry out their designated duties in line with the training they have received. To aid clarity in their duties, the nominated individual will:

- Assist in undertaking risk assessments in accordance with health and safety training and procedures. All completed risk assessments must be approved by the service manager, who remains the accountable person for the service.
- Carry out health and safety duties only where appropriate training has been received. The DSR must not undertake activities beyond their level of competence or training.
- Attend the DSR training provided by the Health and Safety Team. Refresher training must be completed every three years to maintain the relevance and competence required for the role.
- Where required, the DSR may support the completion and implementation of the Group Health and Safety Audit process. This must be undertaken in close collaboration with the service manager, who remains accountable for the audit's implementation. The service manager must retain oversight throughout the process.
- Promptly escalate any identified health and safety risks to the service manager. Where appropriate, concerns should also be raised with the Health & Safety Team to ensure timely resolution and support.
- Actively participate in scheduled DSR Forums facilitated by the Health & Safety Team. These forums provide an opportunity for DSRs to receive guidance and updates, share experiences, and ensure they are well supported in fulfilling their role effectively and safely.
- Work collaboratively with the Health & Safety Team and union representatives where appropriate.

4.12.2 Union and Staff Side Representative:

The Trust acknowledges the right of recognised unions and professional associations to appoint health and safety representatives to represent their members in health and safety related matters. In addition, the Trust will also recognise nominated non-union appointed staff representatives within the Trust in accordance with the: Safety Representatives and Committees Regulations 1977 (as amended) and Health and Safety (Consultation with Employees) Regulations 1996 (as amended). Therefore, the Trust will:

- Will consult with such representatives with a view to developing and maintaining arrangements which will enable the Trust and staff to co-operate fully and effectively in the promotion of health and safety.
- The Trust will provide facilities, support and assistance so that health and safety representatives may reasonably carry out their role, including allowing reasonable access to appropriate training to ensure competency.

The functions of the staff Trade Union health and safety representatives are:

- To investigate health and safety concerns brought to their attention, potential hazards and dangerous occurrences and the causes of incidents.
- To make representation to appropriate managers on the above matters and on general health and safety matters.
- To carry out local health and safety inspections, where there has been a substantial change in the condition of work, after a notifiable incident, illness or dangerous occurrence.
- To actively participate in the Health and Safety Steering Group meetings.
- To represent staff in consultation with HSE inspectors and other enforcing authorities.
- Work collaboratively with management and DSR representatives where appropriate.

4.13 Trust Specialist Teams & Roles

4.13.1 Occupational Health and Wellbeing (OHWB) Team:

The OHWB Team will:

- Offer comprehensive and specialist advisory service on all matters relating to **OHWB** to all departments/teams and employees within the Group.
- Collaborate with the Health & Safety Team and other specialist groups where appropriate to support the implementation of this policy.
- Where appropriate, collaborate with colleagues in the People Directorate, relevant Service Managers, and the Health & Safety Team, to advise on / assist with assessing employee health hazards where ill health or harm has been identified or suspected. They also carry out pre-placement assessments to identify staff who may be susceptible to future work-related illness due to exposure to hazards or hazardous agents in the workplace. The objective is to ensure, as far as reasonably practicable, that employees are not exposed to unmitigated risks and that appropriate safety measures are in place to support them in carrying out their duties.
- Advise on the medical suitability of an applicant or employee to perform all or any part of the job description/person specification and assist the People Directorate in making and recommending any reasonable adjustment that may be required under the Disability and Equality Act 2010.
- Provide advice to managers / employees in relation to reasonable adjustments required by Health and Safety law and the Equality Act.
- Where required and appropriate, provide health surveillance programmes to employees who may be exposed to hazardous substances at work, to ensure that any change in health is detected at an early stage.
- Undertake assessment following an occupational injury i.e. inoculation (sharps, bites, splashes etc) injuries and provide support, advice and recommendation as to the appropriate treatment where required.
- Undertake incident investigations relating to sharps and splash injuries and provide support, advice and recommendation as to the appropriate treatment where required.
- Ensure that new or expectant mothers, receive health surveillance throughout their pregnancy ensuring that workplace activities do not affect the health of the mother or her baby.
- Assist in identifying where sickness absence or presenteeism is a concern and make suggestions to aid prevention reduction, and elimination where possible
- Advise on health risks and where required be actively involved in risk assessments in the workplace and support employer and employees in reaching the most appropriate solutions to their problem.

4.13.2 Radiation Protection Advisor:

The radiation Protection Advisor is responsible for:

- Provision of advice to the Group on all aspects of radiation protection, in line with statutory requirements under Ionising Radiation (Medical Exposure) Regulations (IR (ME)R).
- Full arrangements are detailed in the relevant related policies

4.13.2 Fire Safety Team:

The Fire Safety Team and the Group Head of Fire Safety are responsible for:

- Providing competent advice, support, guidance and training on fire safety matters to employees and with regards to the trust premises, ensuring compliance with the Regulatory Reform (Fire Safety) Order 2005 across the Group.
- Ensure the development and implementation of policies and procedures for fire safety in line with statutory requirements.
- Ensure that suitable and sufficient emergency fire arrangements are in place.
- Monitoring fire safety compliance, supporting completion of risk assessments and reducing fire safety risks. Identified risk must be reported to the HSSG to aid awareness and escalation where required.
- Report on Fire Safety performance and any concerns/risks through to the HSSG and Audit committee.

4.13.3 Infection Prevention & Control Team:

The infection Prevention and Control team are responsible for:

- Ensuring IP&C advice is available to protect the health, safety and welfare of all employees.).
- Ensuring policies/procedures are in place for all clinical and non- clinical elements of infection prevention and control to support compliance with health and safety regulation.
- Provide guidance and advice as required on decontamination of medical devices and the environment within the remit of infection prevention.
- Work alongside the health and safety team and in conjunction with clinical colleagues to support the effective safe management of sharps as per Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Where required, participate in, and support, the collection and review of surveillance data.
- Participate in Health and Safety and Infection Prevention & Control service reviews for new builds, service developments, and refurbishment projects as per national guidelines.
- In the event of an organism outbreak, to work in collaboration with specialist teams and UK Health Security Agency in the management, investigation and containment of the outbreak, whether deemed a minor or major incident.

4.13.4 Electrical Bio-Medical Engineering (EBME) Team:

Full arrangements for EBME are detailed in the Management of Medical Devices Policy (HS11); some key responsibilities of the Team include (not not limited to):

- The management of medical devices; including strategic replacement, development and equipment procurement.
- Ensuring there are policies/procedures in place for all elements of medical devices.
- Coordinating medical device safety and management arrangements across the group to ensure relevant statutory requirements are met.
- Being the key point of contact for all medical devices related queries, providing advice and support to managers and employees.

- Providing the Trust with assurance of safe device use and management.
- Work towards and maintaining standards in line with national guidelines and industry standards, including the Health and Social Care Act and Health Technical Memorandums.

4.13.5 Security Team & Local Security Management Specialist (LSMS):

The Security Team & Local Security Management Specialist will:

- Provide support and guidance to clinical areas in obtaining one to one Patient Watch Security Officers when required, such as where a patient is deemed a significant clinical risk to themselves or others.
- Provide advice to managers at all levels on security measures and dealing with violence and aggression incidents (including the implementation of the Security policy).
- Provide specialist advice, support and guidance to managers in implementing risk reduction measures and post-incident management where required.
- Provide specialist advice, support and guidance to services on their Department Security and Prevention of Violence and Aggression risk assessments.
- Where required, support staff through police related and court process.
- Report on Security performance and any concerns/risks through to the HSSG and Audit committee.
- Deliver security related training packages to frontline members of staff.
- Liaise with police for investigations.
- Liaise with the Health and Safety Team on matters concerning security, violence and aggression, and work collaboratively with the Head of Emergency Planning on emergency preparedness and incident management.

4.13.6 Ergonomist - Moving and Handling Team:

The Moving and Handling Lead is responsible for providing professional advice, guidance and training on reducing manual handling risks to employees and patients and will ensure:

- There are policies and procedures in place for all elements of manual handling.
- Provision of assurance/compliance oversight reports to the HSSG, highlighting concerns, escalations and appropriate actions needed to address risks.
- Development, design, deliver and evaluation of moving and handling training programmes which incorporate relevant evidence-based practice and statutory requirements.
- The provision of specialist advice and support to staff and Managers including the completion of suitable and sufficient risk assessments.
- Incident reports relating to manual handling are reviewed and investigated accordingly. This will include assisting managers to investigate accidents / incidents involving manual handling.
- Advice is provided on moving and handling issues relating to the design, refurbishment, lease or purchase of buildings, furniture or equipment.

4.13.7 Estates & Facilities Maintenance Team:

Will:

- Ensure compliance with aspects of this policy and its implementation.
- Ensure all maintenance activities comply with the Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1999, and other relevant legislation.

- Where required and in-line with risk severity (or consequence), conduct risk assessments and develop method statements for all maintenance tasks. This assessment must evaluate the risk to both staff and other who may be harmed, including vulnerable individuals.
- Develop, implement, and monitor a robust permit-to-work systems where required.
- Ensure all maintenance related work activities are planned and executed to minimise risk to staff, patients, and visitors.
- Ensure contractors are approved, competent, and briefed on Trust policies prior to engaging in work activities.
- Monitor contractor performance and compliance with health and safety standards during maintenance activities.
- Ensure all Estates & Facilities staff are properly trained and competent in their roles.
- Ensure provision of specialised training where necessary (e.g. asbestos awareness, confined spaces, electrical safety etc), and ensure staff are compliant and in date with their training requirement.
- Report all incidents, near misses, and unsafe conditions promptly and participate in investigations and ensure corrective actions are implemented.
- Where needed liaise with the Health and Safety Team during incident investigation to aid learnings. Finding and learning recommendations must be adequate implementation to support risk reduction and elimination of incident reoccurrence.
- Maintain clear communication with clinical teams, Infection Prevention and Control, and other stakeholders to support collaboration in the development and implementation of risk mitigation strategies.
- Ensure provision of assurance/compliance oversight reports to the HSSG, highlighting concerns, escalations and appropriate actions needed to address risks.
- Notify relevant parties of any works that may impact patient care or clinical environments.
- Conduct regular audits of maintenance activities and contractor compliance and review and update procedures based on audit findings and lessons learned and maintain tools, machinery, structure, and equipment in safe working condition.

4.13.8 Emergency Preparedness, Resilience and Response (EPRR) Team:

Will:

- Provide expert advice on EPRR risk identification, emergency planning, incident response, staff safety and organisational resilience."
- Provide specialist advisory support to Health & Safety functions across the Group, ensuring organisational preparedness, resilience and response arrangements remain aligned with statutory responsibilities and recognised best practice. Through the management and oversight of key EPRR workstreams, including Incident Management, Infectious Diseases, Pandemic Planning, Excess Fatalities, Mass Casualty, CBRNe, Lockdown, Protected Individuals, Business Continuity, and Training & Exercising

4.13.9 Project Co – Privately Funded Initiative [PFI] Partners (Including Skanska Facilities Services (SFS)) – WHT ONLY.

Project Co (Walsall Hospital Company (WHC)) is an entity made up of a private sector consortium. This consortium is typically formed for the specific purpose of providing the PFI. It is owned by a number of private sector investors. The consortium's funding will be used to build the facility and to undertake maintenance and capital replacement during the life cycle of the contract. The responsibilities for management of contractors will be met by the General Manager of SFS, as detailed under the Project Agreement. In addition, they will:

- will monitor the service level agreement with out-sourced suppliers for hard facilities management (FM) where applicable, e.g. Skanska Facilities Service.
- Ensure that any risks identified are clearly communicated and shared with the Trust. Subsequent risk control strategies are identified, implemented, monitored and again, communicated to the Trust.
- Adhere to the Trust policies and procedures – in particular the Incident reporting Policy, Risk Management Policy and related health and safety policies.
- Ensure incidents are reported in line with the Trusts policies and procedures.
- Provide Walsall Healthcare NHS Trust with written evidence that all matters related to health, safety, security and fire are carefully considered as part of all projects and commensurate with the type and scale of the project.
- Ensure that in consultation with the Trusts Estates & Facilities Departments and in compliance with the Project Agreement, clear Key Performance Indicators (KPIs) are agreed, and these are monitored through the monthly Hard FM meetings and other groups i.e. Fire Safety Group; Medical Gases Committee; and Water Safety Group. The health & safety issues flowing from these groups should be reported to the Trust's HSSG.
- Ensure that contactors are aware of Trust policies and procedures and will comply with the relevant sections.
- Ensure that contractors provide showing how work will be carried out safely and in compliance with legal requirements. Ensure that all works, including those subcontracted are actively monitored and that Risk Assessment Method Statements (RAMS) and safe systems of works are verified before works commence and where required, made available to the Health and Safety Team.
- Ensure that the specification for the project includes elimination or reduction of future health and safety risks for users of the facility so far as is possible within the scope of the project.
- Ensure that where projects fall under the requirements of the CDM Regulations, the Trust complies with its duties as client under those regulations including the duty to appoint a competent designer, planning supervisor and main contractor.
- Ensure that contactors comply with the requirements of the Trust permit to work system.
- Ensure that there is a robust system in place for reporting and rectifying reported defects to the Trust estate, including the fabric, fixtures and fittings of buildings, ground and access routes and plant and equipment.
- Ensure that suitable contractual arrangements are in place to ensure robust risk management in regard to hard facilities management or any other such contracted services e.g. waste management, catering, laundering etc.
- Ensure that suitable and sufficient measures are in place and managed and monitored by the competent person in regard to Construction Design and Management (CDM) regulations.
- Ensure that the Project Agreement, detailing contractual obligations are adhered too and monitored on a regular basis in regard to health and safety matter.
- Ensure that systems are in place for maintenance and monitoring as required by statutory or legislative requirements and available to the Trust on request e.g. Asbestos register, legionella etc.

5.0 POLICY DETAILS

5.1 Arrangement for Managing Health and Safety across the Group

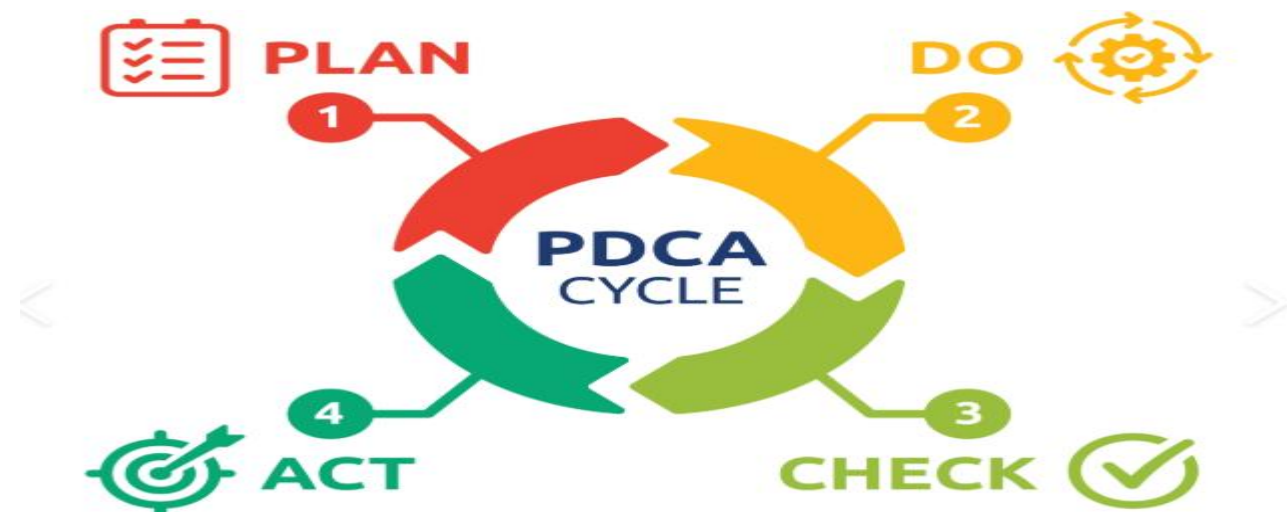
The purpose of this policy is to set out the Group's provisions for the management of health and safety. This includes defining roles and responsibilities and identifying the arrangements that are in place to ensure that the Group meets its legal obligations with regard to the requirements of the Health and Safety at Work etc. Act 1974 and relating regulations.

The Group has a legal duty to put in place suitable arrangements to manage health and safety. This is a wide-ranging, general requirement and it must be part of the everyday process of all operations within the organisation and an integral part of workplace behaviours and attitudes.

The keys to effectively managing health and safety are:

- Leadership and management (including appropriate business processes):
- Trained and skilled people; and
- An environment where people are trusted and involved.

Successful delivery of health and safety management can rarely be achieved by one-off interventions. A sustained and systematic approach is necessary. The Health and Safety Executives (HSE) publication HSG65 "Managing for health and safety" (HSE, 2013) contains a model which involves the steps Plan, Do, Check, and Act:



Effectively managing for health and safety is not just about having a management or safety management system, the success of whatever process or system in place hinges very much on the attitudes and behaviours of people in the organisation (this is sometimes referred to as the 'safety culture'). The Group will nurture a positive safety culture which recognises and employs the benefits of excellent behavioural safety.

5.1.1 PLAN - Planning for Health and Safety

Within the Group we will:

- Set an overall health and safety policy and keep it under review to take account of changes and legislative amendments.
- State our health and safety objectives and develop specific targets with which to measure our health and safety performance and success in a health and safety strategy and safety plan, against which we will monitor progress and keep under review.

5.1.2 DO - Implementation of Health and Safety

Within the Group we will:

- Organise and implement our activities to deliver our overall health and safety policy, including employee involvement, communication, resources and advice.

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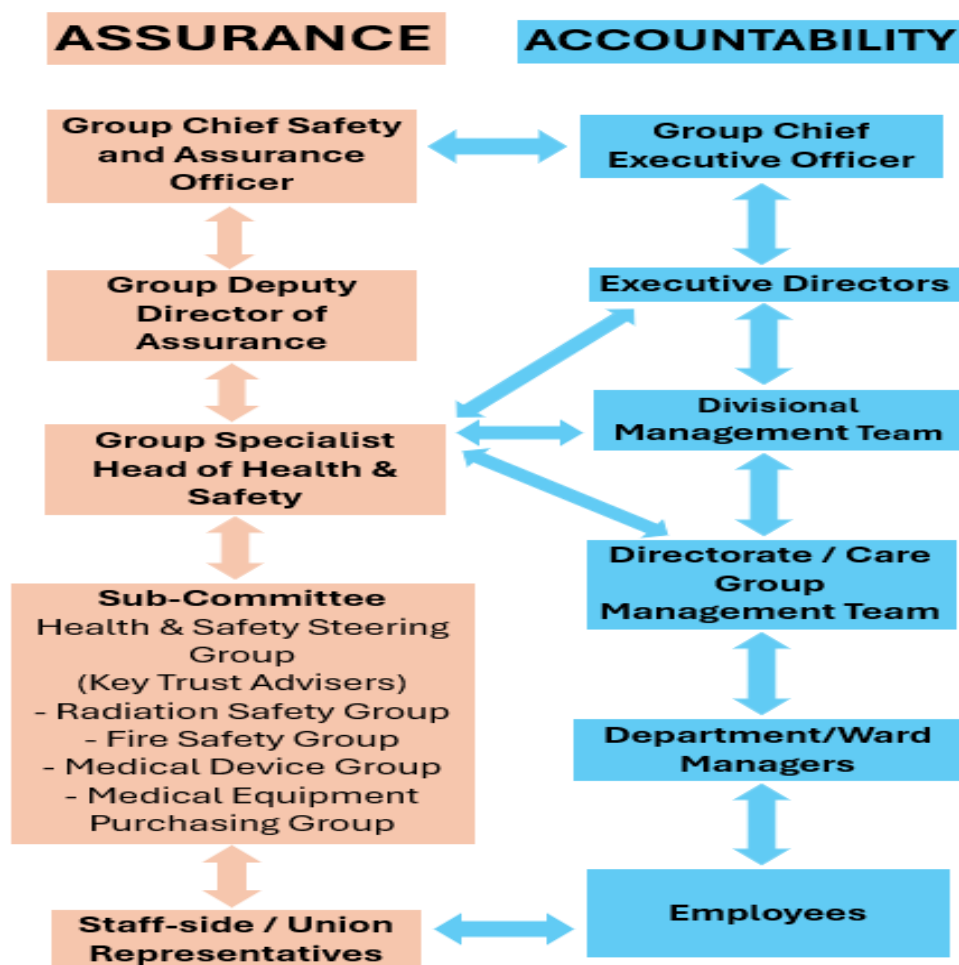
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- Assess health and safety hazards and decide what the priorities are and identify the significant risks (risk profiling).
- Put preventive and protective measures in place, including processes, methods, equipment, information, training and supervision.

5.1.2.1 DO – Communicating

It is a requirement of the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 that employers undertake such communication with the workforce so as to enable the promotion and development of health and safety in the workplace and also to monitor its effectiveness.

Communication shall be via normal line management routes, Health and Safety Team, information provided on Health & Safety Team Intranet and Health and Safety Alerts. In addition, below is an illustration of the Group Health and Safety Lines of Communication:



In addition, the Health and Safety (Information for Employees) Regulations 1989 requires employers to provide information on health, safety, and welfare in the form of an approved poster or leaflet. All teams and services shall ensure that employees have access to the approved health and safety leaflet or that a poster is prominently displayed (this can be obtained via the H&S team intranet page).

5.1.2.2 DO - Consultation

In accordance with Section 2(6) of the Health and Safety at Work etc. Act 1974, the Group shall consult with Safety Representatives with a view to establishing and maintaining effective arrangements that enable cooperation between employer and employees in promoting and developing measures to ensure the health, safety, and welfare of all employees at work.

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Section 2(7) of the Health and Safety at Work etc. Act 1974 places a general duty on employers to establish a Safety Committee. The purpose of this committee is to keep under review the effectiveness of measures taken to ensure the health and safety of employees at work. To support compliance with this requirement, the Group has in place the Health and Safety Steering Group (HSSG).

In accordance with the Health and Safety (Consultation with Employee Partners) Regulations 1996, the Group shall consult with Employee Partners on matters relating to health and safety. To ensure compliance, Union and Staff-side Representatives shall be members of the HSSG and are expected to collaborate with the Group and attend quarterly meetings.

5.1.2.3 DO - Consistency

A consistent approach to health and safety shall be maintained across all Group operations, including both clinical and non-clinical departments.

The Group Specialist Head of Health and Safety shall establish and maintain arrangements to promote consistency through regular exchange of information and collaboration. Divisional representatives and Subject Matter Experts shall meet quarterly via the Health and Safety Steering Group (HSSG), together with the Group Chief Safety and Assurance Officer, to ensure alignment, share updates, and disseminate current information across all areas of the Group.

5.1.2.4 DO - Risk Assessments

In accordance with the Management of Health and Safety at Work Regulations 1999, it is a legal requirement to carry out risk assessments and to establish appropriate control measures to reduce identified risks. Risk assessments shall be undertaken:

- Prior to work being carried out
- When a task or activity may give rise to new risks
- When tasks, processes, or work methods change
- When new technology or equipment is introduced; or
- When there is a change in relevant legislation or guidance.

Risk assessments shall be completed and reviewed in line with the Group process and guidance on undertaking a health and safety risk assessments (refer to **Protocol 1** below). Risk assessments must also be reviewed following any incident, near miss, or where existing control measures may be inadequate or ineffective.

Service Managers are responsible for ensuring that the Trust's Health and Safety Risk Assessment Process is implemented, adhered to, monitored, and recorded within their service areas. The appropriate health and safety risk assessment templates shall be used for each risk being assessed, including where applicable, identified Risk Assessment Profiles (1–4), Complex Risk Subjects, and risks specific to the nature and activities of their service. Assistance and advice may be obtained from the Health and Safety Team as required.

5.1.2.4 DO - Risk Register

All Divisions, Directorates, and Care Groups shall maintain a Risk Register that includes health and safety risks associated with the activities and work areas under their control. The Register shall be reviewed and updated regularly, recorded within the Group's risk management system, and maintained in accordance with the Group Risk Management Policy.

All identified risks, including those relating to health and safety, shall be actively managed, controlled, or closed where they are no longer valid. This process must be carried out in line with the Group Risk Management Policy to ensure consistency across the organisation. Risks requiring escalation shall be discussed with the relevant team, group, or individual to whom the risk is being escalated to, with advice and oversight provided by the Head of Risk Management as required.

5.1.2.5 DO - Safe Systems of Work (SSoW) & Standard Operating Procedures (SOPs)

It may be necessary to implement the use of formal written systems of work if a risk assessment indicates that it is necessary. Therefore, all SSoW and SOPs used by the Group and its teams shall

be, so far as is reasonably practicable, safe and reviewed on a regular basis. Particular emphasis shall be placed on processes that:

- Require a consistent approach or specific work practices
- Are undertaken infrequently; or
- Involve significant risk or operational or regulatory compliance obligations.

This is to ensure that any potential hazards to health and safety, or regulatory risks to the Group, are effectively identified, controlled, and minimised. Where applicable, the SSoW or SOPs must be approved by the Division, Directorate of Subject Matter Expert involved.

5.1.2.6 DO - Training and Competence

Training may include e-learning, classroom-based, and/or on-the-job instruction. Competence is recognised as a combination of training, experience, skills, and abilities. The Group Specialist Head of Health and Safety is responsible for establishing and maintaining systems to identify health and safety-related training needs across the Group.

Service Managers and Line Managers shall ensure adherence to identified health and safety training requirements. They are responsible for identifying the training needs of their staff, arranging appropriate training, and ensuring that learning is applied and implemented in practice.

Senior Managers are responsible for ensuring that all required health and safety training is delivered within their areas of responsibility. They shall ensure that training requirements are monitored and reviewed as required and that comprehensive training records are maintained.

5.1.3 CHECK - Monitoring and Measuring Health and Safety Performance

Compliance with this Policy and with health and safety requirements across the Group shall be monitored through the Group Health and Safety Auditing Process. Refer to GSOP-04 for further detail on health and safety auditing requirement and framework.

Senior Managers and Service Managers are responsible for ensuring the effective implementation and adherence to the Group's Health and Safety Auditing Process. All monitoring activities and performance measures shall be aligned to the relevant health and safety elements within the audit framework.

Health and safety performance across all services and the Group shall also be monitored through staff feedback, progress against health and safety action plans and Group strategic objectives, employee engagement surveys, stress surveys, and incident data (including accidents, near misses, and incident-related absences).

The outcomes of monitoring activities, together with management and health and safety performance reports, shall be reported through the Division and Trust reporting structures and presented to the Board (or delegated Committee) for review and oversight.

5.1.4 ACT – Review and Implementation of Lessons Learned

Information and insight obtained through health and safety monitoring shall be used to review the performance of Divisions and their respective Directorates or Care Groups on a periodic basis and following any significant event. Where necessary, arrangements, behaviours, training, and systems shall be modified and improved to support the achievement of the Group's health and safety objectives as outlined in the Health and Safety Policy Statement.

The Health and Safety Policy Statement, Plan, associated Procedures, and Risk Assessment Protocol shall be reviewed and updated periodically, and more frequently where required by this policy or as circumstances dictate. The Group Specialist Head of Health and Safety is responsible for determining the need for such reviews based on health and safety performance, incident outcomes, and organisational changes. These documents and associated processes shall be reviewed as often as necessary and, as a minimum, at least once every three years.

Circumstances that may trigger a review of this Policy include, but are not limited to:

- Introduction of new work practices that change the nature of operations and may affect training requirements.
- Identification of new hazards in the workplace, necessitating updates to risk assessments and control measures.
- Lessons learned from operational experience, which require updates to the existing Policy.
- Changes in legislation or regulatory requirements, which may introduce additional duties or obligations for the Group.
- Organisational restructuring which may lead to the redefinition of roles, responsibilities, or duties.

5.2 Group Health and Safety Protocols

The Group Health & Safety Protocols provide clear Trust requirement and practical guidance on specific health and safety subjects essential to maintaining a safe and compliant working environment.

Each protocol outlines the standards, responsibilities, and procedures required to manage key risks effectively across the organisation. These protocols should be read in conjunction with this policy, and are designed to ensure consistency, legal compliance, and best practice in all areas of our operations. The protocols are:

- **GHS01 Protocol 1:** Group Health & Safety Risk Assessment Procedure
- **GHS01 Protocol 2:** Group Health & Safety Incident Reporting & Investigation
- **GHS01 Protocol 3:** Control of Substances Hazardous to Health (COSHH)
- **GHS01 Protocol 4:** Group Display Screen Equipment (DSE) Procedure
- **GHS01 Protocol 5:** Health and Safety Work-Related Stress Risk Assessment Framework

6.0 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 requires 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	None

7.0 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.

8.0 Maintenance

This policy and its related protocols will be reviewed by the Group Specialist Head of Health & Safety 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 established Trust governance process.

9.0 Audit Process

Criterion	Lead	Monitoring	Frequency	Group
Health and Safety Management system (via Health and Safety Intel Reports / KPI/ Audit)	Group Specialist Head of Health & Safety	Meeting Agenda	Quarterly 6-Monthly Annually	HSSG QSOG QC
	Service Managers and Leaders	Meeting Minutes	Quarterly via Divisional meetings	Divisional Governance
Health & Safety Compliance	Group Health & Safety Team	H&S Audit (HSSA & HSQA) and Inspections	Quarterly Via GSOP-04 and Safety Walk-about	HSSG QSOG QC Divisional Governance
H&S Incidents	Health & Safety Officers and Service Managers	Via Incident Reporting Systems	Daily / Weekly (reports are checked quarterly)	HSSG Divisional Governance

10.0 References

- The Health and Safety at Work Act 1974
- The Safety Representatives and Safety Committees Regulations 1977
- The Health and Safety (Consultation with Employees) Regulations 1996
- Health & Safety Executive Work-related Stress Prevention
- Management of Health and Safety at Work HSG65 Management of Health and Safety at Work Regulations 1992 (as amended)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- 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

Part A - Document Control

Policy number & Policy version: GHS01 Version 1.0	Policy Title: Group Management of Health & Safety Policy	Status: Current		Author: Group Specialist Head of Health & Safety Chief Officer Sponsor: Group Chief Safety & Assurance Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	June 2026	Group Specialist Head of Health & Safety	New Group Policy (prev. RWT HS01 & WHT-HS01)
Intended Recipients:		All staff		
Consultation Group / Role Titles and Date:		Health & Safety Steering Groups (RWT – June 2026 & WHT – April 2026)		
Name and date of Trust level group where reviewed:		Group Policy Meeting – June 2026		
Name and date of final approval committee:		Group Policy Meeting – June 2026 Executive Sponsor Approval - June 2026		
Date of Policy issue:		October 2026		
Review Date:		June 2029		
Training and Dissemination:		Through established Trust wide and Divisional governance routes		
To be read in conjunction with:		GSOP04 – Group Health & Safety Auditing Procedure		
Equality Impact Assessment:		Completed		
Monitoring arrangements and Committee		Via Health & Safety Steering Group Reports		
Document summary/key issues covered:		All content is relevant and important and should be read by all staff. Liaise with the Group Health & Safety Team if required.		
Key words for intranet searching purposes		Health & Safety Policy H&S Policy GHS01 HS01		

GHS01 - Protocol 1: Group Health & Safety Risk Assessment Procedure

Author:	Christian Iroh, Group Specialist Head of Health & Safety
Associated Policy:	Group Management of Health & Safety – GHS01
Date:	June 2026
Review Date:	June 2029

This Protocol focuses on the process for undertaking risk assessments from a health and safety perspective. This includes assessments relating to clinical and non-clinical equipment, work locations, and work-related activities. It does not replace specific clinical safety practices or clinical assessment tools designed for patient safety; however, it provides reference, a safe standard, and guidance for completing workplace risk assessments. These workplace assessments can complement, and where appropriate form part of, clinical risk assessments or wider Safe Systems of Work (SSoW), thereby improving safety for all those involved or affected.

1.0 Understanding Trust Health & Safety Risk Assessment Process

1.1 To ensure clarity regarding Trust Health and Safety risk assessments requirement, all departments/areas must implement **all required and/or applicable** risk assessments as indicated in the table 1.0 below. The table includes **Risk Assessment (RA) Profiles 1 – 4**, covering 11 risks across four assessment forms, rather than separate forms for each. Additionally, **Eight Complex Risk Subjects** remain ungrouped and should be assessed individually/separately.

Table 1.0 Risk Assessment Profiles and Complex Risks

* Mandatory Requirement for All Services/Department.

** Required in patient-facing areas (above ground level) only.

*** Required only where hazardous substance is used or involved (and for each substance)

RISK ASSESSMENT PROFILES 1 - 4		DISTINCT/COMPLEX RISKS (NOT TO BE GROUPED)
Risk Assessment Profile 1	Slips Trips & Fall*	Provision & Use of Work Equipment (Including Vibration & Noise) *
	Working at Height	Prevention of Harm Associated with Violence & Aggression*
	Unsafe Windows (Risk of fall from windows) **	Prevention of Inoculation (Sharps & Splash) Injuries
Risk Assessment Profile 2	Work-related Driving	Department - First Aid Assessment (FANA) *
	Lone Working	Control of Substances Hazardous to Health (COSHH) ***
	Security within Department*	Manual Handling* - People Handling - Inanimate Load Handling
Risk Assessment Profile 3	Electrical Hazards*	Work-related Stress Assessment & Anonymous Survey* - Team Work-related Stress Risk Assessment - Individual Stress Assessment
	Provision & Use of PPE	Department Ligateure Risk (Refer to associated policy for template) *
	Workplace Welfare*	Radiation & Laser (Refer to associated policy for template)
Risk Assessment Profile 4	Preventing Contact with Asbestos	Guidance Document: ➤ COSHH Assessment Guidance ➤ Team Stress Anonymous Survey Guidance ➤ Individual Stress Assessment Guidance ➤ First Aid Needs Assessment Guidance
	Preventing Legionella Formation	
General Health & Safety Risk Assessment Template		

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1.2 While not every risk in both RA Profiles 1–4 and Complex Risks above will apply; some are mandatory and are indicated as required for all departments/areas to considered and ensure the risk is assessment appropriately where they exist.

1.3 Where a risk within RA Profile 1,2,3, or 4 is deemed applicable, this must be assessed; if not applicable this must be recorded in the risk assessment form as “Not Applicable”, with a brief justification provided. For example: “*Risk associated with Working at Height is not present at this time as staff do not undertake this activity.*” This requirement only applies to risks that are not explicitly marked as “required” in the table below.

1.4 Additionally, any unique risks associated with specific work activities within a department that are not listed in the table must still be assessed and documented. This should be done using the Health and Safety Risk Assessment Form (Appendix 1) or other relevant forms, such as those for Manual Handling, COSHH, Ligation, DSE, Team or Individual Stress Assessment, New or Expectant Mothers, Young people etc. If a Service Manager identifies unique risks that could be grouped into further profiles to streamline the admin workload, they should consult the Health and Safety Team for guidance/support.

1.5 All work-related Health & Safety risk assessments must be sent to the Health & Safety Team for Quality Assurance (QA) and to be storage; after QA, assessments will be shared with the Service Manager for local storage and staff communication. Any assessment overdue a review will be flagged as ‘RED’. All risk assessments with personal data, such as individual stress assessments, must be stored confidentially and securely by the Service Manager.

All health & safety risk assessments must be reviewed in accordance with the current risk score (post-control) as outlined in the review frequency table (Table 2.0) of the Group H&S Risk Matrix or when changes occur in work processes, equipment, the environment or personnel (including skills and competencies), or when new information about potential hazards becomes available such as following an incident or accident.

Table 2.0 Group Health & Safety Risk Assessment Matrix

Risk Score Table:						Risk Rating & Review Frequency Table:		
Likelihood score	1	2	3	4	5	1-3	Low Risk	Annual review of controls or sooner following change
Consequence	Rare	Unlikely	Possible	Likely	Almost certain	4-6	Moderate Risk	9 Monthly Review of controls or sooner following change.
5 Catastrophic	5	10	15	20	25	8-12	High Risk	6 Monthly Review of Controls or sooner following change.
4 Major	4	8	12	16	20	>12	Extreme Risk	On-going or 3-Monthly Review of controls or sooner following change.
3 Moderate	3	6	9	12	15			
2 Minor	2	4	6	8	10			
1 Negligible	1	2	3	4	5			

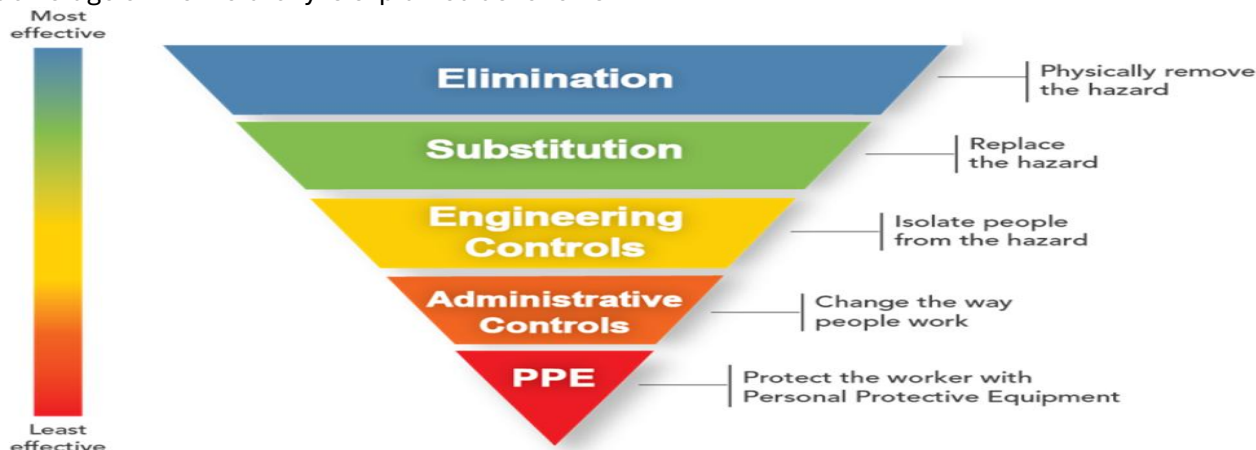
Likelihood (L) Table:	1	2	3	4	5
Likelihood score	Rare	Unlikely	Possible	Likely	Almost Certain
Descriptor	Not expected to occur for years or will probably never occur.	Expected to occur at least once a year or could occur given the right circumstances.	May occur occasionally or expected to occur up to once a month.	Will probably occur, however not a persistent issue or risk.	Likely to occur on many occasions; a persistent risk, possibly frequently.

Consequence (C) Table:	Impact	Description of actual or potential impact on individual
Level		
5	Catastrophic	- Incident leading to death, multiple permanent injuries, severe, irreversible health effects or disability. - An event which impacts on a large number of staff/ patients/ visitors or contractors.
4	Major	- Injury leading to long-term incapacity. - Injury requiring medical intervention, hospital attendance or admission. - Injury requiring time off work for more than 7-days. - Incident requiring a RIDDOR notification to the HSE. - An event which impacts the Trust's operation.
3	Moderate	- Injury requiring time off work between 3 to 7 days. - An event which impacts on a small number of staff/patients / visitors or contractors. - An event which slightly impacts on the Trust's operation.
2	Minor	- Minor injury or illness, requiring minor intervention. - Requiring time off work for less than 3 days.

2.0 Understanding the Hierarchy of Risk Control

2.1 The hierarchy of risk control provides a visual representation of strategies used to minimise workplace risks, ranking control measures from most to least effective. It follows an inverted pyramid structure, with the most effective controls at the top and the least effective at the bottom. Lower-level controls, such as those associated with “Administrative Controls and PPE” are less effective, particularly when not combined with higher-level controls such as Elimination, Substitution or Engineering Controls.

Each stage of the hierarchy is explained as follows:



- i. **Elimination:** The most effective control, where hazards are completely removed (e.g., Designing a ward during construction stage so no ligature points are present).
- ii. **Substitution:** Replacing a hazardous process, substance, or material with a safer alternative (e.g., Provide and utilise already mixed cleaning products instead of mixing concentrated chemicals).
- iii. **Engineering Controls:** Isolating people from the hazard by implementing physical modifications to reduce exposure to the hazard, such as ventilation systems or safety devices (e.g., Use of negative pressure rooms for patients with airborne infections.).
- iv. **Administrative Controls:** Changing the way people work through procedures, training, and signage (e.g., Job rotation, safety caution signs, work permits etc)
- v. **Personal Protective Equipment (PPE):** The last line of defence, involving equipment like gloves, masks, and gowns that protect from hazards.

In some instances, “Elimination or Substitution” control measures may not be achievable, therefore, control measures within “Engineering, Administrative, and PPE” where appropriate should be adequately combined, implemented, maintained and monitored to support safety.

2.0 Ensuring a Health & Safety Risk Assessment is Suitability and Sufficient

2.1 The suitability and sufficiency of a risk assessment depend on key criteria that must be met to ensure that risks are effectively assessed, and potential hazards identified and evaluated, as well as facilitating the provision of appropriate and practical control measures. These key criteria are:

2.1.1 Hazard Identification

The assessment must clearly identify all potential hazards associated with the activity, process, or environment being evaluated. It should include reasonably foreseeable hazards that could cause harm, whilst considering past incidents and accident records. This will aid in ensuring a comprehensive assessment.

2.1.2 Risk Evaluation

Each identified risk must be evaluated by assessing:

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- The likelihood of harm occurring and how it could occur
- The people and operations affected (e.g., employees, patients, visitors, vulnerable individuals).
- The severity of potential consequences.

This evaluation process should be quantified using the 'Risk Matrix' (Consequence × Likelihood) as outlined in the risk assessment form above. The risk score should support prioritisation of control measures. **PLEASE NOTE:** All risk graded '**12 or above**' must be escalated to the Divisional Responsible Person or Divisional Governance team to aid discussion and risk register escalation where necessary.

2.1.3 Considering Specific Legal Requirement

Where relevant and applicable the assessment should align with relevant legal standards and best practice guidelines specific to the risk or activity. This includes compliance with:

- Health & Safety Executive (HSE) guidance and Approved Code of Practice (ACOP)
- NHS England (NHSE) protocols
- Relevant applicable regulations such as PUWER, COSHH, LOLER, etc.

Ensuring compliance helps mitigate legal consequence and promotes best-practice safety management which in turn promotes staff and patient safety.

2.1.4 Stakeholder Involvement

A robust risk assessment should involve:

- Individuals competent in performing the activity being assessed.
- Experts or specialist leads where necessary.
- Employees or others potentially at risk, where practical.

Additionally, the risk assessment must be communicated to those at risk and monitored for compliance. Only those with competence in risk assessment, including appropriate training and expertise, should conduct the assessment.

2.1.5 Adequate & Practical Risk Control Measures

Control measures should prioritise actions that eliminate or reduce risk over reliance on individual behaviour or use of Personal Protective Equipment (PPE); as this is less effective in controlling risk.

The assessment must outline realistic and effective control measures that:

- Are **Specific, Measurable, Achievable, Relevant, and Time-bound (SMART)**.
- Clearly state the **responsible person/role** for implementation.
- Are **authoritative**, providing clear and enforceable instructions rather than vague statements.

For Example:

- **Adequate:** The Manager must ensure all staff are provided with dedicated time to read this risk assessment and associated Safe System of Work (SSOW) before engaging in the activity.
- **Inadequate:** A risk assessment and SSOW is in place for this activity.

2.1.6 Risk Proportionality

The level of effort, resources, and controls applied to mitigate a risk should be proportional to the severity and likelihood of that risk. This approach ensures that responses to risks are balanced, avoiding both over-protection (excessive controls) and under-protection (insufficient mitigation). Therefore, control measures must be reasonably practicable, meaning that the reduction of the risk is balanced against cost, effort, and time whilst considering the impact on those affected.

2.1.7 Documentation, Review & Continuous Improvement

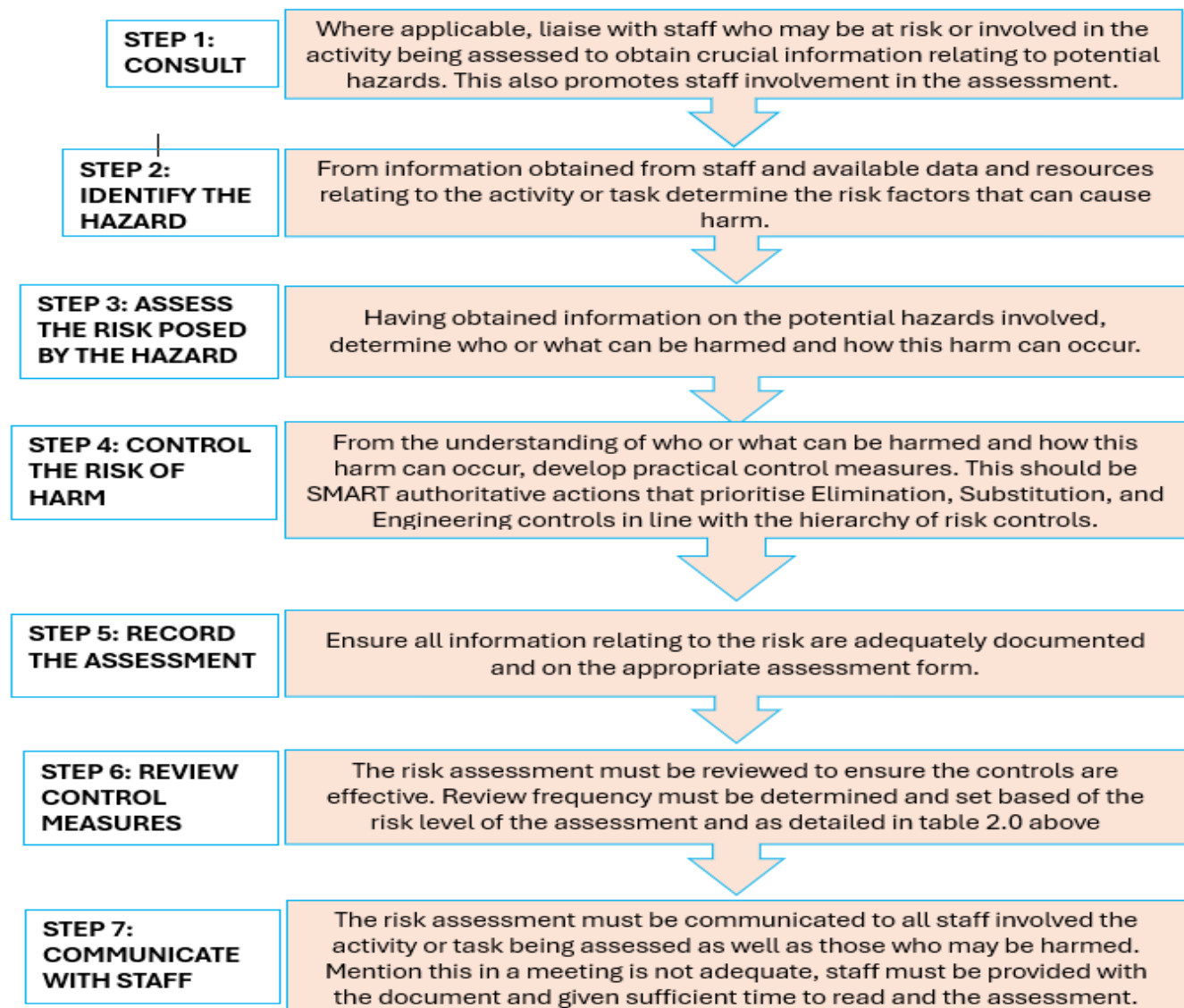
The assessment must be documented using the appropriate forms. It should not remain static; rather, it must be regularly reviewed and updated, particularly:

- when there are changes in work processes, equipment, environment or personnel (skills/competencies)
- when new information about potential hazards becomes available such as following an incident or accident.
- in line with the current risk score (risk score after controls) as detailed in the 'review frequency table' (refer to Table 2.0 above) of the Group H&S Risk Matrix.

This ensures that the assessment remains relevant and effective over time. Additionally, the risk score/impact should guide decisions on how frequently the risk assessment and its controls should be reviewed and what actions should be taken. For further details, refer to the 'Risk Matrix' in the Health & Safety Risk Assessment Form above

3.0 Step-By-Step Guide to Conducting a Risk Assessment

Adhere to the below steps and information detailed above in this protocol to undertake a health and safety risk assessment effectively, identify and apply practical controls, and make informed decisions to promote the health, safety and wellbeing of staff and patients:



TRUST HEALTH & SAFETY RISK ASSESSMENT FORM

Section A: Risk Assessment Title

PLEASE NOTE: The Service Manager/Matron has overall responsibility in ensuring the implementation of this risk assessment and completion/monitoring of further controls. All staff must ensure they adhere to control measures noted in this risk assessment.

Work activities/Risk Assessment Title:			
Division:		Risk Assessment Version Number:	
Location / Department/ Care Group/ Directorate:			
Who can be harmed: Employees (including Older and Young Workers, Volunteers and Students) - ☐ Patients - ☐ Vulnerable Groups (person with disability, expectant or new mothers) – ☐ Public/Visitor - ☐ Contractors - ☐			
Summary of the Risk (Including Hazards) – How can harm occur:			

SECTION B – Risk and Current Risk Score:

Risk(s):		Initial Risk Score: Risk Level Before Controls (Consequence x Likelihood) Extreme /High / Moderate /Low
1.		
2.		
3.		

SECTION C – Control Measures for Each Risk:

PLEASE NOTE: All 'High to Extreme Risks' must be escalated to Divisional Leadership to aid discussion and risk register escalation where required.

Control Measures (Use bullet points to list controls for each risk):		Current Risk Score (Risk level after Current Controls):
1.	•	
2.	•	
3.	•	

SECTION D – Further Control Required to Reduce Each Risk (where required only):

Further Controls for each Risk (where required, use bullet points to list further controls for each risk; if no further controls indicate 'No Further Control Required'):	Responsible Person:	Target Date	Date Completed
1. •			
2. •			
3. •			

SECTION E - Risk Assessment Date and Assessor Details:

PLEASE NOTE: The 'Next review date' below must be determined by the 'highest risk rating' in Section C above; refer to Section F below for guidance on review frequency of each risk rating.

Assessment Date		Next Review Date	
Prepared by (Name(s) & Role):			
Approved by (Name & Role):			
Reviewer Comment (to be updated with changes made during review):			

SECTION F: Risk Scoring Matrix

Risk Score Table:

Likelihood score	1	2	3	4	5
Consequence	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Risk Rating & Review Frequency Table:

1-3	Low Risk	Annual review of controls or sooner following change
4-6	Moderate Risk	9 Monthly Review of controls or sooner following change.
8-12	High Risk	6 Monthly Review of Controls or sooner following change.
>12	Extreme Risk	On-going or 3-Monthly Review of controls or sooner following change.

Likelihood (L) Table:

Likelihood score	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Descriptor	Not expected to occur for years or will probably never occur.	Expected to occur at least once a year or could occur given the right circumstances.	May occur occasionally or expected to occur up to once a month.	Will probably occur, however not a persistent issue or risk.	Likely to occur on many occasions; a persistent risk, possibly frequently.

Consequence (C) Table:

Level	Impact	Description of actual or potential impact on individual
5	Catastrophic	- Incident leading to death, multiple permanent injuries, severe, irreversible health effects or disability. - An event which impacts on a large number of staff/ patients/ visitors or contractors.
4	Major	- Injury leading to long-term incapacity. - Injury requiring medical intervention, hospital attendance or admission. - Injury requiring time off work for more than 7-days. - Incident requiring a RIDDOR notification to the HSE. - An event which impacts the Trust's operation.
3	Moderate	- Injury requiring time off work between 3 to 7 days. - An event which impacts on a small number of staff/patients / visitors or contractors. - An event which slightly impacts on the Trust's operation.
2	Minor	- Minor injury or illness, requiring minor intervention. - Requiring time off work for less than 3 days.
1	Negligible	Minimal injury requiring no/minimal intervention or treatment. No time off work

TRUST HEALTH & SAFETY RISK ASSESSMENT – VIOLENCE & AGGRESSION

Section A: Risk Assessment Title

PLEASE NOTE: The Service Manager/Matron has overall responsibility in ensuring the implementation of this risk assessment and completion/monitoring of further controls. All staff must ensure they adhere to control measures noted in this risk assessment.

Work activities/Risk Assessment Title:	Prevention of Harm Associated Violence & Aggression From Patients & Visitors		
Division:		Risk Assessment Version Number:	
Location / Department/ Care Group/ Directorate:			
Who can be harmed: Employees (including Older and Young Workers, Volunteers and Students) - ☒ Patients - ☒ Vulnerable Groups (person with disability, expectant or new mothers) – ☒ Public/Visitor - ☒ Contractors - ☒			
Summary of the Risk (Including Hazards) – How can harm occur: Detail brief description of the activities of your department or service here Violence and aggression towards Trust staff represent a significant occupational hazard, particularly in high-pressure and patient-facing environments. Such incidents may be verbal, physical, or psychological in nature, and can arise from patients, relatives, staff, or members of the public. The risk is heightened in settings such as emergency departments, mental health units, inpatient wards, and community care. Harm can occur from or result in physical assault, verbal abuse, threats, psychological trauma, stress, and anxiety. PLEASE NOTE THIS IMPORTANT INFORMATION: - The Trust baseline control measures detailed in Section C must be implemented as a minimum to eliminate or mitigate the hazards associated with this risk. Services must ensure these controls are in place and should include any additional existing hazards or controls relevant to their service. - Where further risk reduction additional measures are identified or needed, these must be detailed in Section D of this assessment and monitored for implementation and effectiveness.			

SECTION B – Risk/Hazard and Current Risk Score:

PLEASE NOTE: This standardised risk assessment provides a minimum baseline of hazards and control measures to support services in reducing violence and aggression and improving consistency, compliance, and staff safety.

Hazards:		Initial Risk Score: Risk Level Before Controls (Consequence x Likelihood) Extreme /High / Moderate /Low
1.	Physical or verbal assault including hitting, kicking, biting, spitting, pushing or use of objects as weapons, swearing, shouting, discriminatory language, intimidation or harassment, etc.	Detail risk level “ BEFORE ” control Here E.g. 3 x 2 = 6 (Moderate Risk).
2.	Aggression linked to mental health conditions, cognitive impairment, dementia or learning disability.	
3.	Escalation due to Waiting Times, Pain, Unmet Needs.	
4.	Violence and Aggression linked to Alcohol or Drug Misuse and withdrawal states.	
5.	Aggression from relatives, carers or visitors.	
6.	Failure to recognise early warning signs of agitation or escalating behaviour.	
7.	Environmental hazards (physical environment layout, restricted exits, blind spots, limited security emergency call bells, or reduced security presence)	

SECTION C – Control Measures for Each Risk:

PLEASE NOTE: All ‘High to Extreme Risks’ must be escalated to Divisional Leadership to aid discussion and risk register escalation where required.

Control Measures:		Current Risk Score (Risk level after Current Controls):
1.	Preventing Physical or verbal assault: - Service Manager/Matron should ensure all staff complete conflict resolution training at induction and undertake refresher as required, with compliance reviewed and reported on through monthly Divisional Governance Meetings. - Service Manager/Matron must ensure such behaviours from Patients are managed in line with the defined flowchart within the Management of Violence and Aggression Protocol in the Security Policy; the Red or Yellow card process must be implemented where applicable. - Where applicable, Matron should ensure that staff attend the IKON-Management of Challenging Behaviour training delivered by the Mental Health Team. - Nurse in Charge must ensure a dynamic risk assessment of patient behaviour is undertaken at the start of each shift and communicated at handover to all staff. - Ward Manager should ensure safe staffing levels are maintained and escalate deficits immediately in line with established Divisional escalation process. - Security Team must ensure response to emergency calls within locally agreed timeframes and attendance is recorded for audit purposes. - Department Manager must eliminate lone working in high risk clinical areas where reasonably practicable through rota design. - Staff must ensure all incidents of violence and aggression are reported on the incident system (Datix) before end of shift or within 24 hours; where this isn’t achievable the Ward Manager should ensure they report the incident. - Matron must ensure incidents are reviewed within 72 hours and themes escalated through established governance routes.	<i>Detail risk level</i> “AFTER” control Here E.g. 3 x 1 = 3 (Low Risk)
2.	Aggression linked to mental health conditions or cognitive impairment: - Clinical Staff should ensure applicable patients are assessed for cognitive impairment and behavioural risk within 4 hours of admission. - Nurse in Charge should ensure individualised care plans include triggers and de-escalation strategies for identified patients. - Ward Manager must ensure staff have access to dementia and mental health awareness training. - Staff must ensure consistent communication approaches are used and documented in care records. - Service/Ward Manager must ensure access to specialist support such as mental health liaison within agreed response times. - Matron must ensure high risk patients are reviewed through MDT discussion at least weekly or sooner if required or where risk escalates.	<i>Detail risk level</i> “AFTER” control Here E.g. 3 x 1 = 3 (Low Risk)
3.	Escalation due to Waiting Times, Pain, Unmet Needs: - Nurse in Charge must ensure patients are updated on delays as soon as possible and safe to do so, particularly in high flow areas. - Clinical Staff must ensure pain assessments are completed promptly and	<i>Detail risk level</i> “AFTER” control Here E.g. 3 x 1 = 3 (Low Risk)

	managed in line with clinical guidance. - Ward Staff must ensure regular rounding is undertaken to meet hydration, toileting, and comfort needs. - Service Manager where able to do so, must align staffing to peak demand periods using activity and incident data. - Team Leaders must ensure clear communication is in place to reduce confusion.	
4.	Violence and Aggression linked to Alcohol or Drug Misuse: - Nurse in Charge must ensure high risk patients are identified early and managed in appropriate clinical areas. - Security Team should provide a visible presence during identified risk or peak periods. - Medical Staff must ensure withdrawal and intoxication are managed in line with clinical protocols. - Matron must ensure repeat incidents or high-risk individuals are escalated and managed with partner agencies where required.	<i>Detail risk level</i> "AFTER" control Here E.g. 3 x 1 = 3 (Low Risk)
5.	Aggression from relatives, carers or visitors: - Matron must ensure visiting arrangements and behavioural expectations are clearly displayed. - Service Manager/Matron must ensure such behaviours from Patients are managed in line with the defined flowchart within the Management of Violence and Aggression Protocol in the Security Policy; the verbal warning and removal process must be implemented where applicable. - Nurse in Charge must intervene early where signs of escalation from visitors are identified. - Ward Manager must ensure controlled access arrangements are in place in high-risk areas. - Ward Manager must ensure staff are trained in managing difficult conversations.	<i>Detail risk level</i> "AFTER" control Here E.g. 3 x 1 = 3 (Low Risk)
6.	Failure to recognise early warning signs of agitation or escalating behaviour: - Ward Manager must ensure use of structured approaches – Management of V&A Protocol to identify and manage escalating behaviour. - Service Manager must ensure all staff complete training and are briefed on the Management of Violence and Aggression (MOVA) Protocol at induction and at least annually thereafter, including the Verbal Warning process. - Staff must apply the MOVA verbal warning process at the earliest safe opportunity where behaviours indicate potential escalation. - Nurse in Charge must ensure behavioural risks are discussed at every handover to aid staff awareness. - Staff must escalate concerns immediately to senior staff when changes in behaviour are observed. - Team Leaders must include high risk patients in safety huddles each shift. - Matron must ensure learning from incidents is shared through team briefings. - Clinical Leads must ensure behavioural risk is reviewed as part of supervision processes.	<i>Detail risk level</i> "AFTER" control Here E.g. 3 x 1 = 3 (Low Risk)

7.	Environmental hazards (physical environment layout, restricted exits, blind spots or reduced security presence): - Matron must ensure Department Security risk assessments are completed as required; refer to the Health & Safety Risk Assessment Protocol. - Matron should liaise with Estates to ensure furniture within the area can not be used and weapons in the event of an incident; where this cannot be eliminated it must be reduced to as low as is reasonably practicable. - Matron/ Ward Manager must ensure furniture layout allows staff safe exit from patient areas. - The Security Team must ensure CCTV coverage is appropriate and reviewed periodically for functionality. - Community staff must ensure alarm systems are carried where required and tested in line with local protocol. - Matron must ensure faults in alarms or security systems are escalated/reported promptly. - Where risk associated with the physical environment cannot be eliminated or safely controlled locally, the Matron must ensure this is escalated within the Division to aid risk register consideration.	<i>Detail risk level</i> "AFTER" control Here E.g. 3 x 1 = 3 (Low Risk)
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SECTION D – Further Control Required to Reduce Each Risk (where required only):

Further Controls for each Risk	Responsible Person:	Target Date	Date Completed
1. <i>Detail additional controls, if none indicate 'No Further Control'</i>			
2.			
3.			
4.			
5.			
6.			
7.			

SECTION E - Risk Assessment Date and Assessor Details:

PLEASE NOTE: The 'Next review date' below must be determined by the 'highest risk rating' in Section C above; refer to Section F below for guidance on review frequency of each risk rating.

Assessment Date		Next Review Date	
Prepared by (Name(s) & Role):			
Approved by (Name & Role):			
Reviewer Comment (to be updated with changes made during review):			

SECTION F – Risk Scoring Matrix:

Risk Score Table:

Likelihood score	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence					
5 Catastrophic	5	10	15	20	25
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3	Moderate	- Injury requiring time off work between 3 to 7 days. - An event which impacts on a small number of staff/patients / visitors or contractors. - An event which slightly impacts on the Trust's operation.
2	Minor	- Minor injury or illness, requiring minor intervention. - Requiring time off work for less than 3 days.

GROUP HEALTH & SAFETY RISK ASSESSMENT FORM

Section A: Risk Assessment Title

PLEASE NOTE: The Service Manager/Matron has overall responsibility in ensuring the implementation of this risk assessment and completion/monitoring of further controls. All staff must ensure they adhere to control measures noted in this risk assessment.

Work activities/Risk Assessment Title:	Prevention of Inoculation (Sharps and Splash) Injuries		
Division:	Division	Risk Assessment Version Number:	002
Location / Department/ Care Group/ Directorate:			
Who can be harmed: Employees (including Older and Young Workers, Volunteers and Students)- ☒ Patients- ☒ Vulnerable Groups (person with disability, expectant or new mothers) – ☒ Public/Visitor - ☐ Contractors - ☐			

Summary of the Risk (Including Hazards) – How can harm occur:

Employees and patients can be at risk of injury and infection from sharps (e.g. needles, scalpels, etc) and exposure to splashes (e.g. body fluid splashes during clinical and support activities, etc). These incidents carry the potential for serious health consequences, including transmission of blood-borne viruses such as Hepatitis B, Hepatitis C, and HIV. Sharps injuries may occur during use, post-use handling, or disposal of instruments (including during waste management activities), while splash injuries can occur during procedures involving blood or bodily fluids, or while cleaning contaminated surfaces or equipment etc.

Common hazards and scenarios associated with this risk are seen below, trust current control measures must be implemented to eliminate/mitigate this risk:

- **Use of Non-Safer Sharps:** Use of traditional sharp instruments without safety-engineered protection features increases the risk of injury during and after use.
- **Improper Disposal of Sharps/lack of accessible sharps disposal containers:** Inadequate or delayed disposal, overfilled bins, or absence of sharps containers at the point of use can lead to needlestick injuries.
- **Recapping of Needles:** Attempting to recap needles poses a high risk of accidental injury.
- **Patient Movement During Procedures:** Unexpected movements during injections or blood draws can lead to slips or injuries with sharps.
- **Lack of Personal Protective Equipment (PPE):** Failure to wear appropriate gloves, gowns, or eye protection during splash-risk activities increases exposure risk.
- **Splash Risks During Fluid Handling:** Exposure to blood or bodily fluids during specimen handling, suctioning, cleaning, or irrigation procedures can result in mucous membrane contact injuries.
- **Inadequate Training or Supervision:** New or untrained staff may mishandle sharps or lack awareness of safe systems of work.
- **Community or Lone Working:** In homecare or community settings, workers may not have access to immediate sharps disposal or clinical support, increasing risk.
- **Poor Lighting or Work Environment:** Cluttered or dimly lit work areas reduce visibility and can contribute to accidental injury.

PLEASE NOTE: The Service Manager is required to complete the tables (Non-safe & Safer Sharps Device) below, providing relevant information as requested. This list is not intended to be exhaustive; however, it is recommended to include the hotspot sharps devices currently in use within your department

Where a non-safe device is utilised for a procedure that could be safely performed using a safer alternative, subject to its availability, the non-safe device must be withdrawn from use and eliminated from the department.

Below is a list of common non-safer sharps devices used within the department (a comprehensive list of all sharps devices procured within the Trust is available with the and Procurement and Health & Safety Departments):

Non-Safe Sharps Device		Summary of Use	Safe Alternative Available – Yes/No:
Brand:	Device Type:	<i>Detail as necessary</i> <i>To be confirmed by manager or responsible person</i>	<i>Detail as necessary</i> <i>To be confirmed by manager or responsible person</i>

Below is a list of common 'safer' sharps devices; although these are considered safe due to the presence of a safety feature, they can often influence an injury if used incorrectly (safety feature deployed incorrectly):

Safer Sharps Device		Summary of Use	
Brand:	Device Type:	<i>Detail as necessary</i> <i>To be confirmed by manager or responsible person</i>	<i>Detail as necessary</i> <i>To be confirmed by manager or responsible person</i>

SECTION B – Risk and Current Risk Score:

Hazards:		Initial Risk Score: Risk Level Before Controls (Consequence x Likelihood) Extreme /High / Moderate /Low
1.	Injury or ill-health associated with the use of non-safer sharps and safer sharps devices (including during the activation of safety mechanisms and splashes).	<i>Manager to input risk level before control E.g. Moderate (6).</i>
2.	Exposure to splash hazards	<i>Manager to input risk level before control E.g. Moderate (6).</i>

SECTION C – Control Measures for Each Risk:

PLEASE NOTE: All 'High to Extreme Risks' must be escalated to Divisional Leadership to aid discussion and risk register escalation where required.

CURRENT CONTROLS: THE CONROLS OUTLINED REPRESENTS THE MINIMUM REQUIREMENT SET BY THE TRUST FOR ALL APPLICABLE SERVICES TO IMPLEMENT. THIS ENSURES CONSISTENCY IN PREVENTING INOCULATION INJURIES. ANY ADDITIONAL CONTROL SHOULD BE DETAILED IN SECTION D BELOW.		Current Risk Score (Risk level After Current Controls):
1.	Use & Provision of Sharps Devices: - All staff must ensure they adhere to all controls within this risk assessment. - The Service Manager/Matron should ensure that where available and safe to do so alternative safer devices are provided and utilised and that non-safer devices are removed.	<i>Manager to input risk level after control E.g. Low (3).</i>

- Where applicable and appropriate, staff should ensure the use of needle-less intravenous or needle free connectors.
- Where appropriate and safe to do so, staff should consider eliminating repeated or use of sharps devices to administer medication where oral medication is available.
- Where appropriate, staff should ensure the use of blunt needles for the purpose of drawing up medications. Staff are advised against the use sharp devices for this activity to aid their safety, blunt devices should be used for this activity where appropriate.
- All staff must comply with the below safety rules when handling any sharps device:
 - Only unsheathe a needle when ready for the procedure,
 - Needles must not be re-sheathed,
 - Needle holders must be used during loading and dismantling surgical blades,
 - Suture holders must be used when handling sutures,
 - Walking whilst holding an un-sheathed needled is prohibited,
 - Sharps must be passed using a safe equipment such as a kidney dish or a similar device,
 - Where safe and appropriate, sharps bins must be provided in close proximity of the procedure or at point of use,
 - Devices must only be used for their intended purpose,
 - Avoid opening devices that are not required to minimise unnecessary extras,
 - Ensure the use of Personal Protective Equipment (PPE) during work-activities such as wound irrigation etc. PPE may include single use gloves, aprons, safety goggles, face mask, visors etc.
- In the event where a patient becomes anxious/agitated, or is known to be anxious when in contact with sharps and where they are conscious during a clinical operations staff must ensure:
 - The patient is communicated with on the activity being carried out,
 - Staff must ensure they observe for signs of agitation which may lead to injury, stop the operation and request support from senior colleagues,
 - Staff must consider not engaging in the clinical activity should they deem the activity unsafe due to patient agitation.

Activating Safer Sharps Mechanisms:

- The Service Manager/Matron should ensure that where there are multiple safer sharps device present and with distinct safety features, training on safely activating each type of device should be in place as mechanisms may be different. All staff should be trained on safe activation.
- Where applicable, if there are multiple safer sharps device intended for the same purpose, the service should liaise with the Procurement Team to aid the provision of a single device. This will eliminate the need for different types of training.

Safe Disposal of sharps devices:

- The Service Manager/Matrons should ensure that sufficient sharps bins/containers are provided and that these meet the required standard British Standard (BS EN).
- All staff should ensure that sharps are disposed in the appropriate bins.
- All staff must ensure all sharps are disposed at point of use, therefore must not travel to area the of disposal. This can be achieved by taking a sharps container to the operation or point of use.
- The Service Manager/Matrons should ensure that sharps bins are assembled correctly by competent personnel; these must be signed and labelled with the date of assembly.

	• Staff must ensure sharps bins/containers are not overly filled. • Full sharps containers must be closed securely and kept away from public access until collected for safe disposal. • Where there are team who attend patient own home and carry out sharps' activities, the Service Manager/Matron must ensure they are provided with appropriate sharps containers. Training Requirement (Including provision of Information & Instruction): • The Service Manager/Matrons must ensure that all staff receive mandatory Infection Prevention & Control (IPC) and Sharps training on induction into the department; refresher training should also be provided when required. Evidence of competence should be available upon request. • All staff must adhere to this risk assessment and the content of their trainings. • The Service Manager/Matrons will ensure safe disposal and evaluation of sharps incidents is an agenda item of all team meetings where appropriate to aid continuous education on safe use and disposal and learning from any incidents. • All staff must adhere to all applicable policies and Safe Systems of Work. Incident Statistic Monitoring • The Health & Safety, Infection Prevention & Control (IPC), and Occupational Health & Wellbeing (OHWB) Teams ensure ongoing collaboration to evaluate and analyse incident trends, with the aim of supporting learnings and improvements. This is also reported and scrutinised by the Infection Prevention Committee and the Sharps Safety Committee. • All staff have access to OHWB and the Emergency Department for evaluation and treatment where required following a sharps injury. • All staff must ensure all sharps and splash incidents (including near-misses) are reported on the Datix system. Incident Investigation: • The Service Manager/Matron is required to ensure that all sharps' incidents are investigated and the sharps investigation tool completed to support improvements. Vaccination & Provision of Safe System of Work (SSOW): • The Service Manager/Matron is required to ensure the development of a Safe System of Work (SSOW) for their operational activities, where necessary and practicable. Particular attention should be given to devices or procedures that have been associated with a higher incidence of incidents or are considered high risk. The SSOW must be communicated effectively to all relevant staff to promote risk awareness and must be regularly monitored to ensure compliance. • All staff are strongly advised to undertake vaccinations as provided to ensure their safety should incidents occur.	
2.	• All staff must ensure they adhere to the use of PPE appropriate for the task/procedure to prevent splash exposure. • All staff are required to adhere to the Standard Precautions noted within the IPC policy which is aligned to the National IPC manual (click link to access). • All staff must ensure they take due care of their health and safety and that of others when engaging in inoculation prone activities.	<i>Manager to input risk level after control</i> <i>E.g. Low (3).</i>

SECTION D – Further Control Required to Reduce Each Risk (where required only):

Further Controls for each Risk (where required, use bullet points to list further controls; if no further controls indicate 'No Further Control Required'):		Responsible Person:	Target Date	Date Completed
1.	• <i>Detail additional controls, if none indicate 'No Further Control'</i>			
2.	• <i>Detail additional controls, if none indicate 'No Further Control'</i>			
3.	• <i>Detail additional controls, if none indicate 'No Further Control'</i>			
4.	• <i>Detail additional controls, if none indicate 'No Further Control'</i>			
5.	• <i>Detail additional controls, if none indicate 'No Further Control'</i>			

SECTION E - Risk Assessment Date and Assessor Details:

PLEASE NOTE: The 'Next review date' below must be determined by the 'highest risk rating' in Section C above; refer to Section F below for guidance on review frequency of each risk rating.

Assessment Date	<i>Detail date of assessment</i>	Next Review Date	<i>Detail date of review based on risk level as required</i>
Prepared by (Name(s) & Role):	<i>Detail your name and role</i>		
Approved by (Name & Role):	<i>Detail as appropriate</i>		
Reviewer Comment (to be updated with changes made during review):	<i>Detail any comments you may have, for example – indicate sections updated etc.</i> <i>If there are no comments to add, simply detail 'No Comments'</i>		

SECTION F: Risk Scoring Matrix

Risk Score Table:

Likelihood score	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence					
5 Catastrophic	5	10	15	20	25
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Risk Rating & Review Frequency Table:

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Likelihood (L) Table:

Likelihood score	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Descriptor	Not expected to occur for years or will probably never occur.	Expected to occur at least once a year or could occur given the right circumstances.	May occur occasionally or expected to occur up to once a month.	Will probably occur, however not a persistent issue or risk.	Likely to occur on many occasions; a persistent risk, possibly frequently.

Consequence (C) Table:

Level	Impact	Description of actual or potential impact on individual
5	Catastrophic	- Incident leading to death, multiple permanent injuries, severe, irreversible health effects or disability. - An event which impacts on a large number of staff/ patients/ visitors or contractors.
4	Major	- Injury leading to long-term incapacity. - Injury requiring medical intervention, hospital attendance or admission. - Injury requiring time off work for more than 7-days. - Incident requiring a RIDDOR notification to the HSE. - An event which impacts the Trust's operation.
3	Moderate	- Injury requiring time off work between 3 to 7 days. - An event which impacts on a small number of staff/patients / visitors or contractors. - An event which slightly impacts on the Trust's operation.
2	Minor	- Minor injury or illness, requiring minor intervention. - Requiring time off work for less than 3 days.

TRUST MANUAL HANDLING OF “INANIMATE LOAD” RISK ASSESSMENT TEMPLATE

ACTIVITY BEING ASSESSED:		DIVISION:	
LOCATION(S) OF ACTIVITY:		DEPARTMENT:	

PART 1 – GUIDANCE FOR ASSESSOR

INTRODUCTION

This risk assessment process for assessing inanimate load handling activities with Trust applicable operations is aligned with the Manual Handling Operations Regulations 1992 and Health and Safety Executive guidance.

The assessment process aims to evaluate risks associated with manual handling of inanimate load using the TILEE framework: Task, Individual, Load, Environment, & Equipment.

The purpose of the assessment is to determine whether the manual handling activity **can be avoided, reduced, or controlled** to so far as is reasonably practicable. Avoidance of manual handling must always be considered as a priority as it eliminates the risk of Musculoskeletal Injuries.

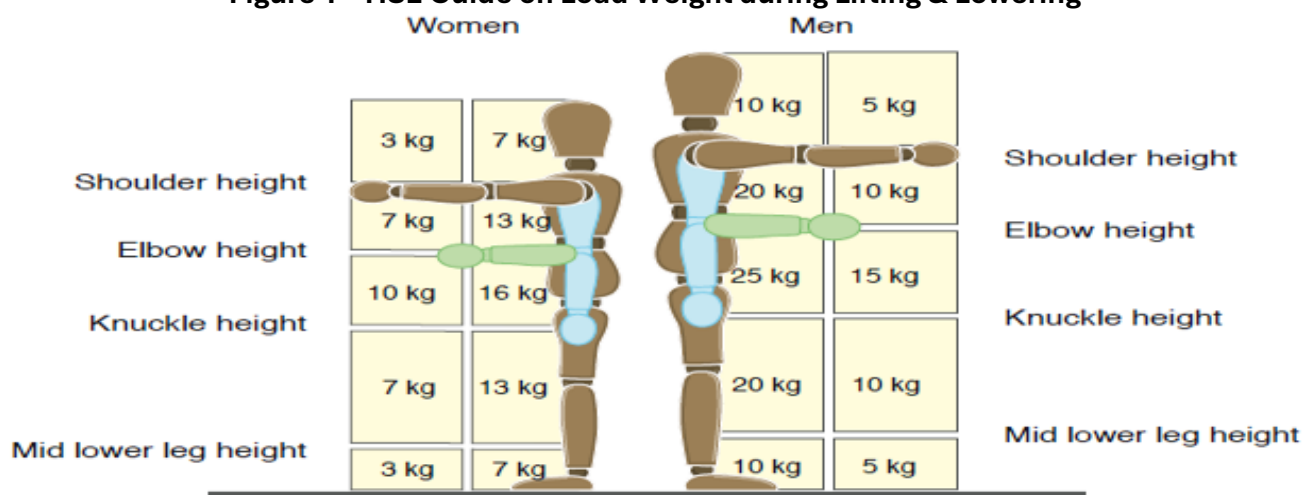
AVOIDING AMBIGUITY ON WEIGHT DESCRIPTION (WHAT IS CONSIDERED AS HEAVY?)

The numerical guideline weights shown in Figure 1 are provided by the Health and Safety Executive (HSE). They represent approximate filter values designed to help identify lifting and lowering operations that may present a lower risk of injury, when undertaken under favourable conditions, including appropriate hand position, posture, and a handling frequency of up to 30 lifts per hour.

It is important to recognise that these figures are **not safe weight limits** and do not represent maximum allowable loads. Manual handling risk is influenced by multiple elements; loads may therefore exceed these guideline values only where a suitable and sufficient risk assessment demonstrates that the task can be carried out safely.

Lifting and lowering operations involving loads that exceed the relevant HSE guideline value by more than a factor of approximately two should be subject to **very close scrutiny**, even when undertaken by fit and well-trained individuals, as such tasks may represent a significantly increased risk of injury.

Figure 1 – HSE Guide on Load Weight during Lifting & Lowering



RISK AVOIDANCE AND REDUCTION CHECKLIST FOR ASSESSOR TO INDICATE WHERE APPLICABLE

Please Note: Before completing the detailed assessment consider whether the task can be avoided or reduced; if any of the above ‘other than eliminating the task or activity’ can be implemented, record the control and continue the assessment to evaluate other areas of the manual handling activity.

Can the task or activity be eliminated entirely	Yes ☐	No ☐
Can mechanical assistance be used such as trolley pallet truck lift table hoist or powered device	Yes ☐	No ☐
Can the load be reduced in size or weight	Yes ☐	No ☐
Can the storage location be changed to remove lifting from floor level or above shoulder height	Yes ☐	No ☐
Can the task be redesigned to remove twisting bending or carrying	Yes ☐	No ☐

PART 2 – RISK ASSESSMENT OF THE TASK/ACTIVITY

SECTION A - DYNAMIC RISK CHECK FOR STAFF UNDERTAKING THE TASK/ACTIVITY

Staff Undertaking Manual Handling Activities Please Note: Before undertaking pushing, pulling, or lifting of any load, staff should quickly consider the following 6 questions:

Is the pushing, pulling, or lifting necessary?	Is the load involved too heavy or physically strenuous?
Can assistance be obtained?	Can you maintain good vision around you during handling?
Is the route clear and well lit?	Is suitable equipment available and in use?

SECTION B – OBTAINING INFORMATION ON THE TASK/ACTIVITY

Consult with staff undertaking the activity and describe how it is undertaken (<i>please include distance of travel with load where applicable</i>):			
What is the weight of the load:		Is the load heavy on one side	Yes ☐ No ☐
Where practicable and able to do so, provide photographs of the task location/ area layout and any associated equipment involved:	<i>please insert images here</i>		
Appropriate training has been provided to all staff undertaking the task (<i>if yes, indicate and specify</i>):	☐ Yes, please indicate all that apply below:		☐ No (if no, a further/ additional control must be detailed to aid training provision)
	☐ eLearning	☐ Role/Task Specific	
	☐ Other (please specify):		
Where applicable, can you evidence that equipment/machinery inspections and maintenance are current:	☐ Yes (evidence can be provided if required)	☐ No (if no, a further/additional control must be detailed to ensure routine safety inspection and maintenance arrangement are in place)	☐ N/A (No equipment Required)

SECTION B – INTERPRETING THE RISK LEVEL

Please Note: The risk level of the assessment is determined using the **RAG** rating model illustrated below; this will support in assigning the risk level for **each** manual handling risk element assessed in SECTION C.

POINT FOR EACH ELEMENT	Risk Level	RAG	RISK INTERPRETATION	REQUIRED ACTION BY ASSESSOR
7 points and above	High	RED	The activity presents a significant manual handling risk and may result in injury if undertaken as currently designed.	The task must not proceed until risk reduction measures are implemented. Specialist advice from health and safety and ergonomics specialists should be obtained.
4 to 6 Points	Moderate	AMBER	There is increased risk of musculoskeletal injury and improvements should be considered and made.	Review the task and introduce further/additional controls as required. Health and safety advice should be sought.
0 to 3 Points	Low	GREEN	The element presents limited manual handling; however, a minimum of current controls is required.	Record existing/current controls and ensure the assessment is shared with all applicable staff.

SECTION C – THE ASSESSMENT (INANIMATE LOAD MANUAL HANDLING RISK FACTORS)

Please Note:

- Each risk element below is accompanied by hazard-related questions. These are scored as follows:
 - ‘No and N/A’ responses each attract 0 point respectively.
 - ‘YES’ responses attract between 1 and 3 points, based on the level of concern:
 - 1 = Low Concern
 - 2= Moderate Concern
 - 3= High Concern.
- A YES response indicates a potential for harm. The allocation of points should therefore be based on the assessor’s judgement of the level of concern (low, moderate, or high) and the likelihood that the hazard could result in injury
- Where the RAG rating for any element is assessed as LOW, appropriate control measures for the relevant hazard question(s) must still be identified, documented, and communicated to staff undertaking the task.

RISK ELEMENT 1: THE TASK			
Does the Task Involve:	Risk (Yes/No)		POINTS
Holding the load away from the body	Yes ☐	No ☐	
Twisting of the trunk during lifting or carrying	Yes ☐	No ☐	
Stooping or bending during handling	Yes ☐	No ☐	
Lifting from floor level	Yes ☐	No ☐	
Lifting above shoulder height	Yes ☐	No ☐	
Large vertical movement of the load	Yes ☐	No ☐	
Carrying the load more than ten metres	Yes ☐	No ☐	
Strenuous pushing or pulling	Yes ☐	No ☐	
Unpredictable load movement	Yes ☐	No ☐	
Frequent or repeated handling	Yes ☐	No ☐	
Handling for more than two consecutive hours in a shift	Yes ☐	No ☐	
Insufficient recovery time between lifts	Yes ☐	No ☐	
TOTAL POINTS FOR TASK:			
RAG FOR TASK:			

RISK ELEMENT 2: THE INDIVIDUAL			
Does the task:	Risk (Yes/No)		POINTS
Require more than one individual to handle safely	Yes ☐	No ☐	
Require unusual strength or size	Yes ☐	No ☐	
Pose limited ability to self-pace or driven by staffing constraints	Yes ☐	No ☐	
Requires reaching at height to position or manoeuvre the load, creating a risk of overstretching or awkward access for shorter individuals	Yes ☐	No ☐	
Pose additional risk to new or expectant mothers	Yes ☐	No ☐	
Pose risk to staff with existing musculoskeletal injury	Yes ☐	No ☐	
Pose risk to staff with other relevant health condition or injury	Yes ☐	No ☐	
Require specific competence or training for the task	Yes ☐	No ☐	
Require specific instruction such as a Standard Operating Procedure (SOP) or Safe System of Work (SSOW)	Yes ☐	No ☐	
Require use of personal protective equipment that may restrict posture, grip, or movement during handling	Yes ☐	No ☐	
TOTAL POINTS FOR INDIVIDUAL:			
RAG FOR INDIVIDUAL:			

RISK ELEMENT 3: THE LOAD			
Is the Load:	Risk (Yes/No)		POINTS
Heavier than HSE guideline on lifting and lowering weights illustrated in Figure 1 (in page 1) above	Yes ☐	No ☐	
Bulky or difficult to keep close to the body	Yes ☐	No ☐	
Difficult to grasp or lacking suitable handles	Yes ☐	No ☐	
Unstable or contents likely to shift	Yes ☐	No ☐	
Is no more than approximately 25kg for men and 16kg for women	Yes ☐	No ☐	
Required to be stored, kept, or manoeuvred above shoulder height.	Yes ☐	No ☐	
Likely to obstruct or prevent the handler's vision or direction of travel when handled (for example, when loaded into a caged trolley)	Yes ☐	No ☐	
Likely to prevent others such as patients, visitors, or staff in the area from seeing the load handler during pushing, pulling or carrying	Yes ☐	No ☐	
Capable of causing injury due to likelihood of containing sharps devices or materials	Yes ☐	No ☐	
Capable of causing injury due to likelihood of being hot	Yes ☐	No ☐	
Capable of causing injury due to likelihood of being extremely cold	Yes ☐	No ☐	
Capable of causing injury due containment of substances that can be hazardous or dangerous to health	Yes ☐	No ☐	
TOTAL POINTS FOR LOAD:			
RAG FOR LOAD:			

RISK ELEMENT 4: THE ENVIRONMENT			
Are there environmental constraints such as:	Risk (Yes/No)		POINTS
Restricted space preventing good posture	Yes ☐	No ☐	
Uneven or damaged flooring	Yes ☐	No ☐	
Slopes or changes in level	Yes ☐	No ☐	
Slippery floors	Yes ☐	No ☐	
Obstructions in the route such as equipment, beds, or furniture	Yes ☐	No ☐	
Poor lighting	Yes ☐	No ☐	
Temperature, wind or rain, ventilation or humidity problems	Yes ☐	No ☐	
Non-automatic doors	Yes ☐	No ☐	
Tight or narrow corners	Yes ☐	No ☐	
Congested corridors	Yes ☐	No ☐	
Storage above shoulder height or below knee height	Yes ☐	No ☐	
Requirement to push loads through fire doors or ramps	Yes ☐	No ☐	
TOTAL POINTS FOR ENVIRONMENTAL:			
RAG FOR ENVIRONMENTAL:			

RISK ELEMENT 5: THE EQUIPMENT				
Does the equipment present any of the following risk:	Risk (Yes/No)			POINTS
Equipment is unsuitable for the task or load dimensions	Yes ☐	No ☐	N/A ☐	
Where applicable, handle height is unsuitable for safe manoeuvring				
Safe Working Load (SWL) is not clearly displayed, for example, 50kg	Yes ☐	No ☐	N/A ☐	
Equipment is unsuitable for the route of travel or environment				
Where applicable, wheels are not functioning correctly or are unsuitable for the flooring surface	Yes ☐	No ☐	N/A ☐	
Where applicable, brake mechanism is not functioning correctly	Yes ☐	No ☐	N/A ☐	
Where applicable, training for safe use is not provided or in place	Yes ☐	No ☐	N/A ☐	
Where applicable, equipment can cause collision or entrapment injury	Yes ☐	No ☐	N/A ☐	
TOTAL POINTS FOR EQUIPMENT:				
RAG FOR EQUIPMENT:				

SECTION D: CURRENT CONTROLS

Please Note: Record the control measures already in place, this should be targeted at questions with points from SECTION C.

RISK ELEMENT	Control Measures
TASK	•
INDIVIDUAL	•
LOAD	•
ENVIRONMENT	•
EQUIPMENT	•

SECTION E: FURTHER/ADDITIONAL CONTROL

Please note: Where moderate or high risk is identified further control measures must be identified and implemented.

FURTHER/ADDITIONAL CONTROL	Applied	Action Required	Responsible Person (Name/Role)	Target Date
TASK REDESIGN (<i>Can the load be supplied differently?</i>):	☐	•		
MECHANICAL ASSISTANCE OR AID:	☐	•		
TRAINING, INFORMATION, SUPERVISION OR STAFF ROTATION	☐	•		
PROVISION OF SUITABLE PPE:	☐	•		
OTHER	☐	•		

SECTION F: ASSESSMENT DATE AND ASSESSOR DETAILS

Please Note: The assessment review date must be set as follows:

- where there are changes to the task, equipment, or staff involved in the activity, or following any incident or injury related to the manual handling task; or
- where any element of the assessment is rated **Moderate or High (Amber or Red)**, the review date must be within six months of the assessment date.

Risk Assessment Version Number:		Risk Assessment Date:		Risk Assessment Review Date	
Assessor Name & Role:					
Approved by (Name & Role):					
Reviewer Comment (to be updated with changes made during review):	•				

First Aid Needs Assessment (FANA) Questionnaire

This assessment has been developed in accordance with *The Health and Safety (First-Aid) Regulations 1981*. Its purpose is to evaluate the first aid requirements across all services and departments both clinical and non-clinical within the Trust. Some useful definitions include:

- **First Aider** – An individual who has successfully completed a recognised first aid qualification.
- **EFAW (Emergency first aid at work)** – A recognised first aid qualification that enables a first aider to provide emergency first aid to someone who is injured or becomes ill while at work.
- **First Aid Appointed Person** – An individual responsible for overseeing basic first aid arrangements and maintaining first aid equipment and supplies. Please note that a First Aid Appointed Person is **not** a qualified first aider. **See pg. 4 below** for the responsibilities of a First Aid Appointed Person.

PLEASE NOTE: Upon completion, a copy of this assessment should be sent via email to the Health and Safety Team.

- For the Walsall Healthcare NHS Trust Health and Safety Team: health.safety2@nhs.net
- **For the Royal Wolverhampton NHS Trust Health and Safety Team: rwh-tr.healthandsafetyteam@nhs.net**

ASSESSOR DETAILS	
Name & Role of Assessor:	Date of assessment:
Division:	Service/Department:
Directorate/ Care Group:	Area/ location covered:

PLEASE NOTE: THIS ASSESSMENT MUST BE COMPLETED/REVIEWED ANNUALLY

All questions in each section below should be answered by marking the appropriate box (Yes or No). Based on your responses, the guidance notes will identify your specific first aid requirements according to the level of risk and the number of staff within your service. **The guidance note will also indicate whether you require a First Aid Appointed Person, or both an Appointed Person and a qualified First Aider.**

SECTION 1 – Services or Departments with Health Professionals Exempt from requiring a First Aid Qualification		
Assessment Question	Response YES/NO	Guidance Notes & First Aid Requirement
Is the service or department located in a clinical area where any of the following professionals are available or present: ☐ - medical doctors registered with the General Medical Council (GMC)? ☐ - nurses registered with the Nursing and Midwifery Council (NMC)? ☐ - paramedics registered with the Health and Care Professions Council (HCPC)?	YES ☐	Provided they can demonstrate current knowledge and skills in first aid, the training and experience of their role qualifies them to administer first aid in the workplace without the need to hold a first-aid qualification. Therefore, the service/department does not require a trained first aider, however, a First-Aid Appointed Person(s) must be appointed and available during every shift or working periods.
	NO ☐	Continue to Section 2 below.

SECTION 2 – Services or Departments with ‘No’ Health Professionals Exempt from requiring a First Aid Qualification

Assessment Question	Response YES/NO	Guidance Notes
a) Does the service or department undertake moderate-to high-risk activities, such as any of those listed below? (Please indicate as appropriate in the box provided.): ☐ - workshop activities (e.g., those involving working with dangerous chemical or machineries such as plantroom and prosthetics work activities etc)? ☐ - working in confined spaces? ☐ - Laboratory activities (e.g., those associated with substances hazardous to health)? ☐ - Catering activities? ☐ - Transport activities (e.g., tug driving, delivery services, vehicle mechanical garage activities etc)?	YES ☐	Continues to question b below Please Note: Where work activities involve hazardous chemicals or high-risk locations such as confined spaces, employees must be provided with additional training on the associated hazards.
	NO ☐	Continue to Section 3 below.
b) For services or departments engaged in moderate- to high-risk activities as outlined above, what is the maximum number of staff present at any one time? Please Note: Based on your response, the guidance notes section set out your first aid requirements. These requirements must be implemented.	☐ - Fewer than 5 staff on duty	Only a First aid <u>appointed person</u> is required at any one time.
	☐ - 5 to 50 staff on duty	At least 1 <u>EFAW qualified first aider</u> required at any one time.
	☐ - Greater than 50 on duty	One <u>EFAW qualified first aider</u> required for every 50 staff count at any one time.

SECTION 3 – Other Services or Departments Considered as Low Risk Based on Their Work-Activities

Assessment Question	Response YES/NO	Guidance Notes
For services or departments not specified in section 1 and 2 above (such as office staff etc.), what is the maximum number of staff present at any one time? Please Note: Based on your response, the guidance notes section set out your first aid requirements. These requirements must be implemented.	☐ - Fewer than 25 staff on duty	Only a First aid <u>appointed person</u> is required at any one time.
	☐ - 25 to 50 staff on duty	At least 1 <u>EFAW qualified first aider</u> required at any one time.
	☐ - Greater than 50 on duty	One <u>EFAW qualified first aider</u> required for every 50 staff count at any one time.

Section 4 – Further Information on First Aid Provision

Assessment Question	Response	Guidance Note
a) Where required, how many qualified first aiders have been identified as necessary for the service or department?	Indicate Number of First Aiders Required Here:	Where a need for first aiders has been identified but no trained first aider is currently in place, please record this as an action in Section 5 below.

PLEASE NOTE: The Service or Department must ensure that a first aid kit, compliant with BS 8599-1:2019, is provided wherever required; liaise with the Procurement Team for provision. The First Aid Appointed Person is responsible for regularly checking and maintaining the kit's contents.

[illegible]

RESPONSIBILITIES OF A FIRST-AID 'APPOINTED PERSON'

(NOT A CERTIFIED FIRST AIDER)

Purpose of the Role:

The First Aid Appointed Person plays a key role in supporting the organisation's compliance with health and safety legislation. They are responsible for overseeing basic first aid arrangements, ensuring that emergency procedures are followed, and maintaining first aid equipment and supplies. This role is essential in all services or department, including those where the first aiders are either required or in place.

Key Responsibilities:

- **Take charge during first aid emergencies:**

- Respond appropriately when someone becomes ill or is injured at work.
- Ensure that emergency services are contacted promptly when needed.

- **Oversee first aid equipment and facilities:**

- Monitor and maintain the contents of first aid kits.
- Ensure first aid supplies are available and replenished as needed.
- Check that signage and equipment are clearly visible and accessible.

- **Support compliance with first aid arrangements:**

- Help implement the outcomes of the First Aid Needs Assessment.
- Assist in coordinating appropriate coverage during working hours.

- **Record keeping (if applicable):**

- Report incidents as required on DATIX or to the Health & Safety Team.

- **Communication and liaison:**

- Liaise with the Health & Safety team on any issues or gaps in first aid provision.
- Ensure all staff are aware of first aid arrangements and how to seek assistance when required.

Key Skills and Attributes:

- Calm, and proactive under pressure.
- Good organisational and communication skills.
- Understanding of basic health and safety principles.
- Ability to follow procedures accurately.

Training Requirements:

- No formal first aid training is required for this role. However, basic health and safety awareness is beneficial.
- If first aid training has been completed, the role may be expanded in accordance with the individual's qualification level.

YOUNG PERSONS 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 Assessment		
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	

Date of Assessment	
Date of Review	

Please retain in your departmental Work Experience folder/file.

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 ☐
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Overall Risk High Medium Low

Category	High ☐	Medium ☐	Low ☐
Type	Initial Assessment ☐	Re-assessment ☐	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

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.
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DBS Recommendation	Yes ☐	No ☐
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Ref No	Insurance
1	1
2	2
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100	100

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 ☐
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EBP Quality Assurance Sample Check (for internal use)

Name	Job Title	Date
------	-----------	------

Ref No		
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 to Young 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?	

Ref No		
6 Work equipment and machinery		
6.1	Is machinery and work equipment provided to the appropriate standards, including appropriate guards and other control measures?	Yes/No Comments/Actions
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?	Yes/No Comments/Actions
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?	Yes/No Comments/Actions
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?	Yes/No Comments/Actions
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		
	Does there appear to be a HIGH MEDIUM LOW level of risk associated with the placement occupational context?	High/Med/Low Comments/Actions
	Does there appear to be a HIGH MEDIUM LOW level of risk associated with the Employer's compliance and understanding of Health & Safety issues?	Overall recommendation for page 1 (LOW-3 yrs., MED-2yrs., HIGH-1 yr. Unsuitable)

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

GHS01 - Protocol 2: Health & Safety Incident Reporting & Investigation

Author:	Christian Iroh, Group Specialist Head of Health & Safety
Associated Policy:	Group Management of Health & Safety – GHS01
Date:	June 2026
Review Date:	June 2029

1.0 Health & Safety Incident Reporting

1.1 All employees shall have access to the Group's incident reporting system and must report all incidents and near misses as soon as possible using the incident reporting system and in accordance with the Incident Reporting Policy.

1.2 RIDDOR refers to the Reporting of Injuries, Diseases and Dangerous Occurrence Regulation, which requires certain incidents to be reported to the HSE. Line Managers and Incident Handlers are responsible for notifying the Health and Safety Team of any RIDDOR reportable event within their areas of operation, either via the incident reporting system or by emailing the team directly to ensure prompt awareness. Where an email has been used to notify the Health and Safety Team, the reporter must ensure the incident is also reported on the incident reporting system.

Failure to report RIDDOR incidents within the required timeframe will place the Trust at risk of regulatory breach. Refer to [GHS01 Appendix 2a – RIDDOR Frequently Asked Questions](#) and [2b – RIDDOR Reporting Guide for Patient-Falls](#) for full guidance on RIDDOR reportable incidents and answers to RIDDOR frequently-asked-questions.

Only the Health and Safety Team shall report RIDDOR related incidents to the HSE. Therefore, Incident Handlers and Line Managers must engage promptly with the Health and Safety Team to ensure compliance with statutory reporting timeframes. [GHS01 Appendix 2c \(Suspected RIDDOR Notification Form\)](#), should be used to provide the details of the incident and person(s) involved as this will aid reporting where the reporting threshold has been met.

2.0 Health & Safety Incident Investigation

2.1 Learning from incident investigations shall occur at both local and organisational levels. Incident investigations must be undertaken locally and, where required, the Health and Safety Team may provide input and guidance or may lead on investigations, particularly for serious incidents or those with the potential for significant harm.

2.2 Learning points shall be shared across the Group to support continuous improvement. The Health and Safety Team shall undertake Group-wide trend analysis of incidents and present findings to the Health and Safety Steering Group to support organisational learning and risk awareness.

2.3 [GHS01 Appendix 2d](#) includes the template to be used for health and safety related incident investigation. Specific risk categories such as Inoculation (Sharps and Splash) incidents and Violence and Aggression incidents are to be investigated using designated investigation tools as specified by their associated policies (Security Policy and Sharps Policy); these specified investigation tools are seen in GHS01 Appendix 2e & 2f; these specified investigation tools are seen in [GHS01 Appendix 2e – V&A Incident Investigation Form](#) & [Appendix 2f – Sharps Incident Investigation Form](#).

2.4 Service Managers, Incident Handlers, and Line Managers must engage with the Health and Safety Team or other specialist teams where required to ensure thorough investigations are carried out and learnings obtained. They shall also ensure that findings and recommendations are implemented promptly and where reasonably practicable to prevent incident recurrence.

2.5 Specialist teams such as Estates Maintenance, Security, IPC, Fire Safety, Waste Management, Manual Handling etc., must ensure that all incidents related to their area of responsibility are properly investigated. These teams are responsible for implementing and monitoring local processes and key performance indicators (KPIs) through appropriate governance channels. They must also provide assurance reports to the Health and Safety Steering Group to support awareness, effective discussion, evaluation, and continuous improvement.

GHS01 APPENDIX 2A: RIDDOR REPORTING GUIDE & FREQUENTLY ASKED QUESTIONS

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 is a statutory instrument made under the Health and Safety at Work etc. Act 1974. It requires employers, and others in control of work premises, to report certain work-related accidents such as those involving fatalities, specified injuries, occupational diseases, and certain dangerous occurrences to the relevant enforcing authority; typically, the Health and Safety Executive (HSE). RIDDOR functions as a formal mechanism for notifying the HSE of such events, enabling regulatory oversight, trend analysis, and, where necessary, investigation and enforcement.

PLEASE NOTE – only the Health & Safety Team is authorised to report a RIDDOR to the enforcing authority. The law requires such events to be reported as soon as possible or within 10-days of the event occurring.

Frequently Asked Questions:

A. Who should report a RIDDOR to the Enforcing Authority?

The Trust has authorised and delegated this responsibility to the Health & Safety Team **ONLY**.

B. What does a 'Work-Related Accident' mean?

An accident taking place at work premises does not in itself mean that it is RIDDOR reportable. A work-related accident means an accident arising 'out of' (during a work-activity) or 'in connection with work' (involving equipment, machinery, structure, substances, or the condition of the environment in the workplace). The term 'arising out of or in connection with work' indicates an accident may still be reportable

C. When is a RIDDOR report required to be made to the enforcing authority?

A RIDDOR report is required when a work-related accident that meet specific thresholds occurs. These include:

- i. Work-related fatalities – Any death resulting from a work-related accident, including those involving non-workers.
- ii. Certain (Specified) types of injuries.
- iii. Over-seven-day incapacitation (where a worker is unable to perform their normal duties for more than seven consecutive days (excluding the day of the accident).
- iv. Occupational diseases (diagnosed conditions likely caused or worsened by work).
- v. Dangerous occurrences (specific events, including near-misses, with the potential to cause harm, such as: Explosions, Structural collapses, Electrical incidents, Accidental release of or contact with hazardous substances, etc.).
- vi. Injuries to non-workers; such as if a member of the public is injured due to a work-related activity and is taken directly to hospital for treatment (treatment does not include precautionary check or x-rays etc.).

D What do I need to do if I have a RIDDOR incident or suspect an incident is reportable?

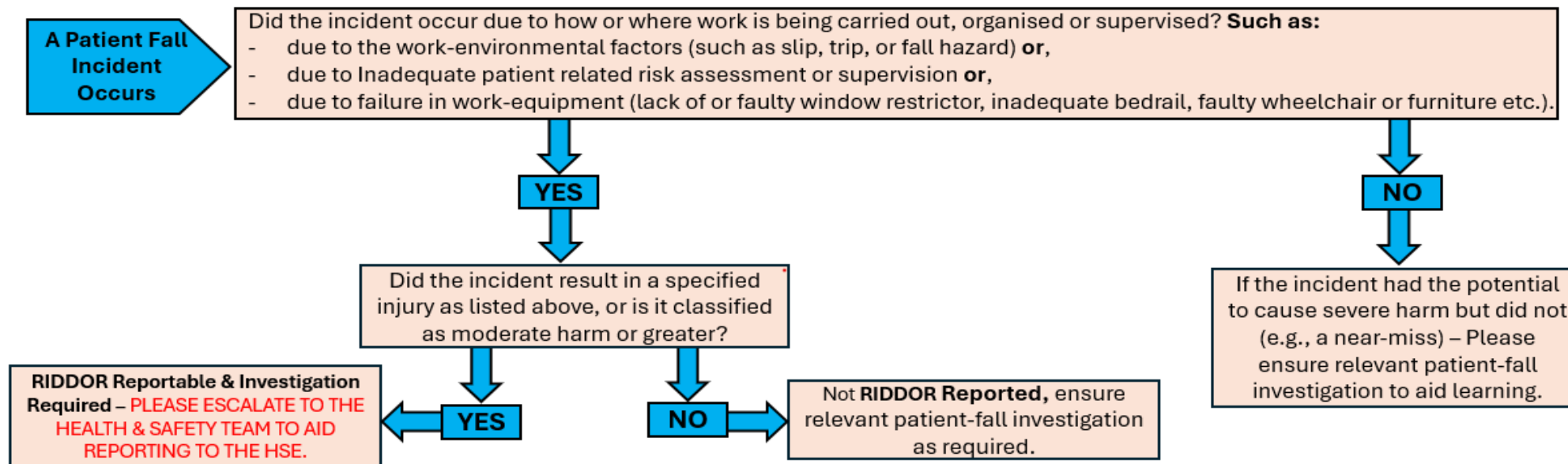
- i. Ensure the incident is reported using the Trust's incident reporting system and with as much detail as possible, including 'What happened, Who was involved, Where and When the incident occurred, and What injuries were sustained or outcomes observed'.
- ii. Complete the Suspected RIDDOR Form – GHS01 Appendix 2d, providing all relevant detail of the incident and personal information of the injured person(s), and email this to the Health & Safety Team as soon as possible. This enables the team to report the event to enforcing authority should it meet the threshold.
- iii. **Do not** report directly to the HSE. Only the Health & Safety Team is authorised to submit RIDDOR reports on behalf of the Trust.
- iv. Support any internal investigation as required, including gathering witness statements, reviewing risk assessments, and implementing any immediate/additional risk control measures.

GUIDE ON PATIENT-FALL INCIDENTS REQUIRING REPORTING UNDER THE REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCE REGULATION (RIDDOR) 2013

A patient-fall incident is only reportable under RIDDOR when **it has arisen out of or in connection with a work activity and results in a specified injury** such as:

- Fractures (except to fingers, thumbs, & toes),
- Amputations,
- Permanent loss or reduction of sight,
- Crush injury to head or torso,
- Any burn injury including scalding (requiring hospital treatment, or covering over 10% of the whole body, or causing significant damage to the eyes, respiratory system or other vital organs,
- Loss of consciousness due to head injury or asphyxia,
- Injury requiring hospital treatment (treatment does not include x-rays, tests etc).

The flowchart below is a guide to help staff determine if a patient-fall incident is RIDDOR reportable:



PLEASE NOTE: ALL RIDDOR RELATED INCIDENTS MUST BE REPORTED TO THE HSE WITHIN 10-DAYS OF OCCURRENCE AND BY THE HEALTH & SAFETY (rwht.healthandsafetyteam@nhs.net) TEAM ONLY. YOU MUST INFORM THE TEAM OF SUCH INCIDENT AS SOON AS POSSIBLE.

SUSPECTED RIDDOR NOTIFICATION FORM

Please Note:

- Ensure **ALL SECTIONS** of the notification form is completed with the requested information, this ensures timely external reporting and investigations.
- Upon online completion and submission using the below link or QR code, the Health & Safety Team get automatically notified for external reporting evaluation.
- **DO NOT** report externally (to the HSE) as only the Health & Safety Team is authorised to do so.
- Ensure you save a copy for your records

Link – [Click Here to Notify the Health & Safety Team of a Suspected RIDDOR](#)



Trust Health & Safety Incident Investigation Report

This form should be signed by the person leading the incident investigation. If you require any assistance in completing this form, please contact the Health & Safety (H&S) Department, for **WHT** - health.safety2@nhs.net ; **RWT** - rwh-tr.healthandsafetyteam@nhs.net.

Section A: Overview

Investigation Lead Name & Role:		Date of Incident:	
Investigation Support/Team Member(s):		Date of Investigation:	Commenced: End:
Incident Severity:	Catastrophic	☐	
	Major	☐	
	Moderate	☐	
	Minor	☐	
	Insignificant	☐	
	Near miss	☐	
Has the Incident been Reported under RIDDOR:	Yes ☐ No ☐		Date RIDDOR Reported:
	If 'No' detail Reason (e.g., Not Reportable):		Reporting Category:

Section B: Investigation Information Gathering

1.0 Where and when did the incident happen? Include building and room. For outside areas consider aerial map with site of incident marked.		
Where: detail here	When: detail here	
2.0 Who was injured / deceased/ suffered ill health or was otherwise involved I the incident? Include name, staff, employment type e.g. bank, agency, contracted, external contractor		
Incident Outcome: Deceased ☐ Injured or ill health (unable to function normally without pain) ☐ Type of Injury: detail injury type here Patient: Yes ☐ No ☐ Employee: Yes ☐ No ☐ Public/Visitor: Yes ☐ No ☐ Name of Injured or Deceased Person: Age – detail here Gender - detail here		
2.1 PATIENT/VISITOR INFORMATION (where applicable)		
Summary of Admission/Medical History: Admission Date – detail here Inpatient Ward: Yes ☐ No ☐ Ward Information: Ward Location/Name – detail here Staffing level at the time: detail here		

3.0 Information About Activity Involved & Environment

3.1 What activity was being conducted, Give Detail of activity:

3.2 Was there anything unusual or different about the working conditions at the time of the incident?
e.g. weather, lighting, temperature, surroundings, working activity etc: **Yes** ☐ | **No** ☐

Give detail if **Yes**, if No detail 'Not Applicable':

3.3 Were there adequate safe working procedure such as a Safe Operating Procedure (SOP) or Safe System of Work (SSOW), and where they adhered to: **Yes** ☐ | **No** ☐

Give detail if **Yes**, if No detail 'Not Applicable':

3.4 Did the workplace layout or operation, plant and equipment, maintenance, PPE, environment (including weather Condition, lighting, housekeeping etc) and nature or shape of material involved influence the Incident? - **Yes** ☐ | **No** ☐

Give detail if **Yes**, if No detail 'Not Applicable':

3.5 Do similar risk exist elsewhere - **Yes** ☐ | **No** ☐

If Yes, give detail of what and where:

3.6 Have similar incident happened before? - **Yes** ☐ | **No** ☐

If Yes, give detail:

4.0 Witness Information

4.1 Were there any witnesses to this incident? – **Yes** ☐ | **No** ☐

Give detail (such as name and role of witness):

4.2 Was witness statements obtained from witnesses? – **Yes** ☐ | **No** ☐

If NO, give detail on why a statement was not obtained:

Section C – Investigation Sequence of Event & Findings

5.0 How did the injured person or deceased come to their injury or death? (Be as detailed as possible in developing a **factual** sequence of events from available information such CCTV footage etc; use bullet points for clarity.

5.1 Sequence of Event (Including Immediate Action Taken to Safeguard the Person(s) or Activity):

•

6.0 Investigation Findings: Use bullet points for clarity.

•

6.1 Supporting documents and items included in this investigation in relation to findings (indicate by clicking box below):

☐ Risk assessment(s) – Detail Consequence & Likelihood Scores as required:

Pre-Investigation Risk Level: **Consequence** (detail level here) X **Likelihood** (detail level here)

Post-Investigation Risk Level: **Consequence** (detail level here) X **Likelihood** (detail level here)

☐ Safe/Standard operating procedure (SOP) or Safe System of Work (SSOW)

☐ Training records | ☐ Other (Please state):

6.2 Was a lack of competency, training, lack of adequate processes or suitable risk assessment a factor in this incident? – **Yes** ☐ | **No** ☐

If **Yes**, give detail:

Section D – Analysis of Information & Contributory Factors

Individual / local team	Component(s)
Individual (e.g. physical, psychological, social, personality issues)	
Team & social (e.g. role congruence, leadership, support & cultural factors)	
Communication (e.g. verbal, written, non-verbal communication)	
Infrastructure	Component(s)
Task (e.g. guidelines, procedures, policies, decision making aids)	
Education & Training (e.g. competence, supervision, availability, appropriateness)	
Equipment & Resource (e.g. displays, integrity, positioning, usability)	
Working Conditions (e.g. administrative, physical environment, staging, workload, time)	
Organisational / Strategic (e.g., organisational structure, priorities, safety culture)	
Systems	Component(s)
Policies and Procedures (was there a policy / SOP issue and / or a procedure ignored?)	
Human factors (mistakes, violations etc.)	
Reporting issues Were chances to identify missed?	

Section E – Identifying Incident Causal Factors

PLEASE NOTE - Investigations should be conducted with accident prevention in mind, not placing blame; therefore, causal factors must be detailed as observed within the findings of the investigation.

Immediate Causes (These are the most obvious and directly observable reasons for an incident. E.g. A worker slips on a wet floor (immediate cause: wet surface):	
Underlying Causes (They often relate to unsafe acts and unsafe conditions. E.g. The wet floor had no warning signs, and cleaning procedures were not properly followed:	
Root Causes (the failure from which all other failings grow, often remote in time and space from the adverse event. E.g. failure to identify training needs and risk assessment, as well as assess competence of the individual cleaning the floor:	

Section F – Lessons Learned

PLEASE NOTE – Detail lessons learned following the investigation and its findings and how this will be disseminated; note that these lessons can be more than or less than ‘4’ as the table below isn’t exhaustive.

Lessons Learned		How they will be disseminated
1.		
2.		
3.		
4.		
5.		

Section G –Recommendations (Risk Control Action Plan) for Improvement

PLEASE NOTE – Risk control recommendations must be **S**pecific, **M**easurable, **A**greed, **R**ealistic & **T**imescaled and aimed at eliminating or mitigating risk causal factors detailed above.

In Priority Order	Recommended Risk Control Action(s)	Responsible Person	Target Date of Completion	How will the action be monitored	Status & Evidence of Closure

CONCLUSION

Detail Conclusion Here

Signed:

Violence and Aggression Investigation Form (for Incidents Involving Patients and Visitors and Graded 'Low Harm or Above')

Section A – General Details

Datix Number:	Date of Incident:
Location (Ward/Dept/Areas):	Time of Incident:

Section B – Person(s) Involved

Victim (Please Specify): Staff ☐ Patient ☐ Visitor ☐	Victim's Name:
Perpetrator (Please Specify): Patient ☐ Visitor ☐	Perpetrator's Name:

Section C – Existing Information

Was the perpetrator already on a sanction (verbal warning / Red card / Yellow card) under the Management of Violence & Aggression (MOVA) Protocol?	Response Yes ☐ No ☐	If ' Yes ' please specify: Verbal Warning ☐ Yellow Card ☐ Red Card ☐
If the perpetrator was not on a sanction prior to the incident; was a verbal warning, yellow card, or red card implemented post the incident?	Response Yes ☐ No ☐ Already on a Sanction ☐	If ' Yes ' please specify: Verbal Warning ☐ Yellow Card ☐ Red Card ☐ If ' already on a sanction ' please specify: Verbal Warning ☐ Yellow Card ☐ Red Card ☐

Section D – Clinical Factors (if Patient Involved)

Was the patient's diagnostics, capacity, or medication a contributory factor to the incident?	Response: Yes ☐ No ☐	Please specify:
Was a Verbal Handover given by the Nurse/staff from the transferring Ward to the receiving Ward?	Response: Yes ☐ No ☐	Comments:
Was there an accompanying 'SBART – Situation Behaviour Assessment Recommendation Tool' form sent with the Patient that had been completed in full?	Response: Yes ☐ No ☐	Comments:
Was the 'Enhanced Care Score' form completed in full?	Response: Yes ☐ No ☐	Comments:
Was there a Safety Huddle completed on the Ward for all Staff?	Response: Yes ☐ No ☐	Comments:
Did the affected Staff Member attend the Safety Huddle on the Ward?	Response: Yes ☐ No ☐	Comments:
Was there a Hand Over completed on the Bay?	Response: Yes ☐ No ☐	Comments:
Where was the Patient Bed allocated?	Response: Yes ☐ No ☐	Comments:

Section E – Investigation Findings & Recommendation

Findings:	Recommendation:
------------------	------------------------

Section F – Investigator Details

Name & Role:	Date Completed:
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Health & Safety and Occupational Health Inoculation (Sharps & Splash) Injury Investigation Tool

Part A For Occupational Health and Wellbeing to Commence:

Injured Person's Details				
Staff Name:				
Staff Email Address:				
Role/ Designation:				
Staff Substantive Ward/ Department:				
Location where the incident occurred:				
Manager Name:				
Senior Manager Name:				
Incident date:				
Tick box ☐ to confirm that employee advised of legal obligation to report information detailed on this form to Health & Safety Team, and Line Managers				
Tick box ☐ to confirm staff member advised to report incident on Datix (click Here to Report if needed).				
Type of Incident				
Sharps ☐		Splash ☐		Bite ☐
				Scratch ☐
Was the source patient identified as having a Blood-borne Virus? Yes ☐ No ☒				
Incident Description				
Device causing Injury:		Suture Needle		
Type of Device:	Safer Sharp ☐	Non-safe Sharp ☐	Unknown ☐	N/A ☐
Procedure/task being undertaken at the time of incident				
When did the incident occur?	☐ During Use		☐ Whilst Emptying Clinical Waste	
	☐ During Disposal of Sharp		☐ Whilst Closing a Sharps Box	
	☐ From Discarded Sharp		☐ Splash, Bite or Scratch	
	☐ After the procedure but before disposal			
Details of incident:				
Injured persons description of the incident:				
What recommendations were made or reported to the line manager following OHWB attendance:				
Offer of Support	Support/ counselling offered to injured member of staff:			Yes ☒ No ☐

Part B For Managers to Complete with the injured member of staff

Datix Incident Number: (If not already reported click link in Part A)		
What statement best describes when the incident occurred?		
During Preparation ☐	During Use ☐	During Disposal ☐
After the procedure but before disposal ☐		From Discarded Sharp ☐
For incidents involving safer-sharp devices, how did the injury occur:		
Before Safety Activation ☐	Before Safety Activation ☐	After Safety Activation ☐
Is the device involved a safer or non-safe sharp		
Safer Sharp ☐		Non-safe Sharp ☐
Device type involved in injury		
☐ Butterfly Needle ☐ Cannula ☐ Hypodermic Needle ☐ Vacuette Quick Sheath ☐ Suture		☐ Scalpel Blade ☐ Insulin needle ☐ Enoxaparin (Inhixa) ☐ Other:
Device Manufacturer:		
Please describe in detail how the incident occurred:		
Cause of injury, tick all that apply:		
☐ Safety mechanism not activated ☐ Poor handling technique ☐ Re-sheathing ☐ Loss of concentration ☐ Lack of awareness/training with device ☐ Unsafe practice ☐ Injury inflicted by third party		☐ Patient agitation ☐ Transported unsafely ☐ Unsafe disposal ☐ Sharps bin not available ☐ Not disposed at point of use ☐ Other, please specify:
Incident details:		
Was the device being used as intended?	Yes ☐ No ☐ N/A ☐	
For splash incidents was PPE used?	Yes ☐ No ☐ N/A ☐	
Was the device faulty	Yes ☐ No ☐ N/A ☐	
Was staff member trained to use device?	Yes ☐ No ☐ N/A ☐	
If a third-party injury, where was the device discarded?		
☐ Clinical Waste Streams ☐ ANTT Tray ☐ While Handling Sharps		☐ Floor ☐ Patient Bedside ☐ Other:
Have any photographs/ witness statements been attached to Datix?		Yes ☐ N/A ☐
Action taken following the incident:		
Support/ counselling offered to injured member of staff	Yes ☐ No ☐ N/A ☐	
Reinforced best practice	Yes ☐ No ☐ N/A ☐	
Further training/ education required?	Yes ☐ No ☐ N/A ☐	
Are sharps injury and prevention posters on display	Yes ☐ No ☐ N/A ☐	
Do you have a sharps/ splash risk assessment in place?	Yes ☐ No ☐ N/A ☐	
Has the sharps/splash risk been communicated to staff	Yes ☐ No ☐ N/A ☐	
Other:		
Service Managers actions taken: How will learning take place?		
Discussed in department safety huddle	Yes ☐ No ☐ N/A ☐	
Refresher training to be arranged	Yes ☐ No ☐ N/A ☐	
Incident reflection with staff member:	Yes ☐ No ☐ N/A ☐	
Email notification to all staff	Yes ☐ No ☐ N/A ☐	
Sharps risk assessment shared with all staff	Yes ☐ No ☐ N/A ☐	
Other:		

Please Note: Attach completed form to Datix incident and return by email to rwh-tr.healthandsafetyteam@nhs.net

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:	

Details of injury suffered:													
Date treatment received:													
Inside ☐	Outside ☐												
Cause of accident:	<table> <tr> <td>Wet floor/spillage</td> <td>☐</td> </tr> <tr> <td>Pothole</td> <td>☐</td> </tr> <tr> <td>Uneven floor/slab</td> <td>☐</td> </tr> <tr> <td>Obstruction</td> <td>☐</td> </tr> <tr> <td>Bad weather (snow/ice)</td> <td>☐</td> </tr> <tr> <td>Other</td> <td>☐</td> </tr> </table>	Wet floor/spillage	☐	Pothole	☐	Uneven floor/slab	☐	Obstruction	☐	Bad weather (snow/ice)	☐	Other	☐
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:													

Group HS01 - Protocol 3: Control of Substances Hazardous to Health (COSHH) Management

Author:	Christian Iroh, Group Specialist Head of Health & Safety
Associated Policy:	Group Management of Health & Safety Policy
Date:	June 2026
Review Date:	June 2029

1.0 Purpose and Scope

This protocol sets out the arrangements for complying with the Control of Substances Hazardous to Health (COSHH) Regulations 2002 as amended. Its purpose is to ensure that risks to health arising from hazardous substances used, stored, generated, or encountered in the course of work OR Trust operations are prevented or, where this is not reasonably practicable, adequately controlled.

This protocol applies to all employees, contractors, volunteers, students, and others who may be exposed to substances hazardous to health arising as a result of Trust operations. It covers clinical and non-clinical activities across all Trust sites and services.

2.0 Legislative Framework

This protocol is aligned with the COSHH Regulations and associated Approved Codes of Practice (ACOP) and guidance issued by the Health and Safety Executive (HSE). It should be read in conjunction with the Group Health and Safety Policy and associated protocols including GHS01-Protocol 1 (Risk Assessment) and GHS01-Protocol 2 (Incident and Accident reporting).

3.0 Definitions

Term	Explanation
Air Monitoring	A specific form of exposure monitoring that measures the concentration of a substance in workplace air through Personal or Static monitoring.
Biological Agent	Includes any micro-organism, cell culture, bacteria, virus, fungus, parasite or infectious larvae with the ability to cause infection in humans health.
Biological Monitoring	A form of exposure monitoring which aid the measurement of a chemical or its breakdown products in a biological sample (usually urine or blood) to indicate how much chemical has entered the body by all routes (inhalation, digestion, absorption) of exposure. For example, measurement of lead in blood of workers exposed to lead dust.
Biological Effect Monitoring	Is the measurement of biological effects resulting from absorption of chemicals. For example, measurement of protein in urine of workers exposed to cadmium to check their kidney function.
Control Measure	In the context of this protocol, this is an action taken to eliminate or reduce/minimise exposure to a substance hazardous to health.
COSHH Assessment	This is the assessment of risk to ensure the control measures for the use of hazardous substances are appropriate and adequate. The aim of a COSHH Assessment is to help make reasonable decisions about the measures needed to prevent or adequately control the exposure of employees to substances hazardous to health arising from their work.

EH40 Classification	This is a HSE regulatory reference document which contains the list of WELs assigned to substances and for use with the COSHH regulation.
Exposure Monitoring	The process undertaken by a competent Occupational Hygienist to measure how much of a hazardous substance a worker can be exposed to which can enter the body by any relevant route. HSE describes exposure can occur by inhalation, skin contact, ingestion, or injection, and monitoring is undertaken to demonstrate that control is adequate and that exposure limits are not exceeded. This measurement can be undertaken through: • Personal air sampling - used in the breathing zone, this is considered direct exposure measurement and may be compared with Workplace Exposure Limits (WELs). • Static air sampling - does not on its own measure personal exposure and should not be compared to WELs. • Biological monitoring.
GB CLP Regulation	Great Britain Classification, Labelling and Packaging of Chemicals (GB CLP) Regulation is the law governing how hazardous chemicals are classified, labelled, and packaged in Great Britain (England, Scotland, and Wales).
Health Surveillance	In the context of this protocol, this is a health assessment or a scheme of repeated health assessment which are used to identify ill health caused by work.
Health Monitoring	The process of monitoring the health of workers where the effects from an activity or exposure at work are suspected of causing ill health effects, but the association has yet to be fully established. This would follow the same principles as health surveillance but is not a legal requirement.
Personal Protective Equipment (PPE)	All equipment and clothing that is intended to be worn or held by a person at work and which affords protection against one or more health and safety risks.
Respiratory Protective Equipment (RPE)	RPE is a type of PPE designed to protect the wearer from harmful substances contaminating the air in the form of dust, mist, gas or fume.
Safety Data Sheet (SDS)	Safety Data Sheets provide information on chemical products that help users of those chemicals to carry out a risk assessment. They describe the hazards the chemical presents and give information on precautionary measures.
Safe System of Work (SSOW)	A formal approach, system or procedure which defines the method of working which eliminates hazards or minimises the risks associated with them to ensure work is carried out safely.
Standard Operating Procedure (SOP)	A developed step-by-step guide that outlines how a specific work operation or task is or should be performed.
Substances Hazardous to Health	Includes any substances, materials, processes or by-products that are hazardous to health e.g. microbiological agents, dusts of any kind in substantial quantities and all chemicals categorised as hazardous to health in any form i.e. solid, liquid, gas or mist.
Workplace Exposure Limits (WELs)	WELs are British occupational exposure limits and are set to help protect the health of workers.

	WELs are concentrations of hazardous substances in the air, averaged over a specified period, referred to as a time-weighted average (TWA). Two time periods are generally used: • Long-term (8-hour) exposure limit; and • Short-term (15minutes) exposure limit. Short-term exposure limits (STELs) are set to help prevent effects such as eye irritation, which may occur following exposure for a few minutes.
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4.0 Roles and Responsibilities

4.1 Group Chief Executive

The Chief Executive hold the overall accountability to ensure that responsibilities for health and safety, including the management of hazardous substances are effectively assigned, accepted and managed at all levels in the trust and consistent with the principles of good practice as set by the COSHH relation (refer to section xx below for these principles). This duty is further delegated to Executive Directors.

4.2 Executive Directors

Executive Directors within their areas of management have delegated responsibility for the management of health and safety, including ensuring that there are suitable and sufficient arrangements and resources for minimising exposure to hazardous work substances and to ensure this protocol is implemented throughout the trust.

4.3 Divisional Director/Head of Nursing/Director of Nursing or Midwifery

Are responsible for:

- Ensuring compliance that COSHH assessments have been carried out in the areas they manage and that appropriate necessary actions have been taken to eliminate or control exposure to hazardous substances.
- Ensuring that any inadequately controlled or significant residual risks highlighted by COSHH assessments are incorporated into the divisional risk register and monitored for mitigation.
- Ensuring adequate facilities are in place to aid the storage and disposal of hazardous substances in all areas of their operational control.
- Ensuring that COSHH environmental monitoring where identified is undertaken by a competent person; this activity must be advised upon by the Health and Safety Team.
- Ensuring that health surveillance identified as necessary is undertaken; this activity must be advised upon by the Occupational Health Team.

4.4 Matrons/Service Managers/Ward Managers

- Must report all incidents of injury and/or ill health resulting from the use of or involuntary accidental contact with substances hazardous to health. All incidents must be reported to via the Trusts accident reporting system.
- Ensure a current [COSHH inventory](#) (Appendix B below) is maintained for their service or department using the designated inventory sheet.
- Ensure all substances listed on the COSHH inventory have a suitable and sufficient COSHH assessment completed using the designated [COSHH risk assessment form](#). Refer to [COSHH risk assessment guidance document](#) where required.

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- Ensure COSHH assessments and inventory are reviewed and updated in line with this protocol and GHS01-Protocol 1.
- Ensure staff have access to, and understand, COSHH assessments relevant to their work.
- Ensure appropriate training, information (such as Safety Data Sheets, Safe Systems of Work, etc), and supervision are in place for relevant substances. This training must be sufficient for staff to be aware of the risk to health created by the substance and arrangements in place to enable the substance to be used safely.
- Ensure attendance of the Health & Safety for Managers training to aid their competence to undertaking a COSHH assessment.
- Ensure that appropriate training, information including Safety Data Sheets and Safe Systems of Work, and supervision are in place for all hazardous substances under their control. Training must be proportionate to the level of risk identified in the COSHH assessment and sufficient to ensure staff understand the health risks associated with the substance and the control measures required to enable it to be used safely.
- Ensure procedures are in place to protect the health of personnel from an accident, incident or emergency related to the presence of a substance hazardous to health at the workplace.
- Ensure a COSHH assessment is undertaken for every new substance prior to engaging them in work activities.
- Ensure that where reasonably practicable to do so, hazardous substances are replaced with safer substances as they become available
- Ensuring that there are procedures in place for the cleaning of spillages and that incidents involving hazardous substances are reported via the Trust incident reporting procedure.
- Ensuring that where personal protective equipment (PPE) is specified in order to prevent exposure to hazardous substances it is provided for use where required.
- Ensure that the details of staff with identified exposure that may need Health Surveillance, are supplied to Occupational Health and that these staff are supported to attend any Occupational Health appointments.

4.5 All Employees:

All Trust employees have the following specific responsibilities:

- Must report all incidents of injury and/or ill health resulting from the use of or involuntary accidental contact with substances hazardous to health. All incidents must be reported to line management the Trusts accident reporting system.
- Ensuring that they know how to safely store, use and dispose of hazardous substances, that they are familiar with the risks posed by hazardous substances and that they know what action to take in the event of an incident such as a spillage, before they start working with any hazardous substance.
- Employees who have not worked with a substance for a while or who are not familiar with it, should refer to the COSHH assessment and the material safety data sheet (MSDS).
- Raising any concerns about the safety of substances with the ward / department manager.
- Using any control measures, including local exhaust ventilation (LEV) and personal protective equipment (PPE) provided to control exposure to hazardous substances.
- Use of PPE provided to prevent exposure to hazardous substances is not optional and failure to use PPE identified as being required either as part of a COSHH assessment or in policies or procedures such as Trust Infection Control policies and this protocol will be treated as an intentional breach of this policy.

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4.6 Group Specialist Head of Health and Safety

- Ensure that the Trust has a procedure for carrying out COSHH assessments.
- Ensure that training is available for Service Managers on the undertaking of COSHH assessments.
- Ensure provision of competent advice and support to persons with COSHH management responsibilities to ensure compliance with these protocols.
- Ensure the provision of specialist advice and guidance where COSHH monitoring is required; they will ensure that those engaged with for monitoring activities are competent to do so.
- Ensure that lessons learnt from COSHH related incidents are reported at the following groups: the Trust Health and Safety Steering Group and where appropriate the Board and sub-committee of the board.
- Monitor compliance with this protocol via routine Health and Safety Audit (HSSA & HSQA); outcome must be reported via the relevant governance channels and escalated to senior leadership where appropriate.
- Liaise and consult with Occupational Health Team where required.

4.7 Head of Occupational Health and Occupational Health Team

- Advise on health surveillance requirement following consideration of the degree of exposure and the nature of the effect associated with the substance.
- Providing, as appropriate, advice and/or health surveillance where staff are liable to be exposed to a substance which is hazardous to health following implementation of control measures.
- Providing pre-employment/pre-placement screening and advising staff where any adjustments or restrictions of their work activities are required.
- Where applicable, ensure records of health surveillance are maintained.
- Provide advice on the possible ill-health consequences of exposure to COSHH substances and support in identifying risk areas following referral.
- Advise managers and employees of any necessary adjustment required in relation to restriction in work activities.
- Inform the Health and Safety Team of any identified case(s) of Occupational Disease associated or linked with COSHH related work activities or substance. This is to ensure the Health and Safety team complies with the RIDDOR reporting requirements where necessary.

4.8 Pharmacy Team

- Ensure competent advice and support, in relation to health hazards arising from pharmaceutical substances associated with work-activities.
- Ensure managers are made aware of any relevant advice required to enable continued safe working practice with hazardous pharmaceutical substances.
- On request advise on and undertake COSHH assessments relating to hazardous pharmaceutical substances.
- Assist and support investigation of incidents relation to hazardous pharmaceutical substances.

4.8 Infection Prevention and Control Team

Will provide expert advice on the risk from biological agents and provide policies and procedures where necessary to ensure safe practices are in place to limit the risk and spread of infection.

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4.9 Procurement Team

Ensure that all substances hazardous to health are procured through the approved purchasing process. No alternative purchasing arrangements should be used.

All substances and products must be subject to a COSHH assessment and Safety Data Sheet (SDS) reviewed before purchase and implementation/use. Where practicable, products and substances with the lowest potential to cause ill health should be selected.

4.8 Contractors

- Ensure COSHH assessments are completed for hazardous substances prior to being used on Trust premises.
- Ensure that the COSHH assessments are completed in accordance with hierarchy of controls i.e. taking actions where possible to eliminate the risk or reduce the risk to as low as reasonably practicable.
- Adhere to controls identified from COSHH assessments and Safety Data Sheets.
- Ensure that COSHH assessments and associated Safety Data Sheets are available upon request and during the course of associated activities i.e. while hazardous substances are being used.
- Ensure they (including their sub-contractors) carry out their activities in a way that is compliant with this protocol, other Trust relevant H&S policies/protocols and contractor's rules, statutory provisions and associated guidance.

5.0 Procedure

5.1 Group COSHH Management Strategy

The Group will implement a strategy that will:

- Ensure arrangements are in place in complying with the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended) and supporting approved code of practice.
- Ensure all reasonably practicable steps are taken to secure the health and safety of its employees and anyone who may be exposed to substances hazardous to health within the company's undertaking.
- Provide the standards for writing COSHH assessments regarding risks to health caused by exposure to a hazardous substance.
- Ensure where exposure is not preventable, all reasonably practicable measures are taken to minimise employee's exposure.
- Ensure exposure to COSHH substances is kept below any specified workplace exposure limit as published in EH40.
- Monitor the extent to which employees are exposed to hazardous substances and carry out health surveillance where necessary.
- Ensure arrangements are in place for the safe management of therapeutic agents and biologically contaminated material including pathogens, Legionella, Pseudomonas, cytotoxic drugs, diathermy plumes etc.

Please note: COSHH Regulations do not apply to those hazardous substances which are subject to their respective regulations (asbestos, lead or radioactive substances).

5.2 The Principles of Good Practice as Required Under COSHH

COSHH Regulations includes a set of basic principles of good practice that must be followed by all leaders and managers within the Group. Leaders and managers must adopt the following control principles when managing the control of hazardous substances:

- i. **Prioritise minimising substance emission, release or spread at source:** Design and operate processes and activities to minimise emissions, release and spread of substances hazardous to health.
- ii. **Ensure consideration of all routes of exposure:** Take into account all relevant routes of exposure i.e. inhalation, skin absorption, ingestion and injection when developing control measures.
- iii. **Choose control measures proportionate to the risk:** Control exposure by measures that are appropriate to the health risk involved.
- iv. **Suitable and Sufficient Control:** Choose the most effective and reliable control options which minimise the escape and spread of substances hazardous to health.
- v. **Combine control to aid effectiveness:** Where adequate control of exposure cannot be achieved by other means (such as Elimination, Substitution, etc) provide, in combination with other control measures, suitable personal protective equipment.
- vi. **Review the effectiveness of implemented controls:** Check and review regularly all elements of control measures for their continuing effectiveness.
- vii. **Provide information, training and Supervision to those at risk:** Inform and train all employees on the hazards and risk from the substances with which they work, and the use of control measures developed to minimise the risks involved.
- viii. **Avoid control that may give rise to risk:** Ensure that the introduction of control measures does not increase the overall existing risk to health and safety or a new risk.

5.2 Identification of Hazardous Substances

5.2.1 For the purpose of compliance with the COSHH 2002, hazardous substances shall be recognised as any of the following:

- i. Substances Classified as Hazardous Under Legislation (GB CLP Regulation), such as:
 - Very toxic
 - Toxic
 - Harmful
 - Irritant
 - Corrosive
 - Sensitising
 - Carcinogenic, Mutagenic or toxic to Reproduction (CMR)
- ii. Any substance listed with an assigned WEL in the HSE's EH40-Workplace Exposure Limits is considered hazardous under COSHH. This includes gases, vapours, mists, fumes and certain particulates.
- iii. Biological hazards that may present a risk to health, including but not limited to:
 - Bacteria
 - Fungi
 - Parasites
 - Viruses
 - Contaminated clinical wastes and other infectious materials

iv. Dust of any kind is deemed hazardous where they are generated from a hazardous substance or where airborne concentrations meet or exceed the COSHH-defined thresholds:

- Inhalable dust: 10 mg/m³ (8-hour TWA)
- Respirable dust: 4 mg/m³ (8-hour TWA)

Please note: Where no substance specific WEL exists, the general dust WELs apply.

v. Certain work-activities or equipment produces or release hazardous substances as part of or during work process, these may include:

- Welding fume
- Wood dust
- Vehicle exhaust emissions
- Smoke or aerosol generated during clinical or maintenance tasks.

5.2.2 The product label of hazardous substances is (generally) marked with one or more of the standard hazard symbols or pictograms as depicted below in Figure 1: Chemical Labelling and Packaging (CLP) Symbols. The hazard symbols/pictograms with associated meanings or descriptors are usually referenced in the Safety Data Sheets (SDS) for hazardous substances.

 Acute Toxicity • Risk of Poisoning (fatal or toxic)	 Health Hazard • Carcinogen • Mutagenicity • Reproductive toxicity • Respiratory Sensitiser • Target organ toxicity • Aspiration toxicity	 Exclamation Mark • Irritant • Skin sensitiser • Acute toxicity • Narcotic effects • Respiratory tract irritant • Hazardous to ozone layer
 Environmental Hazard • Aquatic toxicity		
 Explosion Hazard • Explosives • Self-reactive • Organic peroxides	 Health Hazard • Carcinogen • Mutagenicity • Reproductive toxicity • Respiratory Sensitiser • Target organ toxicity • Aspiration toxicity	 Corrosion Hazard • Skin corrosion or burn • Eye damage • Corrosive to metals
 Oxidising Hazard (will intensify fire) • Oxidising gases • Oxidising liquids • Oxidising solids	 Flammable Hazard • Pyrophorics • Self-heating • Emits flammable gases • Self-reactive • Organic peroxides	 Gas Under Pressure • Gas cylinders • Compressed gases

Figure 1: Chemical Labelling and Packaging (CLP) Symbols

5.2.3 All new (and currently used) substances within the Trust ultimately fall to one of four hazard groups in Figure 2: GB CLP Hazard Groups and Trust Requirements below and as prescribed in the associated safety data sheet (SDS) and must be subject to a COSHH risk assessment. Figure 2 identified applicable requirements.

Group	Requirement	Likely GB CLP Symbols
Group 1	- The substance is associated with minimal risk to low risk, and associated work activity or task is simple and performed in line with the SDS. - Minimal controls are required. SDS and SOP for the work activity or task alone is sufficient.	Usually, no symbol
Group 2	- A low to moderate risk as SDS denotes no potential significant health and/or environmental hazard. - COSHH assessment required (inform the H&S Team). - SDS and SOP for the work activity or task is required. - Training on risk controls and SOP required for staff.	 
Group 3	- A high risk as SDS denotes significant health and environmental hazard; inform the H&S Team. - SDS and COSHH assessment required (inform the H&S Team) - Training on risk controls and SOP required for staff.	   
Group 4	- An extreme risk as SDS denotes severe health and environmental hazard; inform the H&S Team. - COSHH assessment, SDS and SOP required - Training on risk controls and SOP required for staff. - Liaise with H&S Team on Exposure monitoring requirement. - Liaise with Occupational Health team on health surveillance requirement.	   

Figure 2: GB CLP Hazard Groups and Trust Requirements

5.3 Substances not Covered by COSHH Regulations

5.3.1 In accordance with Regulation 2 of the Control of Substances Hazardous to Health Regulations 2002, the Regulations do not apply to certain substances or circumstances. These include:

- Risks to patients arising from substances administered in the course of medical treatment:** This exclusion applies only to risks to the patient themselves.

Please Note: where the use of a medicine presents a risk to employees or others (for example during preparation, administration, handling, or disposal), a **task-based COSHH risk assessment is still required**. This is particularly relevant for **cytotoxic and cytostatic drugs**, which are hazardous to health due to their toxic effects on cells.

- Substances that are subject to other specific statutory provisions, including:**
 - ✓ Lead, which is covered by the *Control of Lead at Work Regulations*
 - ✓ Asbestos, which is covered by the *Control of Asbestos Regulations*
- Substances that are hazardous solely because they are:**
 - ✓ Radioactive
 - ✓ at extreme temperatures
 - ✓ asphyxiants
 - ✓ explosive or flammable
 - ✓ under high pressure

Please Note: Although such hazards fall outside the scope of COSHH and must be managed under other relevant health and safety legislation and Trust applicable process.

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5.4 COSHH Risk Assessment and Department COSHH Inventory

5.4.1 An inventory of all hazardous substances requiring COSHH risk assessment shall be completed and maintained by the Service Manager/Matron using the COSHH Inventory Sheet. This inventory must be locally managed and made available to the Health & Safety Team upon request for auditing purposes. Where a substance is included in the inventory, a COSHH risk assessment must be completed.

5.4.2 COSHH regulation requires the Group to assess the risks to the health of employees (including anyone who might be affected) from exposure to hazardous substances, and to eliminate, or where this is not reasonably practicable, adequately control exposure.

Therefore, all applicable services will carry out a 'suitable and sufficient' assessment adhering to the stages identified below in Figure 3: Trust COSHH Risk Assessment Framework; these stages are elaborated in detail in the Group COSHH Assessment Assessor Guidance (refer to Appendix C)

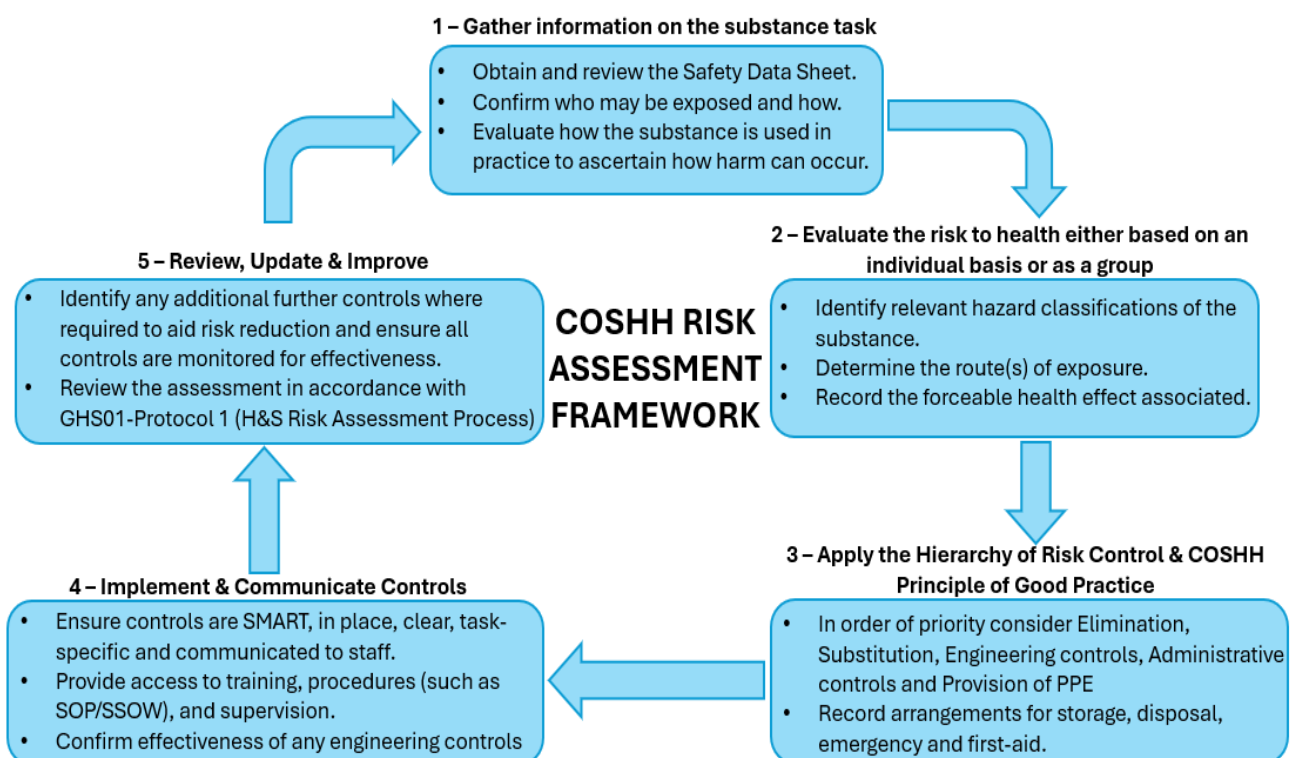


Figure 3: Trust COSHH Risk Assessment Framework.

5.4.3 The complexity of an assessment will depend on the nature of the process or work activity, the hazards present, and those who may be affected. The assessment must consider all potential routes of exposure to hazardous substances (including inhalation, skin contact, injection, ingestion and contact with the eyes) and all foreseeable circumstances.

Assessors must therefore have a sound working knowledge of both the work activity and the substance(s) involved in order to complete a *suitable and sufficient* assessment.

The assessment should also consider whether any individuals may be more vulnerable, for example new and expectant mothers or young persons. Where this is the case, an individual or more specific risk assessment will be required.

5.4.4 Where a COSHH risk assessments require further control measures, an action plan must be developed with the assessment form, clearly identifying actions required, responsible persons and target dates for completion.

5.4.5 A substance or work activity liable to expose employees to hazardous effects **must not** be undertaken unless a suitable and sufficient risk assessment has been completed and appropriate control measures are in place to reduce the risk to as low as is reasonably practicable (ALARP), in accordance with the requirements of this protocol and the Control of Substances Hazardous to Health (COSHH) Regulations.

5.4.6 COSHH risk assessment control measures must be detailed in line with GHS01 – Protocol 1: Group Health & Safety Risk Assessment Procedure.

5.5 Safety Data Sheet

5.5.1 A Safety Data Sheet (SDS) must be provided by suppliers for all hazardous chemicals. The SDS is an essential source of information for COSHH risk assessment, as it sets out the substance's hazards and the recommended control measures, including safe handling, use, storage, first aid guidance and emergency actions. SDSs for most hazardous substances used by the Group are available, or can be requested, through the Procurement Team or via NHS Supply Chain.

5.5.2 Where the hazardous substance is a by-product of a work process (e.g., welding fume, wood dust generated during machining, or diathermy plumes arising from surgical procedures), an SDS may not be readily available. In such cases, information on the properties and hazards associated with the substance or process must be obtained from reliable sources, and the COSHH risk assessment must fully address all associated health risks. It is not acceptable for any substance or process to be used without an adequate assessment of the potential health effects and the implementation of appropriate control measures.

5.6 Information, Instruction and Training of Employees

5.6.1 It is a management responsibility to inform employees (including contractors, bank and agency employees) of risks to their health and safety whilst employed by the Trust or at work on Trust premises. The information given will include:

- The risks to health created by their exposure or work-activity
- The precautions which are to be taken
- Control measures, their purpose and how to use and implement them
- How to use and store all equipment and personal protective equipment provided to them
- Storage and disposal procedures
- Emergency procedures (including fire and first aid)
- Where required and applicable, the results of any exposure monitoring and health surveillance
- Where required and applicable, the results of environmental monitoring carried out.

Please note: This information must be recorded to have been provided.

5.6.2 In conjunction with the provision of SDS and completion of department COSHH risk assessments and, the need for information, instruction and training must be considered and appropriate arrangements made to aid provision and implementation.

5.6.3 Managers are required and encouraged to consult with employees in developing safe systems of work or standard operating procedures to make sure they are suitable for the way they carry out the work, provided an opportunity to suggest improvements and report anything they think might be required.

5.6.4 Where the employees of other departments or contractors may be affected, appropriate channels of communications must be established to ensure that they are properly informed.

5.7 Introducing a New Substance

5.7.1 Any new substance proposed for procurement or use within Trust operations must be subject to review and COSHH approval by the Health and Safety Team prior to purchase or use.

5.7.2 The requester must submit a formal request to the Health and Safety Team, including:

- the Safety Data Sheet (SDS)
- the intended use and location
- justification for the product's use
- consideration of potential alternatives

5.7.3 In all cases, consideration must be given to the elimination or substitution of hazardous substances. Where a safer or more environmentally sustainable alternative is reasonably practicable and can be implemented safely, it must be used.

5.8 Respiratory Sensitisers

5.8.1 It is recognised that exposure to certain materials used in the workplace can result in respiratory sensitisation in certain individuals which may result in ill health and potentially long-term disability.

5.8.2 Respiratory sensitisation is the process by which an individual develops an allergic response to an antigenic substance to which they are exposed in their environment, whether at work or home. Clinical manifestations may include nasal stuffiness, rhinitis, watering or irritable eyes, cough, wheeze, shortness of breath.

Once this sensitisation reaction has taken place, further exposure to the substance, even to the tiniest trace, will produce symptoms. Sensitisation does not usually take place right away. It generally happens after several months or even years of breathing in the sensitiser.

5.8.3 Once a person is sensitised, continued exposure can result in:

- permanent damage to their lungs and increasingly severe symptoms.
- people with rhinitis may go on to develop asthma.
- asthma attacks are likely to become worse and can be triggered by other things such as tobacco smoke, general air pollution or even cold air. These attacks often continue for years after exposure to the sensitiser has stopped.

5.8.4 Symptom enquiry may be used to detect early signs of disease, and lung function testing (spirometry) may identify evidence of airway obstruction before lower respiratory symptoms become apparent. Once sensitisation has occurred, further exposure to the substance, even at very low levels, may trigger symptoms. In sensitised individuals, symptoms may develop immediately following exposure or several hours later. Referral to Occupational Health should be made where required.

5.8.5 Wherever it is reasonably practicable, exposure at work to substances that can cause occupational asthma should be prevented. Where prevention is not reasonably practicable, adequate control measures must be implemented to reduce exposure to as low as is reasonably practicable and to prevent workers from becoming sensitised. For substances known to cause occupational asthma, COSHH requires exposure to be reduced to the lowest level that is reasonably practicable.

5.8.6 Activities that may give rise to short term peak exposures should receive particular attention during risk assessment and risk management. Health surveillance is appropriate for all employees who are exposed, or liable to be exposed, to substances that may cause occupational asthma. There should be appropriate consultation with the Occupational Health Team to determine the level of risk and the nature and frequency of health surveillance required.

5.9 Personal Protective Equipment (PPE) and Respiratory Protective Equipment (RPE)

5.9.1 PPE is the last resort in controlling exposure to hazardous substance and as such before it is accepted as the control measure to be employed all other reasonable and practicable steps to avoid or reduce exposure should have been considered.

5.9.3 Where PPE is required then it should be subject to a risk assessment to ensure that it is suitable for the substance it is being exposed to, appropriate to the task and individual who will be wearing it.

5.9.4 Re-useable PPE must be allocated clean and safe storage space with personnel marking for hygiene reasons. Disposable or single use PPE should not be reused. They must be kept clean and be inspected as required according to manufacturer's guidelines and records kept of checks and maintenance where applicable.

5.9.5 RPE should only be used as a control measure as a last resort should alternative control measures not be appropriate.

5.9.6 As part of the management system applicable services and departments should introduce an appropriate storage and maintenance procedure which must be adhered to.

5.9.7 Any tight-fitting face pieces (all full, half and filtered/disposable) should be correctly fit tested prior to introduction, and a record should be kept containing the relevant information, for example the name of person fit tested, the make, model, material and size of the face piece etc.

5.9.8 However, loose fitting respiratory protective equipment, including equipment worn for comfort only and not relied upon as a control measure, is not subject to face fit testing. Air fed hoods, for example those used in welding operations, do not require face fit testing as they are not close fitting and do not rely on a face seal to provide protection.

5.10 Local Exhaust Ventilation (LEV)

5.10.1 Any local exhaust ventilation system, for example a fume cupboard or containment booth, shall be subject to a Thorough Examination and Test (TExT) by a competent person at intervals not exceeding 14 months, in accordance with COSHH Regulation 9 and HSE guidance HSG258. This represents the maximum interval permitted by legislation and is not a default frequency.

5.10.2 More frequent thorough examination and testing, for example six monthly, is legally required where specified under COSHH Schedule 4, or where the risk assessment, commissioning data, or a previous thorough examination and test report indicates that system performance may deteriorate sooner. Examination and testing intervals shall therefore be risk based, reflecting the nature of the contaminant, the process, and the likelihood of performance degradation, in line with HSG258.

5.10.3 Where a thorough examination and test identify defects, non-compliance, or recommendations, these shall be clearly documented, reported to the Health and Safety Team, and recorded within the LEV logbook. Any reduction in control effectiveness shall be escalated to the relevant service manager to enable immediate risk mitigation, including the introduction of

alternative or additional control measures, in accordance with HSG258 expectations for managing defective LEV.

5.11 Air Monitoring

5.11.1 Where a substance is present that has a WEL or where there is otherwise a potential for significant exposure via defined exposure routes, the need for air monitoring (Personal or Static Sampling) shall be considered as part of the COSHH risk assessment. Where appropriate, air monitoring shall be implemented at suitable intervals to demonstrate that exposure is adequately controlled, in accordance with HSE COSHH Essentials guidance-G409.

5.11.2 Where personal monitoring (breathing zone sampling) is undertaken, results may be compared with WELs. Static (background sampling) shall be used to assess control effectiveness and not as a direct measure of personal exposure.

5.11.3 Any air monitoring programme undertaken shall form part of the overall COSHH risk assessment for the substance concerned. To ensure that results are meaningful and interpretable, the following questions shall be addressed when designing the monitoring strategy:

- What substances give cause for concern
- What are the anticipated routes of entry into the body
- What reasons are there to suspect that unacceptable exposures may be occurring
- Who is exposed
- When does the exposure occur
- Where does the exposure occur
- For how long does the exposure occur
- Is there an applicable standard or benchmark for comparison, for example a WEL.

5.12 COSHH Health Surveillance – Substances & Chemicals

5.12.1 Health surveillance is an important component of occupational health and is used to identify and manage the potential impact that work activities and the working environment may have on employees' health. The Trust will ensure, so far as is reasonably practicable, that employees' health is not adversely affected by their work. Furthermore, health surveillance must be implemented and managed by the Occupational Health Service where:

- An identifiable disease or health effect may be linked to exposure to a hazardous substance at work
- It is likely that the disease or health effect may occur under conditions of the work-activity involved
- There are valid techniques for detecting signs of the disease or health effect; and
- The techniques required is low risk to staff.

5.12.2 Health surveillance is not the same as health monitoring, health promotion or health screening. Health surveillance should:

- Only be used where there is a clear need based on risk, therefore, only for workers who need it
- Provide feedback on the effectiveness of control measures and identifies actions required to prevent further harm
- Enable employees to raise concerns about how their work may be affecting their health
- Provides an opportunity to identify and address gaps in training, information, instruction or supervision.

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5.12.3 In accordance with COSHH Regulations, the Trust will provide appropriate health surveillance where it is necessary and suitable. This will also apply where employees remain exposed to COSHH related health risks despite the implementation of control measure; recognising that control measures may not always be fully effective, even when they are correctly selected, implemented, maintained and monitored.

5.13 COSHH Health Surveillance – Biological Agents

5.13.1 All staff receive a pre-employment/pre-placement occupational health assessment which includes an assessment of likely exposure to biological agents within their specific role. Relevant immunisations are checked and given as required. The blood and bodily fluid exposure procedure should be followed in the event of an exposure to a biological agent, such as events associated inoculation (sharps and splash) injuries; this includes an immediate consultation with the Occupational Health team for assessment and possible prophylaxis.

5.13.2 In the event where occupational health consultation is required out-of-hour or during non-normal working hours, all consultation should be directed to the Emergency Department. The department will assess the event and take immediate actions required, including escalating to the Occupational Health team for follow-up during working hours.

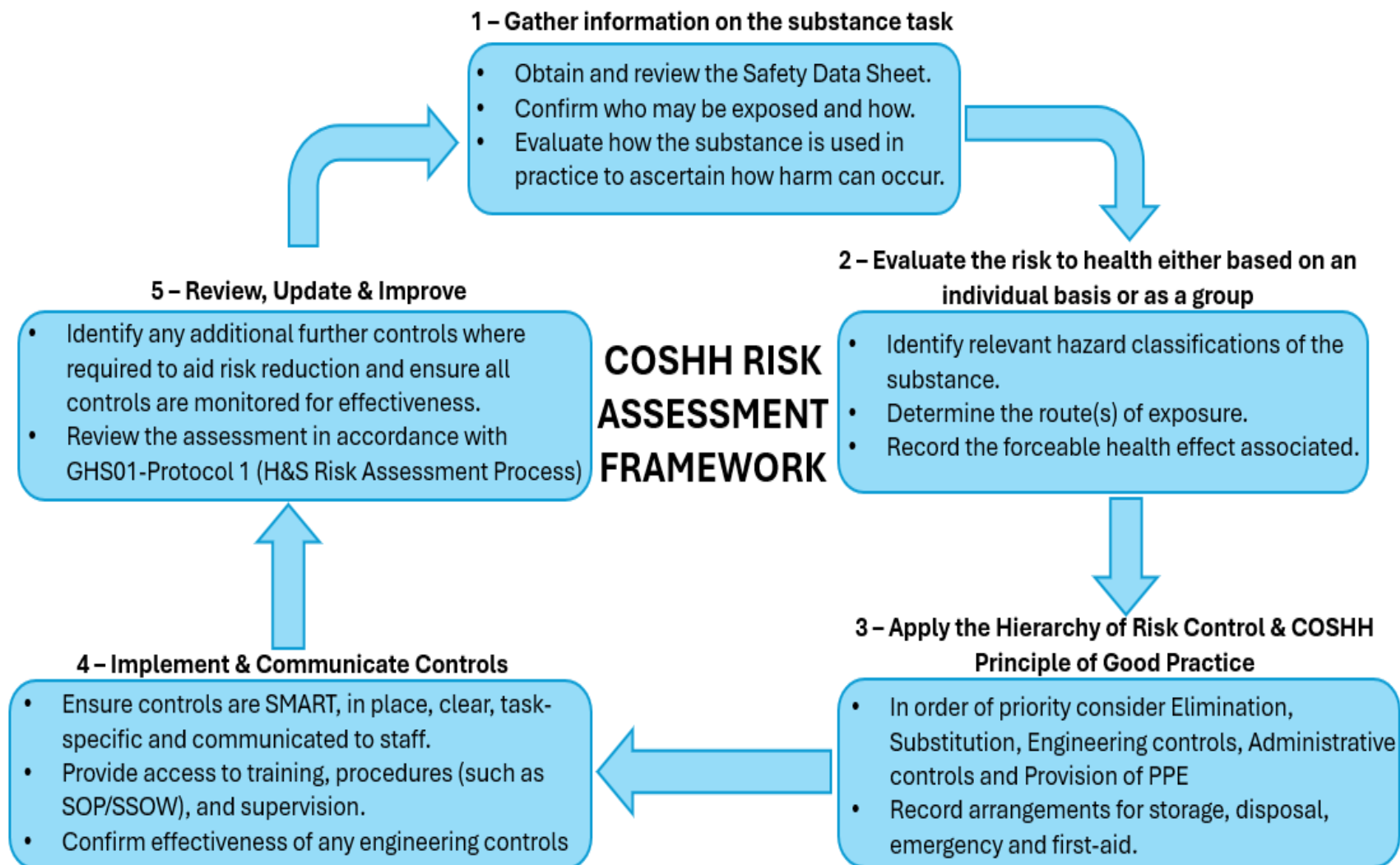
5.14 COSHH Medical Surveillance

5.14.1 In certain circumstances, including where work activities involve exposure to specific hazards such as asbestos, lead or ionising radiation, health surveillance is required by law to include statutory medical surveillance undertaken by a HSE “Appointed Doctor”. Although referred to as a HSE appointed doctor, the individual is not employed by the HSE.

5.14.2 Therefore, where medical surveillance is required; the responsible service manager must ensure that the Health and Safety team is informed at the earliest opportunity, this must be prior to the engagement of such individual. This is to ensure that the Trust complies with regulatory requirements of ensuring the competency of the individual in relation to the HSE’s Appointed Doctors Register.

APPENDIX A

Trust COSHH Risk Assessment Framework.



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APPENDIX B

Department COSHH Inventory

DEPARTMENT:	
DIVISION:	

Key	Description
RA	Risk Assessment
SDS	Safety Data Sheet
SOP/SSOW	Standard Operating Procedures / Safe System of Work
E.g.	Example of information required

No	Substance/ Product Name	Summary of Work-activity	RA Completed (Yes or No)	SDS Available (Yes or No)	SOP/SSOW Required (Yes or No)	Date Added to List
<i>E.g.</i>	<i>Peracetic Acid Wipes / Clinell</i>	<i>Decontamination of soiled surfaces</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>09.09.20</i>
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APPENDIX C

Group COSHH Risk Assessment Assessor Guidance: Using the COSHH Assessment Template

A COSHH risk assessment is not a duplication of the Safety Data Sheet (SDS). The SDS provides information on the hazardous properties and nature of the substance. The COSHH assessment evaluates how the substance is actually used within a specific service, task, and environment, and whether the control measures required (as outlined in the SDS) are in place and effective

Before you start the assessment:

- Always obtain and read the substance manufacturer SDS.
- Consider whether a safer alternative substance, process or equipment is available, as this may remove the need for a full assessment.
- Consult with the staff who carry out the task.
- Assess the task or work activity involving the substance as it is genuinely undertaken in practice, as this will support accurate hazard identification.

SECTION A: ASSESSMENT & SUBSTANCE OVERVIEW

Template Item	Requirement
Substance Detail	Record the exact product name and where it is used.
Who can be harmed	Tick all that apply (e.g. patients, staff, contractors, visitors, vulnerable groups, etc) in relation to the potential for exposure.
Overview of the substance:	This is often stated in the manufacturer SDS and includes a narrative of what the substance contains and how it behaves or reacts (e.g. during dilution).
How the task should be undertaken	Summarise how the substance is used within the task or work activity. Relevant information on usage is often provided in the SDS for some substances.
Nature of substance	Tick all forms present or applicable during use, such as gas, vapour, mist, fume, dust, liquid or solid (e.g. a tablet may be a solid initially but becomes a liquid once dissolved).
Routes of exposure	COSHH routes of exposure includes Absorption (through the skin and eyes), Ingestion (through mouth: via contaminated food, drink, etc.) and Inhalation (nose and mouth).
Workplace Exposure Limits (WEL)	WELs are legal exposure limits and must not be treated as targets. This section should only be completed where a WEL is specified in HSE's EH40 or the manufacturer SDS. Where no WEL applies, record 'Not Applicable'. Regardless of the presence of a WEL, exposure must be prevented or adequately controlled in accordance with the manufacturer SDS and the COSHH Principles of Good Practice.
Hazardous Classification of Substance	Therefore, tick all that apply. Often detailed within the manufacturer SDS and on the packaging of the substance, it is illustrated as the applicable pictogram.
Health or Harm that Could Occur	Information on potential harm or health effects is typically provided in the manufacturer SDS. The assessor must describe the foreseeable health effects or harm arising from the hazards of the substance or activity, considering the nature of the work, routes of exposure, frequency and duration of exposure, and those who may be exposed.
Initial Risk Score <i>Risk score <u>before</u> any controls</i>	Risk score (Consequence X Likelihood) based on no controls being in place. Consequence Level - determined by the potential harm or health effects associated with the substance. Likelihood Level – determined on the assumption that no control measures are currently in place,

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SECTION B: CURRENT CONTROLS – APPLYING THE HIERACHY OF RISK CONTROL:

Template Item	Requirement
Elimination	Consider whether the hazardous substance can be removed, or whether the work activity can be eliminated altogether, where this is reasonably practicable and safe to do so. If elimination is confirmed before the substance or activity is introduced, a full COSHH assessment is not required; however, the decision and rationale must be formally recorded. Where the substance or activity is already in use, a full COSHH assessment must be completed.
Substitution	Consider whether the hazardous substance or process can be replaced with a safer alternative (e.g. less hazardous substance, lower concentration, or different form) where this is reasonably practicable and effective. Where substitution is identified and implemented prior to use, the rationale must be recorded and a full assessment completed for the safer alternative where applicable. Where substitution is not reasonably practicable, continue to Be Engineering Controls.
Engineering Control	Consider the use of engineering controls to prevent or adequately control exposure at source, such as local exhaust ventilation (LEV), general/mechanical ventilation, enclosure or extraction units, etc. Engineering controls must be appropriate to the substance and task or work activity and used in accordance with manufacturer's instructions.
Administrative Controls	Tick the administrative controls in place and detail any additional actions for staff. Note: Administrative controls must not be relied upon as the sole means of risk control.
Storage & Disposal Requirement	Storage: detail the safe storage arrangements for the substance in accordance with the manufacturer SDS. Storage arrangements must prevent leakage, spillage, deterioration, or unintended exposure. Disposal: detail the safe disposal process for the substance (including its residues and contaminated materials) in accordance with the SDS and local procedure.
Fire Extinguisher Requirement	Where applicable, indicate the applicable fire extinguisher as indicated in the manufacturer SDS.
Emergency Procedure	Where applicable, indicate the applicable emergency procedure for spills, emergency release, evacuation, etc as indicated in the manufacturer SDS.
First-Aid Requirement	Where applicable, indicate the applicable first aid requirement as indicated in the manufacturer SDS.
Personal Protective Equipment (PPE)	Tick all that apply as indicated in the manufacturer SDS. Ensure they are available for use and that staff are trained on how to use them.
Current Risk Score <i>Risk score after current controls</i>	Rescore the risk score based on the level of current controls in place. Consequence Level - remains based on the harm/health effects associated. Likelihood Level – determined based on the required control measures either fully implemented or partially implemented. NOTE: The aim is to reduce the risk to as low as possible, where the Current Risk Score remains high, additional control measures MUST be detailed as required.

SECTION C: FURTHER CONTROLS

- Use this section to record actions where controls are insufficient or current risk score remains high.
- Further Control (where required) must be SMART and authoritative, hence clear as to what must be done and assigned a responsible person and realistic target date.
- This section must be reviewed and update provided for each identified action.

KEY REMINDERS: The assessment review date must set in line with the 'Review Frequency Table' in Section E of the COSHH risk assessment template. The SDS informs the COSHH assessment but does not replace it. COSHH assessments must be task or substance specific, therefore do not attempt to assess multiple substances on a single template. Administrative controls must be SMART and authoritative, hence clear as to what must be done or not done and by whom.

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APPENDIX D

GROUP HEALTH & SAFETY COSHH RISK ASSESSMENT FORM

SECTION A – ASSESSMENT & SUBSTANCE OVERVIEW

PLEASE NOTE: Service Managers holds the responsibility of ensuring the completion of COSHH assessments within their service. All staff must adhere to control measures.

Name of Substance:					Division:			Department:			Assessment Number:		
Indicate who could be exposed: ☐ Employees (including Older and Young Workers, Volunteers and Students). ☐ Patients ☐ Public/Visitor ☐ Contractors ☐ Vulnerable Groups (expectant or new mothers, person(s) with disability or reduced cognitive function)													
Summary of Hazards – How can harm occur (All information may be found within the Safety Data Sheet (SDS) on the Substance)													
Overview of the Substance (Please provide brief explanation):													
How the Task Should be Undertaken (Please provide brief explanation):													
Nature of Substance (Please indicate):		☐ Gas	☐ Vapour	☐ Mist	☐ Fume	☐ Dust	☐ Liquid	☐ Solid	☐ Other (please state):				
Route of Exposure (please indicate as applicable):		☐ Absorption (through Skin or Eye)		☐ Ingestion (through mouth)		☐ Inhalation (through nose or mouth)		Workplace Exposure Limit (WEL) and Time Weighted Average (TWA) (where applicable as prescribed by HSE EH40 or Safety Data Sheet):		Long Term –			
										Short Term –			
Hazardous Classification of Substance (please indicate all that apply, refer to Safety Data Sheet):		☐ Flammable 		☐ Explosive 		☐ Acute Toxicity 		☐ Oxidising 		☐ Corrosive 		☐ Pressurized gas  ☐ Environment Hazard 	
		☐ Health Hazard (skin, eye, etc)/Hazardous to the Ozone Layer 								☐ Serious Health Hazard 			
Describe the Associated Health Effect or Harm that Could Occur (please refer to Safety Data Sheet):													

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INITIAL RISK SCORE (C x L - Score Before Controls) – The Consequence Level is determined by the inherent health effects associated with the substance. The Likelihood Level reflects the level of risk on the assumption that no control measures are in place.	Detail Consequence Level Here	X	Detail Likelihood Level Here	=	Detail Risk Score Here
--	--	----------	---	----------	-----------------------------------

SECTION B – CURRENT CONTROLS

1. Elimination Controls (<i>Can the substance prevented</i>):	☐ No – continue to “Substitution Controls”		☐ Yes – <i>please specify preventive measures</i> :		
2. Substitution Controls (<i>Can the substance be changed for a safer alternative?</i>):	☐ No – continue to “Engineering Controls” below.		☐ Yes – <i>please specify</i> :		
3. Engineering Controls (<i>Please indicate what engineering measure or equipment in place</i>):	☐ Local Exhaust Ventilation (LEV)	☐ Gas Destruction Unit	☐ Containment or Enclosure Unit	☐ Other - <i>please specify</i> :	
	COSHH Regulation 9 Requirement: All engineering controls must be checked and maintained in an efficient order, therefore must be professionally examined at least every 14 months, and weekly user visual checks undertaken and recorded.				
4. Administrative Controls (<i>Please indicate</i>):	☐ Training on the task & substance in place for staff	☐ Safety Data Sheet available and provided to staff	☐ Documented Safe working procedures available for staff	☐ Job rotation and restricted access	☐ Other – <i>Please specify</i> :
	Using the Bullet Point Below, Detail any Administrative Control Measures or Actions for Staff (where applicable): • .				
5. Storage & Disposal Requirement (where applicable):	Detail <i>Storage</i> Requirement Here: • .		Detail <i>Disposal</i> Requirement Here: • .		
6. Fire Extinguisher Requirement (<i>indicate what extinguisher is safe for use</i>):	☐ Water 	☐ Foam 	☐ Powder 	☐ Carbon-Dioxide 	☐ Fire Blanket 
7. Emergency Procedure (spillage, evacuation, etc):	• .				
8. First-Aid Requirement (<i>refer to Safety Data Sheet</i>):	☐ No - specific procedure not required.		☐ Yes – <i>please specify first-aid measures</i> :		

9. Personal Protective Equipment (PPE) Required and Provided:	☐ Body Protector  	☐ Face Mask  	☐ Respirator 	☐ Hearing Protector 	☐ Eye Protector 	☐ Protective Gloves 	☐ Safety Footwear 
	☐ Other - <i>please specify</i> :						

CURRENT RISK SCORE (C x L - Score After Controls) – <i>The Consequence Level remains based on the health effects outlined above. The Likelihood Level reflects the level of risk with the required control measures either fully implemented, partially implemented, or not reasonably practicable to implement. Where the Likelihood Level remains high, additional control measures will be required:</i>					C Here	X	L Here	=	Score Here
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SECTION C – FURTHER CONTROLS (FOR MANAGEMENT OR STAFF):

Further Controls for each Risk (update for each further control to be provided during review of assessment):		Responsible Person:	Target Date	Completion Status
1.				
UPDATE: <i>To be Provided at Review</i>				
2.				
UPDATE: <i>To be Provided at Review</i>				
3.				
UPDATE: <i>To be Provided at Review</i>				
4.				
UPDATE: <i>To be Provided at Review</i>				
5.				
UPDATE: <i>To be Provided at Review</i>				

SECTION D – Assessor Detail & Review Date

Name of Assessor (Name & Role)		Assessment Date	
Approved By (Name & Role)		Assessment Review Date (see Section E below for review frequency)	

SECTION E: Risk Scoring Matrix

Risk Score Table:

Likelihood score	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence					
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Risk Rating & Review Frequency Table:

1-3	Low Risk	Annual review of controls or sooner following change
4-6	Moderate Risk	9 Monthly Review of controls or sooner following change.
8-12	High Risk	6 Monthly Review of Controls or sooner following change.
>12	Extreme Risk	On-going or 3-Monthly Review of controls or sooner following change.

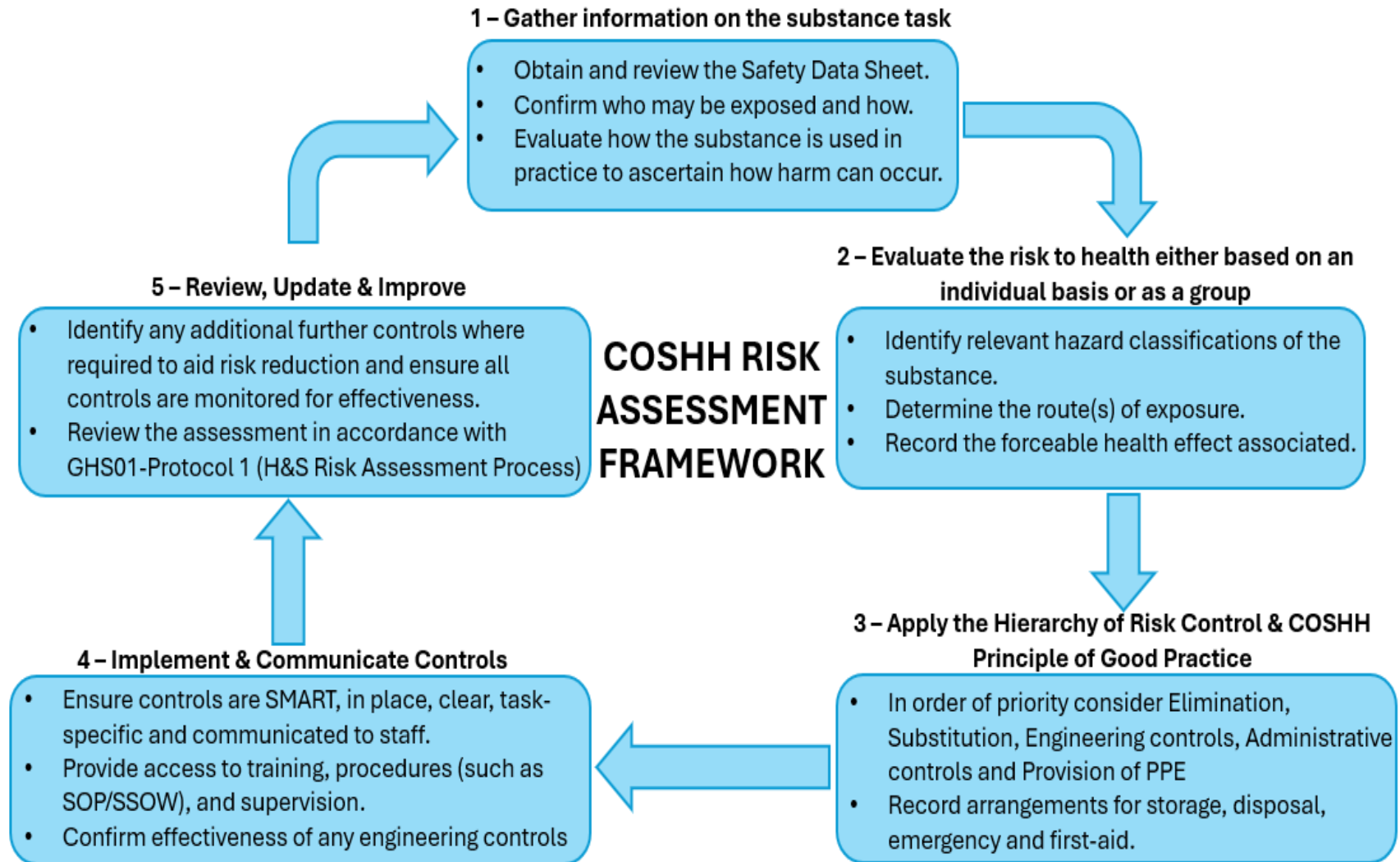
Likelihood (L) Table:

Likelihood score	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Descriptor	Not expected to occur for years or will probably never occur.	Expected to occur at least once a year or could occur given the right circumstances.	May occur occasionally or expected to occur up to once a month.	Will probably occur, however not a persistent issue or risk.	Likely to occur on many occasions; a persistent risk, possibly frequently.

Consequence (C) Table:

Level	Impact	Description of actual or potential impact on individual
5	Catastrophic	- Incident leading to death, multiple permanent injuries, severe, irreversible health effects or disability. - An event which impacts on a large number of staff/ patients/ visitors or contractors.
4	Major	- Injury leading to long-term incapacity. - Injury requiring medical intervention, hospital attendance or admission. - Injury requiring time off work for more than 7-days. - Incident requiring a RIDDOR notification to the HSE. - An event which impacts the Trust's operation.
3	Moderate	- Injury requiring time off work between 3 to 7 days. - An event which impacts on a small number of staff/patients / visitors or contractors. - An event which slightly impacts on the Trust's operation.
2	Minor	- Minor injury or illness, requiring minor intervention. - Requiring time off work for less than 3 days.
1	Negligible	Minimal injury requiring no/minimal intervention or treatment. No time off work

Trust COSHH Risk Assessment Framework.



Department COSHH Inventory

DEPARTMENT:	
DIVISION:	

Key	Description
RA	Risk Assessment
SDS	Safety Data Sheet
SOP/SSOW	Standard Operating Procedures / Safe System of Work
E.g.	Example of information required

No	Substance/ Product Name	Summary of Work-activity	RA Completed (Yes or No)	SDS Available (Yes or No)	SOP/SSOW Required (Yes or No)	Date Added to List
E.g.	Peracetic Acid Wipes / Clinell	Decontamination of soiled surfaces	Yes	Yes	Yes	09.09.20
1.						
2.						
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20.						

Group COSHH Risk Assessment Assessor Guidance: Using the COSHH Assessment Template

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Before you start the assessment:

- Always obtain and read the substance manufacturer SDS.
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- Assess the task or work activity involving the substance as it is genuinely undertaken in practice, as this will support accurate hazard identification.

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Template Item	Requirement
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Nature of substance	Tick all forms present or applicable during use, such as gas, vapour, mist, fume, dust, liquid or solid (e.g. a tablet may be a solid initially but becomes a liquid once dissolved).
Routes of exposure	COSHH routes of exposure includes Absorption (through the skin and eyes), Ingestion (through mouth: via contaminated food, drink, etc.) and Inhalation (nose and mouth).
Workplace Exposure Limits (WEL)	WELs are legal exposure limits and must not be treated as targets. This section should only be completed where a WEL is specified in HSE's EH40 or the manufacturer SDS. Where no WEL applies, record 'Not Applicable'. Regardless of the presence of a WEL, exposure must be prevented or adequately controlled in accordance with the manufacturer SDS and the COSHH Principles of Good Practice.
Hazardous Classification of Substance	Therefore, tick all that apply. Often detailed within the manufacturer SDS and on the packaging of the substance, it is illustrated as the applicable pictogram.
Health or Harm that Could Occur	Information on potential harm or health effects is typically provided in the manufacturer SDS. The assessor must describe the foreseeable health effects or harm arising from the hazards of the substance or activity, considering the nature of the work, routes of exposure, frequency and duration of exposure, and those who may be exposed.
Initial Risk Score <i>Risk score <u>before</u> any controls</i>	Risk score (Consequence X Likelihood) based on no controls being in place. Consequence Level - determined by the potential harm or health effects associated with the substance. Likelihood Level – determined on the assumption that no control measures are currently in place,

SECTION B: CURRENT CONTROLS – APPLYING THE HIERACHY OF RISK CONTROL:

Template Item	Requirement
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Substitution	Consider whether the hazardous substance or process can be replaced with a safer alternative (e.g. less hazardous substance, lower concentration, or different form) where this is reasonably practicable and effective. Where substitution is identified and implemented prior to use, the rationale must be recorded and a full assessment completed for the safer alternative where applicable. Where substitution is not reasonably practicable, continue to Be Engineering Controls.
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Administrative Controls	Tick the administrative controls in place and detail any additional actions for staff. Note: Administrative controls must not be relied upon as the sole means of risk control.
Storage & Disposal Requirement	Storage: detail the safe storage arrangements for the substance in accordance with the manufacturer SDS. Storage arrangements must prevent leakage, spillage, deterioration, or unintended exposure. Disposal: detail the safe disposal process for the substance (including its residues and contaminated materials) in accordance with the SDS and local procedure.
Fire Extinguisher Requirement	Where applicable, indicate the applicable fire extinguisher as indicated in the manufacturer SDS.
Emergency Procedure	Where applicable, indicate the applicable emergency procedure for spills, emergency release, evacuation, etc as indicated in the manufacturer SDS.
First-Aid Requirement	Where applicable, indicate the applicable first aid requirement as indicated in the manufacturer SDS.
Personal Protective Equipment (PPE)	Tick all that apply as indicated in the manufacturer SDS. Ensure they are available for use and that staff are trained on how to use them.
Current Risk Score <i>Risk score <u>after</u> current controls</i>	Rescore the risk score based on the level of current controls in place. Consequence Level - remains based on the harm/health effects associated. Likelihood Level – determined based on the required control measures either fully implemented or partially implemented. NOTE: The aim is to reduce the risk to as low as possible, where the Current Risk Score remains high, additional control measures MUST be detailed as required.

SECTION C: FURTHER CONTROLS

- Use this section to record actions where controls are insufficient or current risk score remains high.
- Further Control (where required) must be SMART and authoritative, hence clear as to what must be done and assigned a responsible person and realistic target date.
- This section must be reviewed and update provided for each identified action.

KEY REMINDERS

- The assessment review date **must** set in line with the 'Review Frequency Table' in Section E of the COSHH risk assessment template.
- The SDS informs the COSHH assessment but does not replace it.
- COSHH assessments must be task or substance specific, therefore **do not** attempt to assess multiple substances on a single template.
- Administrative controls must be SMART and authoritative, hence clear as to what must be done or not done and by whom.

GROUP HEALTH & SAFETY **COSHH** RISK ASSESSMENT FORM

SECTION A – ASSESSMENT & SUBSTANCE OVERVIEW

PLEASE NOTE: Service Managers holds the responsibility of ensuring the completion of COSHH assessments within their service. All staff must adhere to control measures.

Name of Substance:				Division:				Department:				Assessment Number:				
Indicate who could be exposed: ☐ Employees (including Older and Young Workers, Volunteers and Students). ☐ Patients ☐ Public/Visitor ☐ Contractors ☐ Vulnerable Groups (expectant or new mothers, person(s) with disability or reduced cognitive function)																
Summary of Hazards – How can harm occur (All information may be found within the Safety Data Sheet (SDS) on the Substance)																
Overview of the Substance (Please provide brief explanation):																
How the Task Should be Undertaken (Please provide brief explanation):																
Nature of Substance (Please indicate):	☐ Gas	☐ Vapour	☐ Mist	☐ Fume	☐ Dust	☐ Liquid	☐ Solid	☐ Other (please state):								
Route of Exposure (please indicate as applicable):	☐ Absorption (through Skin or Eye)		☐ Ingestion (through mouth)		☐ Inhalation (through nose or mouth)		Workplace Exposure Limit (WEL) and Time Weighted Average (TWA) (where applicable as prescribed by HSE EH40 or Safety Data Sheet):				Long Term –					
											Short Term –					
Hazardous Classification of Substance (please indicate all that apply, refer to Safety Data Sheet):	☐ Flammable 		☐ Explosive 		☐ Acute Toxicity 		☐ Oxidising 		☐ Corrosive 		☐ Pressurized gas 		☐ Environment Hazard 			
	☐ Health Hazard (skin, eye, etc)/Hazardous to the Ozone Layer 						☐ Serious Health Hazard 									
Describe the Associated Health Effect or Harm that Could Occur (please refer to Safety Data Sheet):																
INITIAL RISK SCORE (C x L - Score Before Controls) – The Consequence Level is determined by the inherent health effects associated with the substance. The Likelihood Level reflects the level of risk on the assumption that no control measures are in place.							Detail Consequence Level Here		X		Detail Likelihood Level Here		=		Detail Risk Score Here	

SECTION B – CURRENT CONTROLS

1. Elimination Controls (<i>Can the substance prevented</i>):	☐ No – continue to “Substitution Controls”		☐ Yes – <i>please specify preventive measures</i> :					
2. Substitution Controls (<i>Can the substance be changed for a safer alternative?</i>):	☐ No – continue to “Engineering Controls” below.		☐ Yes – <i>please specify</i> :					
3. Engineering Controls (<i>Please indicate what engineering measure or equipment in place</i>):	☐ Local Exhaust Ventilation (LEV)	☐ Gas Destruction Unit	☐ Containment or Enclosure Unit	☐ Other - <i>please specify</i> :				
	COSHH Regulation 9 Requirement: All engineering controls must be checked and maintained in an efficient order, therefore must be professionally examined at least every 14 months, and weekly user visual checks undertaken and recorded.							
4. Administrative Controls (<i>Please indicate</i>):	☐ Training on the task & substance in place for staff	☐ Safety Data Sheet available and provided to staff	☐ Documented Safe working procedures available for staff	☐ Job rotation and restricted access	☐ Other – <i>Please specify</i> :			
	Using the Bullet Point Below, Detail any Administrative Control Measures or Actions for Staff (where applicable): .							
5. Storage & Disposal Requirement (where applicable):	Detail <i>Storage</i> Requirement Here: .			Detail <i>Disposal</i> Requirement Here: .				
6. Fire Extinguisher Requirement (<i>indicate what extinguisher is safe for use</i>):	☐ Water 	☐ Foam 	☐ Powder 	☐ Carbon-Dioxide 	☐ Fire Blanket 			
7. Emergency Procedure (spillage, evacuation, etc):	.							
8. First-Aid Requirement (refer to Safety Data Sheet):	☐ No - specific procedure not required.		☐ Yes – <i>please specify first-aid measures</i> :					
9. Personal Protective Equipment (PPE) Required and Provided:	☐ Body Protector 	☐ Face Mask 	☐ Respirator 	☐ Hearing Protector 	☐ Eye Protector 	☐ Protective Gloves 	☐ Safety Footwear 	
	☐ Other - <i>please specify</i> :							
CURRENT RISK SCORE (C x L - Score After Controls) – The Consequence Level remains based on the health effects outlined above. The Likelihood Level reflects the level of risk with the required control measures either fully implemented, partially implemented, or not reasonably practicable to implement. Where the Likelihood Level remains high, additional control measures will be required:				C Here	X	L Here	=	Score Here

SECTION C – FURTHER CONTROLS (FOR MANAGEMENT OR STAFF):

Further Controls for each Risk (update for each further control to be provided during review of assessment):		Responsible Person:	Target Date	Completion Status
1.				
UPDATE: <i>To be Provided at Review</i>				
2.				
UPDATE: <i>To be Provided at Review</i>				
3.				
UPDATE: <i>To be Provided at Review</i>				
4.				
UPDATE: <i>To be Provided at Review</i>				
5.				
UPDATE: <i>To be Provided at Review</i>				

SECTION D – Assessor Detail & Review Date

Name of Assessor (Name & Role)		Assessment Date	
Approved By (Name & Role)		Assessment Review Date (see Section E below for review frequency)	

SECTION E: Risk Scoring Matrix

Risk Score Table:

Likelihood score	1	2	3	4	5
Consequence	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Risk Rating & Review Frequency Table:

1-3	Low Risk	Annual review of controls or sooner following change
4-6	Moderate Risk	9 Monthly Review of controls or sooner following change.
8-12	High Risk	6 Monthly Review of Controls or sooner following change.
>12	Extreme Risk	On-going or 3-Monthly Review of controls or sooner following change.

Likelihood (L) Table:

Likelihood score	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Descriptor	Not expected to occur for years or will probably never occur.	Expected to occur at least once a year or could occur given the right circumstances.	May occur occasionally or expected to occur up to once a month.	Will probably occur, however not a persistent issue or risk.	Likely to occur on many occasions; a persistent risk, possibly frequently.

Consequence (C) Table:

Level	Impact	Description of actual or potential impact on individual
5	Catastrophic	- Incident leading to death, multiple permanent injuries, severe, irreversible health effects or disability. - An event which impacts on a large number of staff/ patients/ visitors or contractors.
4	Major	- Injury leading to long-term incapacity. - Injury requiring medical intervention, hospital attendance or admission. - Injury requiring time off work for more than 7-days. - Incident requiring a RIDDOR notification to the HSE. - An event which impacts the Trust's operation.
3	Moderate	- Injury requiring time off work between 3 to 7 days. - An event which impacts on a small number of staff/patients / visitors or contractors. - An event which slightly impacts on the Trust's operation.
2	Minor	- Minor injury or illness, requiring minor intervention. - Requiring time off work for less than 3 days.
1	Negligible	Minimal injury requiring no/minimal intervention or treatment. No time off work

Group HS01 - Protocol 4: Display Screen Equipment (DSE) Management

Author:	Christian Iroh, Group Specialist Head of Health & Safety
Associated Policy:	Group Management of Health & Safety – GHS01
Date:	June 2026
Review Date:	June 2029

1.0 Purpose and Scope

This protocol sets out the arrangements for identifying, assessing, controlling and reviewing risks arising from Display Screen Equipment, referred to in this protocol as DSE.

This protocol is intended to ensure that health risks arising from DSE use, including musculoskeletal discomfort, upper limb symptoms, visual fatigue, headaches and other foreseeable effects associated with poor workstation design or prolonged static working, are reduced so far as is reasonably practicable.

It applies to all employees, workers, bank staff, agency staff, students, volunteers, contractors and others who use DSE in connection with Trust work activities where they meet the definition of a DSE user or where a local assessment identifies a foreseeable DSE related risk.

It covers fixed workstations, shared workstations, clinical workstations, office environments, shared temporary workstations, portable DSE, hybrid working, homeworking and hot desking arrangements.

It shall sit beneath the Group Health & Safety Policy – GSH01 and should be read in conjunction with the Risk Assessment Protocol – GSHS01 Protocol 1, relevant workplace wellbeing arrangements, work equipment arrangements, and any local homeworking or reasonable adjustment procedures.

2.0 Legislative Framework

This protocol is aligned with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999, and the Health and Safety Display Screen Equipment Regulations 1992 as amended.

It also reflects the current approach set out in HSE guidance L26-Work with DSE, including the expectation that the Trust identify DSE users, assess workstations, reduce identified risks, provide eye and eyesight tests on request, provide information and training, and plan work to include breaks or changes of activity.

It is recognised that the legal duties under DSE are specific, but they also sit within wider employer duties to assess risk, provide safe systems of work, consult staff, and make reasonable adjustments where required and reasonably practicable to do so.

3.0 Definitions

Term	Explanation
DSE	Display Screen Equipment. Any alphanumeric or graphic display screen, regardless of the display process used. This includes desktop computers, laptops, tablets and similar devices when used for work tasks within scope.
DSE user	A worker who habitually uses DSE as a significant part of normal work and does so on most working days for continuous or near continuous periods of about one hour or more. The actual work pattern is more important than job title alone.

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Workstation	The whole arrangement comprising the display screen, input devices, desk or work surface, chair, accessories, software interface where relevant, and the immediate work environment.
Portable DSE	Laptops, digital notebooks, tablets and similar devices intended for portability.
Suitable and sufficient assessment	A structured assessment detailed enough to identify foreseeable DSE related risks, determine the control measures required, and show that the workstation, task and environment have been considered together.
Competent DSE assessor	A person with appropriate training, knowledge and experience to review DSE risks, advise on controls, recognise limits of competence and identify when specialist input is needed.

4.0 Roles and Responsibilities

Responsibilities should be interpreted alongside the overarching duties in GHS01. The duties below reflect the minimum expectations specific to DSE management.

Role	Responsibility
Group Chief Executive Officer	Overall accountability for ensuring suitable organisational arrangements are in place for the management of DSE risk and that responsibilities are appropriately delegated through the management structure.
Executive Directors	Ensure adequate resources, implementation arrangements and governance oversight exist within their areas of responsibility and ensure that significant DSE related risks or recurrent non-compliance are addressed.
Divisional Directors and Heads of Service	Ensure DSE users are identified, suitable and sufficient assessment arrangements are implemented, unresolved issues are escalated, and material risks are considered through divisional governance and risk management arrangements where appropriate.
Line Managers	- Identify DSE users; ensure self-assessments are completed and reviewed - Arrange competent follow up where indicated - Ensure staff know how to set up workstations - Plan breaks or changes of activity - Respond promptly to discomfort reports - Support access to eye tests and reasonable equipment - Implement identified controls and actions where reasonably practicable - Confirm floor type with procurement to aid provision of suitable chair-casters for intended floor type or area of use.
Employees	- Complete required self-assessments honestly and promptly. - Set up workstations correctly and in line with training within self-assessment - Use equipment provided in the recommended manner. - Report discomfort, defects or changing personal needs. - Make use of breaks or changes of activity. - Cooperate with measures introduced to control risk.
Health and Safety Team	- Maintain the protocol and supporting tools. - Provide competent Health & Safety specialist advice. - Support complex cases where able to do so.

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	• Advise on provision of assessor training. • Audit compliance. • Report material themes or concerns through governance channels.
Occupational Health Team	• Provide specialist clinical advice and assessment via management referral. This is necessary where DSE related symptoms persist after equipment has been corrected, there is sickness absence or the individual has an underlying health condition that may require other adjustments. • Contribute to trend information where appropriate.
Procurement Team	• Support provision of suitable standard equipment and approved specialist equipment where justified, taking account of compatibility, standardisation, maintenance and assessed need. • Must ensure provided chairs are suitable for use, therefore, castor type must be confirmed to be safe for safe for intended floor type.

5.0 Procedure

5.1 Group Principle of DSE Management and Control

5.1.1 The Group will manage DSE risks using a proportionate, tiered and evidence-based approach. The existence of functional DSE and workstations shall not automatically be treated as low risk. Risk depends on the frequency of use, duration of uninterrupted work, quality of the workstation, nature of the task, and the needs of the individual.

5.1.2 Please Note: Self-assessment should be used as the first stage of the assessment process. However, this does not remove the line manager's duty to ensure that the assessment is suitable and sufficient. Line managers must ensure:

- that the approved Trust Health & Safety DSE form has been used for the self-assessment
- the self-assessment has been completed by the DSE user and on the workstation,
- that any identified actions are reviewed and implemented promptly,
- where local identified actions have been implemented but risks or discomfort remain, where earlier specialist advice is indicated, or where a more complex need is identified, the assessment is escalated or referred in line with section 5.8 of this protocol to the Occupational Health Team.

5.1.3 The control philosophy for DSE shall prioritise good work design, suitable workstation layout, suitable equipment, environmental controls, task variation and timely action on symptoms and identified equipment issues. The issue of equipment alone shall not be treated as a substitute for proper workstation design or work organisation, the below must be applied:

- DSE risk shall be managed in a way that is proportionate to the nature, duration and complexity of the work.
- Managers shall focus on preventing problems through good workstation design and sensible work routines, rather than reacting only after discomfort is reported.

- Homeworking, agile working and hot desking shall be managed to the same standard of principle as office-based work where reasonably practicable, while recognising that controls may need to be adapted to the setting.
- Where individuals have pre-existing conditions, disability, pregnancy related needs, visual difficulties, rehabilitation needs or other specific requirements, the assessment shall consider those requirements explicitly.
- Monitoring shall test whether risks are actually being controlled, not simply whether forms have been completed.

5.2 Identification of DSE Users

5.2.1 Managers shall identify DSE users by considering how work is undertaken in practice. Staff are likely to be users where they rely on DSE for core duties, use it most working days, and do so for continuous or near continuous spells of approximately one hour or more at a time.

5.2.2 The identification process shall include office-based roles, clinical roles with significant electronic record or digital imaging work, remote workers, staff working from home, staff using shared workstations, and staff whose use of portable devices has increased because of role change or altered working arrangements.

5.2.3 Individuals who do not strictly meet the formal threshold for user status may still require local assessment where they report symptoms or where the workstation or work pattern presents a foreseeable risk.

5.3 DSE Assessment Arrangements

5.3.1 General requirement

Every identified DSE user must completed a suitable and sufficient [DSE self-assessment](#). The assessment must consider the workstation as a whole, the work being undertaken, the working environment and any special requirements of the individual.

Please Note: A DSE assessment must not be treated as complete merely because a checklist has been filled in. The assessment is only complete when the findings have been reviewed, and any required actions have been recorded and either implemented or escalated.

5.3.2 Matters that must be considered with the self-assessment

The below matters must be considered and covered within the self-assessment:

- Screen position, height, viewing distance and image quality
 - Keyboard, mouse or other input device placement and use
 - Chair suitability, adjustment and support
- Please Note:** The castors for any chair used or to be provided MUST be suitable for the floor type/area where the chair will be used; this avoid fall injuries.
- Desk or work surface size, layout and available working space
 - Leg room, storage obstruction and cable risks
 - Lighting, glare, reflections and local environmental factors
 - Nature of the task, pace of work and duration of uninterrupted screen time
 - Breaks or changes of activity and opportunities for postural change
 - Portable DSE use and whether prolonged use is taking place
 - Homeworking, hot desking or agile working arrangements where relevant
 - Individual factors such as height, pregnancy related comfort, disability, visual needs, pre-existing musculoskeletal conditions or rehabilitation requirements.

5.3.3 Staged assessment model

The Trust shall use a staged model so that routine low risk cases are managed efficiently but higher risk or more complex cases receive deeper review. This assessment model is as follows:

- **Stage 1:** DSE User self-assessment using the [Trust approved DSE checklist](#).
- **Stage 2:** Manager review of the assessment, confirm actions/controls and complete any straight-forward local actions/controls. These actions must be recorded using the [action plan template](#) and stored in the user's personnel file.
- **Stage 3:** Review by a competent DSE assessor where the case is complex, unresolved or requires specialist advice. The competent assessor will be the Health & Safety Team where no clinical health issue is identified.
- **Stage 4:** Referral to Occupational Health or other specialist where symptoms, health issues, rehabilitation or adjustment needs require this.

5.3.4 Assessment review triggers

The self-assessment and any other DSE related assessments must be review as follows:

- at least every two years for established users,
- when a member of staff reports pain, discomfort, persistent headache, visual difficulty or inability to achieve a comfortable set up,
- when there is a significant change to workstation, equipment, software, work pattern or environment,
- when an individual moves to regular hybrid working or homeworking,
- following absence, rehabilitation or a change in health needs relevant to DSE use, or
- when hot desk or shared workstation arrangements materially alter how the person works (please note - a copy of the completed assessment should be filed in the employee's personal record).

5.4 DSE Risk Control Measures

5.4.1 Hierarchy of control for DSE

When assessment identifies DSE related risk, managers shall consider controls in the following order, more than one control may be required:

- i. Work design controls, including reducing prolonged static work, varying tasks and avoiding repetitive input activity where able to do so.
- ii. Workstation layout controls, including correct arrangement and setup of chair, screen, keyboard, pointing device (e.g., mouse, stylus, etc.) and frequently used items.
- iii. Equipment controls, including suitable chairs, separate keyboards and mouse, monitor risers, document holders, footrests, headsets or docking arrangements where required.
- iv. Environmental controls, including management of glare, reflections, local lighting, noise, ventilation, space and thermal comfort.
- v. Work routine controls, including regular changes of activity, opportunities for movement and avoidance of sustained awkward/unsafe posture.
- vi. Individual controls, including specialist equipment or adjusted working arrangements where supported by assessment or operationally practicable.
- vii. Referral for specialist advice where risk cannot be adequately controlled through routine local measures.

5.4.2 Minimum control expectations

Managers shall ensure that workstations used by DSE users meet, so far as applicable, the relevant minimum requirements set out in the Schedule to the Health and Safety Display Screen Equipment Regulations 1992 as amended. This includes the suitability of display screens, input devices, work surfaces, work chairs, the immediate working environment and the software interface where relevant.

Managers shall ensure that staff are able to adjust chairs and screens appropriately and that workstations used regularly are capable of being set up to a reasonable ergonomic standard.

Where laptops or other portable devices are used for prolonged work, suitable arrangements such as docking, separate peripherals or alternative workstations shall be considered. Extended laptop use without appropriate set up shall not be treated as the default standard.

Where a member of staff is required to use more than one workstation or to work across multiple locations, the control strategy shall where reasonably practicable consider the pattern of movement and the practical arrangements available at each site, rather than focusing on one desk alone.

5.4.3 Action plans

Where an assessment identifies that further action is required, this must be documented using Appendix B - DSE Action Plan Template. Actions must be recorded against each issue identified. The following must be clearly specified:

- actions must specify the control measure required to eliminate or reduce the risk identified
- the responsible person
- the target date and completion
- the completion status (ongoing or completed) of each action

Any action that cannot be implemented locally within a reasonable timeframe must be escalated through line management and, where necessary, to the relevant specialist team (Occupational Health, Health & Safety, etc.).

The action plan must be completed, monitored and reviewed by the line manager of the DSE user. The review date must be set with reference to the earliest target date for any outstanding action. The action plan must be shared with the DSE user.

5.5 Work Routine, Breaks and Change of Activity

5.5.1 Managers shall organise work so that DSE users have breaks or changes of activity. Breaks do not need to be formal rest breaks in every case. The key requirement is that prolonged spells of uninterrupted DSE work are avoided where reasonably practicable and that individuals have opportunities to move, stretch, stand, walk or undertake different tasks.

5.5.2 For most DSE intensive work, short and frequent changes of activity are preferable to longer but infrequent interruptions. Local arrangements should be practicable, task based and workable in practice.

5.5.3 Particular attention shall be given to roles involving prolonged digital documentation, high volume administrative processing, extended virtual meetings or repetitive keyboard and mouse use.

5.6 Eye and Eyesight Test

5.6.1 DSE users are entitled to request an eye and eyesight test from the Occupational Health Team. The Trust shall maintain a local process for arranging or reimbursing tests in line with organisational arrangements.

5.6.2 Where the outcome of the test shows that special corrective appliances are required specifically for DSE work and normal corrective appliances cannot be used, appropriate support shall be provided in line with the local reimbursement process.

5.6.3 Managers shall ensure staff are aware of the process for requesting eye tests and that requests are not unreasonably delayed.

5.7 Portable DSE, Agile Working, Homeworking and Hot Desking

5.7.1 Portable DSE

Portable DSE can present additional ergonomic difficulties because of screen size, fixed keyboard arrangement and the range of environments in which the equipment may be used. It shall not be assumed that portable equipment is suitable for prolonged use without an assessment.

Where portable DSE is used for extended periods, managers shall consider provision of docking, a separate screen, keyboard and mouse, or access to suitable fixed/mobile workstations.

5.7.2 Homeworking and agile working

Where homeworking is regular or forms part of an agreed working pattern, the employee shall complete a home DSE assessment and the manager shall review it. The same principles of suitable posture, space, lighting, equipment and work routine shall apply.

A home workstation does not need to mirror an office exactly, but it must be reasonably suitable for the work undertaken. Equipment decisions should take account of the frequency and duration of homeworking, the nature of the tasks, the needs of the individual and the adequacy of the existing arrangement.

For agile workers, the assessment shall consider the range of environments used, rather than a single location only.

5.7.3 Hot desking

Shared workstations must be capable of adjustment by different users and staff must be trained to adjust the set up before use. Hot desking must not be used as a reason to accept poor workstation standards.

Managers shall ensure that shared workspaces remain suitable, that defects are addressed, and that staff have access to basic hygiene and housekeeping arrangements where shared equipment is used.

5.8 Escalation, Referral Routes and Specialist Assessment

5.8.1 Where a DSE assessment identifies that risk cannot be adequately controlled through routine self-assessment and line-manager review, the matter must be escalated for further consideration and, where required, specialist input. Escalation must be recorded and acted upon without undue delay.

The following circumstances require escalation beyond routine self-assessment and line-manager review:

- i. persistent or recurrent discomfort, pain, headache or visual symptoms despite local action

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- ii. inability to achieve a satisfactory workstation set up through normal adjustment and training
- iii. requirement for specialist seating or other non-standard equipment associated with an existing health condition
- iv. known disability, rehabilitation need, or other adjustment requirement affecting workstation use
- v. pregnancy related discomfort or changing needs affecting workstation use
- vi. repeated reports of the same issue within a service, department, or at a particular workstation type
- vii. manager uncertainty as to whether the control measures identified are suitable and sufficient
- viii. any situation where the individual or line manager believes that the risk remains unresolved despite local action.

5.8.2 Scope of Health & Safety Specialist Assessment

The Health and Safety Team may provide specialist advice in relation to non-clinical matters associated with DSE assessment and workstation safety. This includes advice on workstation layout, equipment suitability, environmental factors, safe set up, the assessment process, and whether proposed control measures are likely to be suitable and sufficient from a health and safety management perspective.

The Health and Safety Team does not provide clinical assessment, diagnosis, or advice in relation to symptoms, underlying health conditions, fitness for work, rehabilitation, pregnancy related health concerns, visual health concerns, or individual medical needs.

5.8.3 Scope of Occupational Health Specialist Assessment

A management referral to the Occupational Health team for assessment should be made if the individual has an existing health condition, and/or equipment adjustment does not remedy any symptoms, and/or they are off work as a result of their DSE related symptoms.

Depending on local Trust arrangements, manager or self-referral for physiotherapy can also be made for ANY musculoskeletal symptoms. Managers should always ensure that local DSE assessment and reasonable workstation adjustments are undertaken in the first instance before referral to the Occupational Health Team.

Where both workstation and health related issues are present, or issues affect a group of employees, the line manager must ensure that referral is made to the Occupational Health Team for health-related matters, while seeking advice from the Health and Safety Team on any associated non-clinical workstation or environmental issues. This is to ensure that specialist advice is obtained from the appropriate professional services in each Trust and that responsibilities are applied consistently.

5.9 Non-Compliance and Risk Escalation

5.9.1 Failure to complete required self-assessments, failure to implement reasonable controls, or failure to respond to reported symptoms shall be treated as a management issue and addressed through line management and governance routes.

5.9.2 Where unresolved DSE related issues present a continuing risk to staff health or represent recurring systemic failure, the matter should be escalated and entered on the appropriate risk register in line with the Group risk management process.

5.10 Information Instruction and Training

5.10.1 All DSE users must receive information and instruction on safe workstation set up, good posture, adjustment of equipment, reporting arrangements, eye test entitlement, and the need for breaks or changes of activity. This information and instruction is provided through the health & safety approved self-assessment process, including supporting video material prepared by competent professionals, and details within this protocol.

5.10.2 This protocol provides the information necessary to support line managers in identifying DSE users, reviewing assessments to ensure they are suitable and sufficient, implementing straightforward control measures, and recognising when escalation or specialist input is required.

5.10.3 Staff undertaking specialist DSE assessment responsibilities on behalf of the Trust must be able to demonstrate appropriate training, knowledge and experience for that role. They must understand the limits of their competence and seek support from the Health and Safety Team or Occupational Health Team, as appropriate, where issues fall outside their professional remit.

5.11 Record Keeping

The following records shall be maintained in accordance with local information governance and retention arrangements where applicable:

- i. completed DSE assessments and review records
- ii. action plans and evidence of action completion
- iii. records of specialist assessments where undertaken
- iv. equipment issue records where relevant to the case
- v. training records for DSE assessors and relevant staff groups
- vi. local audit outputs and compliance reports

5.12 Monitoring, Audit and Assurance

Monitoring should test whether arrangements are functioning in practice. Completion of forms alone is not a sufficient assurance measure. Monitoring should be undertaken as follows:

Monitoring area	Measure	Lead	Reporting route
Assessment compliance	Percentage of identified DSE users with an in-date assessment	Line managers supported by the Health and Safety Team	Divisional governance and Health and Safety Steering Group
Action completion	Percentage of assessment actions completed within target date	Line managers	Local management review with escalation of overdue actions and
Quality of assessments	Audit of whether assessments are suitable and sufficient and whether review triggers were recognised	Health and Safety and Occupational Health Team	Health and safety governance routes
Ill-health themes	Review of referrals and work-related MSK concerns/themes	Occupational Health and Health and Safety	Trend reporting and escalation where patterns emerge

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Training compliance	Completion of awareness training and assessor training where required	Managers and Learning Leads	Local assurance and governance reporting
Environmental and workstation standards	Audit of workstation suitability including shared workspaces and homeworking arrangements where in scope	Managers and Health and Safety	Local audit process and escalation of deficiencies

APPENDIX A – WHT DSE SELF-ASSESSMENT FORM

DISPLAY SCREEN EQUIPMENT (DSE) SELF-ASSESSMENT

Please Note:

- **This copy is for WHT staff only;** if you are not a designated WHT staff member, contact the Health & Safety Team.
- This is a self-assessment and **must** be completed by the employee who uses the DSE workstation. It should be completed at the workstation it relates to and **not** by another person on their behalf.
- It is an **online** self-assessment form. You are strongly advised to complete it at the workstation being assessed. Click on the link or scan the QR code below to access the form:

Link – [WHT Display Screen Equipment \(DSE\) Self-Assessment: Click to Fill out form](#)



APPENDIX Aii – RWT DSE SELF-ASSESSMENT FORM

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DISPLAY SCREEN EQUIPMENT (DSE) SELF-ASSESSMENT

Please Note:

- **This copy is for RWT staff only**; if you are not a designated WHT staff member, contact the Health & Safety Team.
- This is a self-assessment and **must** be completed by the employee who uses the DSE workstation. It should be completed at the workstation it relates to and **not** by another person on their behalf.
- It is an **online** self-assessment form. You are strongly advised to complete it at the workstation being assessed. Click on the link or scan the QR code below to access the form:

Link - [Display Screen Equipment \(DSE\) Self-Assessment: Click to Fill out form](#)



APPENDIX B – DSE SELF ASSESSMENT ACTION PLAN TEMPLATE

DISPLAY SCREEN EQUIPMENT (DSE) ASSESSMENT ACTION-PLAN TEMPLATE

Please Note: This template must be tailored to a specific DSE user, it must not be used to record actions arising from multiple or different DSE users.

SECTION A – DSE USER & DEPARTMENT DETAILS

DSE USER'S NAME:		DSE USER's ROLE:		
DIVISION:		DEPARTMENT:		
DATE OF SELF-ASSESSMENT		IDENTIFIED HEALTH CONDITION OR DISCOMFORT (Please indicate):	YES ☐	NO ☐

SECTION B – ACTION PLAN LOG

No	Action Required	Person Responsible	Target Date	Completion Status
1.				
2.				
3.				
4.				
5.				
6.				

SECTION B – LINE MANAGER DETAILS

COMPLETED BY (This should be the line-manager of the user):		DATE COMPLETED:	
DATE TO BE REVIEWED (This should be according to the target date above):			

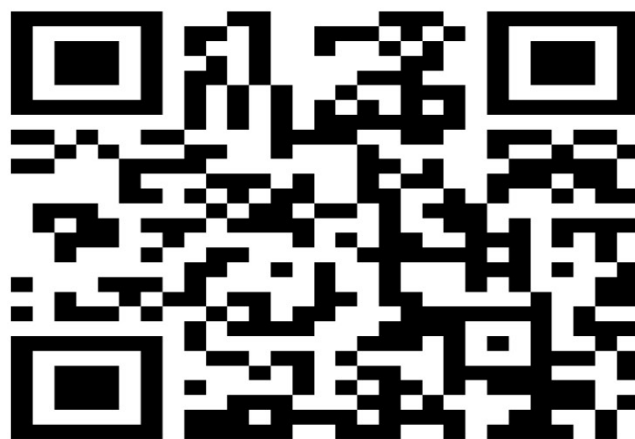
DISPLAY SCREEN EQUIPMENT (DSE) WORKSTATION SELF-ASSESSMENT

Please Note:

- This copy is for **RWT staff only**; if you are not a designated RWT staff member, contact the Health & Safety Team.
- This is a self-assessment and **must** be completed by the employee who uses the DSE workstation. It should be completed at the workstation it relates to and **not** by another person on their behalf.
- It is an **online** self-assessment form. You are strongly advised to complete it at the workstation being assessed. Click on the link or scan the QR code below to access the form:

Link - [Display Screen Equipment \(DSE\) Self-Assessment: Click to Fill out form](#)

Display Screen Equipment (DSE) Self Assessment - RWT ONLY



12-Point DSE Workstation Set-Up Plan

1. Seated posture & support	- Adjust the chair back angle for support, this should be fairly upright when typing. - Adjust the chair back height to give support to the small of your lower back providing lumbar support. - Adjust the seat height so that your elbows are just above the desk (relaxed shoulders, vertical upper arms, elbows bent at right angles). - Your wrists should be in a relaxed, neutral position over the keyboard. - Ensure armrests do not prevent you getting close enough to the desk or obstruct your elbows whilst typing. If necessary, request that armrests are removed. - Your thighs should be approximately horizontal. - If thighs are not horizontal or your feet are not flat on the floor, use a footrest. - Ensure that there is no undue pressure on the underside of your thighs.
2. Input devices	- The keyboard should be directly in front of you and at a distance to allow you to maintain relaxed shoulders, elbows at right angles and a neutral wrist posture. - Position your mouse close to the side of the keyboard and within easy reach. - Take your hand away from the mouse when not in use. - Use keyboard shortcuts as an alternative to the mouse.
3. Screen, reflections & glare	- The screen viewing distance should be at approximately arm's length. - Screen height should prevent excessive movement of the head and neck. Top of the screen at or just below eye level. This will depend on typing style, software used, glasses worn and tasks performed. Screen tilted back slightly. - Glare and reflections should be avoided by adjusting lights and closing blinds.
4. Local environment	- Lighting should be sufficient for the task. - Draughts should be reported and thermal comfort maintained by local means and layers of clothing. - Noise that distracts or affects concentration should be reported
5 Desk & drawers	- Your body position should be 'squared up' to the desk. - Avoid sitting twisted. Shoulders should be in line with your hips. - Drawers, CPUs, waste bins, etc. should not obstruct your legs.
6. Document position	Use a document holder or position documents to reduce head and neck movement, e.g. between the screen and keyboard.
7. Equipment position & work area	- Place frequently used items within easy reach. - As far as possible, do not locate printers on your desk or within reaching distance. - Don't cradle the phone between shoulder and chin. Hold the handset or consider a headset if you frequently use the phone and PC together. - Make sure the area around your desk is free from obstructions, trip hazards, etc.
8. Work organisation	Organise your work so that you that you have reason to get up out of your chair and away from your workstation at least once an hour, e.g. collecting documents, filing. Adopt a variety of postures throughout the day.
9. Vision	- Ensure you are aware of your entitlement to eye and eyesight testing (even if you already wear glasses). If in doubt, ask your manager for details of local arrangements. - Have regular eye tests. Follow your optician's guidance on repeat eye testing - usually every 2 years.
10. Software	- Software should be suitable for the tasks performed. - You should understand how to use the software to perform the tasks required.
11. Health problems	If you experience any aches or pains or headaches which you feel may be related to your workstation use, you should inform your manager in the first instance. Always seek medical advice about health concerns.
12. Other issues	The principles of workstation set-up should be applied to all workstations used. If you have any problems related to the use of any workstation, you must report them to your line manager as soon as possible.

DISPLAY SCREEN EQUIPMENT (DSE) SELF-ASSESSMENT ACTION-PLAN TEMPLATE

Please Note: This template must be tailored to a specific DSE user, it must not be used to record actions arising from multiple or different DSE users.

SECTION A – DSE USER & DEPARTMENT DETAILS

DSE USER'S NAME:		DSE USER's ROLE:		
DIVISION:		DEPARTMENT:		
DATE OF SELF-ASSESSMENT		IDENTIFIED HEALTH CONDITION OR DISCOMFORT (<i>Please indicate</i>):	YES ☐	NO ☐

SECTION B – ACTION PLAN LOG

No	Action Required	Person Responsible	Target Date	Completion Status
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

SECTION C – LINE MANAGER DETAILS

COMPLETED BY (<i>This should be the line-manager of the user</i>):		DATE COMPLETED:	
DATE TO BE REVIEWED (<i>This should be according to the target date above</i>):			

GHS01 - Protocol 5: Prevention of Work-related Stress Health & Safety Risk Assessment Framework

Author:	Christian Iroh, Group Specialist Head of Health & Safety
Associated Policy:	Group Management of Health & Safety – GHS01
Date:	June 2026
Review Date:	June 2029

PLEASE NOTE: This guide must be read, applied and implemented in line with GHR11- Prevention and Management of Stress Policy.

1.0 GUIDE ON COMPLETING THE TEAM WORK-RELATED STRESS RISK ASSESSMENT & ANONYMOUS STRESS SURVEY

To complete the team work-related stress risk assessment an anonymous work-related stress online survey must first be completed to support in identifying risk levels.

The survey link and accompanying QR code upon request will be provided by the Health & Safety (H&S) Team to the Service Manager. This should be shared with all staff for individual participation. Those without access to an email can complete the survey via their mobile phones or be given dedicated time to use a shared computer.

Once the survey is complete, the H&S Team will analyse and translate the results into risk levels (for each stress management standard: Demands, Control, Support, Role, Relationship and Change), the risk level will be detailed in the assessment template and issued to the Service Manager who must ensure that all pre-determined controls are implemented.

Following the steps below should make the process swift and straightforward; liaise with the H&S for support where required:

STEP 1 - Distributing the Survey

- The survey link provided by the H&S department should be sent to all relevant team members by their Line-Manager or Responsible Person.
- While all employees are encouraged to participate, **a minimum response rate of 50% is required and considered sufficient.** However, routine email/message with reminders should be sent to the team to promote awareness and participation.
- The survey would remain open for an appropriate period (e.g., 4 weeks, except the line-manager or responsible person requires this period to be longer or shorter).

STEP 2 - Collecting & Reviewing Results of the Anonymous Survey

- If response rate is below 50%, consider follow-up discussions with the team to understand barriers to participation and liaise with the H&S team to extend survey period.
- Once the survey period ends and 50% of the team has participated, results will be analysed and translated into the pre-completed team stress risk assessment form by the H&S team and shared with the Line-Manager or Responsible Person for awareness, and to aid them in implementing the applicable minimum Trust control measures detailed in the assessment template.

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- Team members who raise confidential concerns related to stress must be offered the opportunity to discuss these with their line manager or designated responsible person. This conversation will support the completion of an 'individual' stress risk assessment (refer to Section 2.0 below). The discussion and its outcomes must be documented using the appropriate template and treated as strictly confidential.

STEP 3 - Sharing & Acting on Findings

- The result analysis and Risk Assessment must be shared with all staff.

STEP 4 - Next Steps & Support

- Where survey results indicate a risk level of 'High to Extreme Risk', all control measures identified within the Team Stress Risk Assessment along with any additional 'further controls' must be fully implemented to promote a culture of risk prevention and reduction.
- The survey process must be repeated within the applicable timeframe based on the risk level (see review frequency in the team risk assessment template).
- For employees requiring further support, consider signposting to Occupational Health.

2.0 GUIDE ON COMPLETING AN INDIVIDUAL STRESS ASSESSEMENT – *HOW AN INDIVIDUAL SHOULD FEEL*

This guidance has been developed to support the use of the Individual Work-Related Stress Assessment. It outlines how individuals should ideally feel during wellbeing conversations in relation to each of the six key areas identified in the Health and Safety Executive (HSE) Management Standards: Demands, Control, Support, Relationships, Role, and Change.

These standards describe the conditions that, when managed effectively, help reduce the risk of work-related stress. This guidance is intended for use by managers or assessors only and provides a benchmark against which the individual's responses during the assessment can be evaluated. Identifying where an individual's experience differs from these expected outcomes enables the development of appropriate, practical actions to support their wellbeing and reduce workplace stress risks.

Useful links to 'Wellbeing Conversation Training/Resources:

WHT - <https://sway.cloud.microsoft/wh1N7tbCvZfC1Hp4?ref=Link>

RWT – Please refer to MyAcademy.

GUIDANCE NOTES

CONVERSATION POINTS (HSE Management Standards)	How the Individual Should Feel
DEMANDS	- They are able to cope with the demands of their job. - They are provided with achievable demands in relation to the hours they work. - Their skills and abilities are matched to the demands of their job. - Concerns about their work environment are addressed.
Further Important Information to Consider: Working Patterns - - Where practical and able to do so, consider allowing regular breaks, especially when the work is complex or emotionally demanding. - Consider changes to start and end times to help employees cope with pressures outside work, like	

Working in partnership

childcare or commuting.

Workload -

- Hold regular meetings, both with individuals and as a team, to discuss anticipated workloads (and to deal with any predicted busy times).
- Provide support and guidance to help employees prioritise.
- Develop a system to notify employees of unplanned tight deadlines and any exceptional need to work long hours.
- Identify blocks of time to allow for genuine collaborative planning.

Environment -

- Assess the risk and impact of other potential hazards and take steps to deal with them by consulting with employees and others. For example, to deal with the potential hazard of violence and aggression, you should seek advice from the Trust Security and Health & Safety Teams.
- Provide support and guidance to help employees deal with and defuse difficult situations.

CONVERSATION POINTS (HSE Management Standards)	How the Individual Should Feel
CONTROL	• They are consulted over the way their work is organised and undertaken, e.g. through regular meetings, one-to-ones, performance reviews. • They have regular opportunities for discussion and input at the start of projects or new pieces of work. • They are encouraged to use their skills and initiative to do their work. • They are consulted over things that can affect their work. • They are encouraged to develop new skills and undertake new and challenging pieces of work.

Further Important Information to Consider:

Communication -

- Help employees to have a say over the way their work is organised and undertaken through project meetings, one-to-ones and performance reviews.
- Hold regular discussion forums during the planning stage of new work to talk about the anticipated methods of working.
- Allocate responsibility to teams rather than individuals to take projects forward.
- Allow employees some control over the pace of their work.

Decision -

- Talk about the way decisions are made.
- Allow and encourage people to participate in decision making, especially where it affects them.

Skills and Training -

- Talk about the skills people have and if they believe they are able to use these to good effect.
- Talk about how people would like to use their skills.

CONVERSATION POINTS (HSE Management Standards)	How the Individual Should Feel
SUPPORT	• They receive information and support from other employees and their managers. • The Team has systems in place to enable and encourage managers to support their employees and for employees to support one another. • They know what support is available and how to access it. • They know how to access the resources they need.

Working in partnership

	They receive regular and constructive feedback.
Further Important Information to Consider: Support - - Hold regular one-to-one and team meetings to talk about any emerging issues or pressures. - Include work-related stress or pressures as a standing item for meetings with employees and/or performance reviews. - Consider buddying systems or work shadowing to improve understanding of roles across the team. - Find examples of how people would like, or have received, good support from managers or employees. Resources - - Share information on areas of support available with your employees like assistance programmes, charities, occupational health and external organisations. - Talk about the ways your organisation can provide support if someone is experiencing problems outside work.	
CONVERSATION POINTS (HSE Management Standards)	How the Individual Should Feel
RELATIONSHIP	- They are not subjected to unacceptable behaviours such as bullying or harassment at work. - The Team promotes positive behaviours at work. - The Team has agreed on process and procedures on how to prevent or resolve unacceptable behaviour. - The Team has systems in place to enable and encourage managers to deal with unacceptable behaviour. - The Team has systems in place to enable and encourage employees to report unacceptable behaviour.
Further Important Information to Consider: - Regularly communicate Trust related policies and procedures to employees and make sure that they are understood. - Champion a culture which allows for people to report unacceptable behaviour. - Find ways to celebrate success. - Make sure that you are providing the same level of support and communications for employees who work in isolation like lone workers or those in separate locations.	
CONVERSATION POINTS (HSE Management Standards)	How the Individual Should Feel
ROLE	- They understand their role and responsibilities. - Staff are provided with information to enable them to understand their role and all of their responsibilities. - They are able to raise concerns about any uncertainties or conflicts they have in their role and responsibilities.
CONVERSATION POINTS (HSE Management Standards)	How the Individual Should Feel
CHANGE	- They are engaged with frequently when undergoing change. - They are provided with timely information, enabling them to understand the reasons for proposed changes. - They are consulted on changes and provided with opportunities for them to influence proposals. - They are aware of the probable impact of any changes to their job and, if necessary, they are given training to support any changes in their job.

GROUP HEALTH & SAFETY AND OCCUPATIONAL HEALTH & WELLBEING 'TEAM' WORK-RELATED STRESS RISK ASSESSMENT FORM

Section A: Risk Assessment Title

Risk Assessment Title:	Team Stress Risk Assessment		
Division:	Detail your division here (e.g. Corporate)	Risk Assessment Version Number:	E.g., 001
Location / Department/ Care Group/ Directorate:	E.g., Health & Safety Department		
Person(s) at Risk: Employees (including Older and Young Workers, Volunteers and Students)- ☒ Patients - ☐ Vulnerable Groups (person with disability, expectant or new mothers) – ☒ Public/Visitor - ☐ Contractors - ☐			

Has the Team Stress Survey Been Completed for Your Department – See Guide Below in Page 6?

The Manager/Matron must ensure that the link/QR Code to the 'Stress Team Anonymous Survey' has been communicated to all staff prior to this assessment as the results of the survey **will determine** the 'Initial Risk Score' for each stressor in Section B below. The link or QR-code for each department can be provided by the Health & Safety Team. Email: RWT - rwh-tr.healthandsafetyteam@nhs.net ; WHT - health.safety2@nhs.net

PLEASE NOTE: As this Stress Assessment evaluates the risk of stress within the Team's/department's work-activities; Line-Managers are required to carry out individual stress assessments for any team members who may be at risk of work-related stress. This includes individuals who have raised concerns with their managers, as well as those returning to work following a period of absence related to stress or anxiety ill health.

The individual stress assessment is intended to facilitate open two-way conversations, providing employees with the opportunity to share stress-related concerns. This, in turn, enables managers identify appropriate and practical support measures tailored to individual needs. Please note that these discussions are confidential and must be treated as such, hence should be completed using the appropriate document, once completed this should be saved in the team members personnel file and shared with them. Liaise with the H&S team for support.

SECTION B – Risk and Initial Risk Score:

	Risk(s):	Initial Risk Score: (Risk Level Before Controls – DETERMINED THROUGH ANONYMOUS SURVEY RESULT)
1.	Demand - Are there possible issues with excessive job demands? - Are people unable to take leave entitlement? - Are people concerned about their work environment? - Are people regularly working longer than their contracted hours or longer than 48hours per week? - Are individuals working noticeably longer hours than others doing the same/similar jobs? - Are people unable to access wellbeing interventions/initiatives due to job demands?	Insert Risk Level from Survey Result (e.g., High Risk)
2.	Control - Are there possible issues with lack of control over work? - Do individuals have any control over the timing and/or pace of work? - Do others often change deadlines? - Is all work allocated by the line manager? - Are people able to take breaks from their work?	Insert Risk Level from Survey Result (e.g., High Risk)
3.	Support: Are there possible issues with lack of support?	Insert Risk Level from Survey Result (e.g., High Risk)

	- Are individuals raising concerns about lack of management support? - Has the manager completed Health & Wellbeing conversation training? - Are employees given a regular opportunity to have a Health & Wellbeing conversation with their manager? - Are appraisals and work reviews taking place as planned? - Is the manager trained to spot the signs and symptoms associated with poor mental health, and able to signpost to appropriate support? - Has the manager received training in emotional intelligence and compassionate leadership? - Is there a trained Health and Wellbeing Champion and/or Mental Health First Aider in your team/department?	<i>High Risk</i>
4.	Relationships: - Are there conflict/incivility issues with relationships within the team? - Have there been any complaints of bullying or harassment during the past year? - Have there been any incidents of unacceptable behaviour? - Does the team work cohesively and supportively in dealing with day-to-day work? - Have incidents of unacceptable behaviour been dealt with by the manager in an appropriate manner? - Have there been any recent deaths in service?	<i>Insert Risk Level from Survey Result (e.g., High Risk)</i>
5.	Role: - Are there possible issues with role ambiguity or confusion? - Do employees understand what their role and responsibilities are? - Are individuals mentioning conflicting goals? - Are employees affected by conflicting priorities? - Induction for new employees not being completed?	<i>Insert Risk Level from Survey Result (e.g., High Risk)</i>
6.	Change - Are there possible issues with managing change? - Has the team been through a period of significant change? - Is the team going through a period of significant change or Management of Change?	<i>Insert Risk Level from Survey Result (e.g., High Risk)</i>

SECTION C – Current Risk Control Measures and Current Risk Score for Each Risk:

PLEASE NOTE: All 'High to Extreme Risks' must be escalated to Divisional Leadership to aid discussion where required.

Control Measures

PLEASE NOTE: The controls outlined below represent the minimum requirements set by the Trust for all services to promote consistency in the prevention of work-related stress. Any additional controls deemed necessary by a specific service should be clearly detailed in 'Section D' below.

1.	Demands: - Line managers are required to prioritise and hold more regular team meetings or individual work reviews to discuss and anticipate workload. Team meetings are the anchor of the team. - Develop personal work plans to ensure staff know what their job involves. - Provide training to help staff prioritise, or information on how to seek help if they have conflicting priorities. - Develop a system to notify employees of unplanned tight deadlines and any exceptional need to work long hours. - Identify reasons for tight deadlines appearing and seek to resolve issues. - Ensure the job description matches the work being carried out. - Ensure the person specification matches the requirements of the job. - Consider flexibility with start and end times, and working location (where possible) to help employees
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	cope with pressures outside of work, such as childcare, commuting etc. - Assess the risk and impact of other hazards associated with the environment; take reasonable steps to control the risk and inform employees of progress and outcome. - Ensure the risk of violence and aggression is assessed, and control implemented to aid staff safety. - Where possible provide staff time to access wellbeing interventions/initiatives and encourage staff to attend
2.	Control: - Agree systems (such as one-to-one) that enable staff to have a say over the way their work is organised and undertaken. - Hold regular discussions at the planning stages of projects or new tasks to talk about outputs and methods of working. - Hold work reviews to monitor ongoing workload. - Empower employees with a good level of control over the pace of their work. - Ensure employees are taking their entitled breaks. - Ensure there is clarity of role and role boundaries through regular team reflection and discussion. - Allow and encourage people to participate in decision making, particularly where it affects them - Ensure there is a suitable environment for staff to take their designated break
3.	Support: - Ensure work-related stress absences are reviewed to obtain learnings; carryout an individual stress risk assessment with the employee prior to returning to work and adhere to sickness management policy. - Prioritise and hold regular team meetings and/or one-to-ones to talk about emerging issues. - Encourage work-related stress and team reflection as a standing item on team meetings. - Seek examples of how staff would like to or have received good support from managers or colleagues. - Consult with employees on how they would like to access managerial support. - Ensure appraisals identify training needs, and ensure they are carried out regularly. - Consult with employees about the ways the organisation could provide support for someone who is experiencing challenges outside work. - Establish regular local feedback mechanisms (formal and informal). - The Manager is required to ensure they trained in undertaking Health and Wellbeing conversations. - Ensure Health and Wellbeing conversations are held regularly and signpost and disseminate Health and Wellbeing information and areas of support (counselling, work-life balance, etc.) to employees. - The manager is required to ensure they are trained in Mental Health First Aid (MHFAid). - Ensure there is a trained Health and Wellbeing Champion, Menopause Champion, and Mental Health First Aider within the department. - The manager is required to ensure they have received training in emotional intelligence and compassionate leadership. - The manager is required to ensure they have attended the Trusts Managers Essentials Training. - The manager must ensure they have a good level of understanding of the Trusts Health & Wellbeing Offer, information can be located on the staff intranet/Sway newsletters. - The manager must ensure they are taking steps to look after their own wellbeing – self-care is essential and enables us to care for and support others in an effective manner. - The manager must ensure they have attended the Trusts Menopause Workshop (lead by colleagues in OH & HR).
4.	Relationships: - Communicate the Trust standard for acceptable behaviour at work with all employees. - The manager must ensure they deal will incidents surrounding inappropriate behaviour in an appropriate manner. - Plan team development sessions to include evaluation of Trust and local team values, behavioural standards and how these are being discharged. - Ensure employees are aware of confidential routes by which they can report unacceptable behaviour; provide regular reminders to support awareness and clear guidance how to use these routes, and

	assurances of follow-up and support to encourage their use. • Ensure all staff complete Freedom to Speak Up (FTSU) or Civility and Respect training and managers Follow up training as appropriate. • The Manager must ensure they have completed the Listen Up Training. • Ensure staff have completed training on conflict resolution to help staff deal with conflicts. • Ensure employees are aware of where they can access Bullying and Harassment procedures and Grievance procedures. • Ensure employees are aware of the freedom to speak up team. • Ensure people are aware of grievance and disciplinary procedures. • Identify ways to celebrate success such as team recognition in meetings or thank-you messages.
5.	Roles: • Ensure there is clarity of role and role boundaries are maintained through job descriptions, regular role review and through regular team reflection and discussion on role and team outcomes. • Use appraisals and one-to-one meetings to help individuals clarify their roles and priorities, and to discuss any possible role conflicts. • Communicate key team objectives and targets. • Agree standards of performance for jobs and individual tasks. • Develop personal work plans that are aligned to the outputs of the unit. • Revise job descriptions to ensure core priorities of the post are clear. • Ensure existing team members understand the role and responsibilities of any new team members. • Ensure new employees receive an adequate induction into their role and objectives, and the team's role.
6.	Change: • Ensure employees are aware of why change is happening and the key steps of the change. • Encourage team engagement and consultation wherever possible and appropriate. • Ensure individuals directly affected are involved in the change process. • Ensure regular and clear communication with those indirectly affected. • Agree methods of communication and or updates with employees to aid their awareness of ongoing change. • Ensure employees are aware of the impact of change on their jobs, terms and conditions, etc.

SECTION D – Further Control Required to Reduce Each Risk (where required only):

Further Controls for each Risk (where required, use bullet points to list further controls for each risk):		Responsible Person:	Target Date	Date Completed
1.	Demands: • <i>[If no further action is required; indicate 'No further control is required']</i>			
2.	Control: • <i>[If no further action is required; indicate 'No further control is required']</i>			
3.	Support: • <i>[If no further action is required; indicate 'No further control is required']</i>			
4.	Relationships: • <i>[If no further action is required; indicate 'No further control is required']</i>			
5.	Roles: • <i>[If no further action is required; indicate 'No further control is required']</i>			
6.	Change: • <i>[If no further action is required; indicate 'No further control is required']</i>			

SECTION E - Risk Assessment Date and Assessor Details:

PLEASE NOTE: The 'Next review date' below must be determined by the results of the Team Stress Risk Assessment and the accompanying anonymous staff survey. Therefore, should be completed and reviewed every six months. An annual (12-monthly) review is only appropriate if the survey results indicate a 'Low or Moderate Risk' rating across all six HSE Management Standards (Demand, Control, Support, Relationship, Role, & Change).

Assessment Date		Next Review Date	
Prepared by (Name & Role):			
Approved by (Name & Role):			
Reviewer Comment (to be added during next review):	Only required upon next review.		

SECTION F: Assessment Review Frequency

Risk Rating & Review Frequency Table:

Low Risk	PLEASE NOTE: The Team Stress Risk Assessment and the accompanying anonymous stress survey should be completed and reviewed every six months. An annual (12-monthly) review is only appropriate if the survey results indicate a 'Low or Moderate Risk' rating across all six HSE Management Standards (e.g. Demand, Control, Support, etc.).
Moderate Risk	
High Risk	
Extreme Risk	

STEP- BY-STEP GUIDE: PROCESS ON COMPLETING THE ANONYMOUS TEAM STRESS SURVEY

The survey link and accompanying QR code UPON REQUEST WILL BE PROVIDED BY THE Health & Safety Team. This should be shared with all staff for individual completion. Those without access to an email can complete the survey via their mobile phones or be given dedicated time to use a shared computer. Once the survey is complete, the Health & Safety Department will collate the results and share the findings with the Team Manager. The result will provide an indication of the risk level associated with each of the HSE Management Standards (e.g. Demands, Control, Support, etc.) within your team; this risk level must then be detailed in the Team Stress Risk Assessment.

STEP 1 - Distributing the Survey

- The survey link provided by the H&S department should be sent to all relevant team members by their Line-Manager or Responsible Person.
- While all employees are encouraged to participate, a minimum response rate of 50% is considered sufficient. However, routine email/message with reminders should be sent to the team to promote awareness and engagement.
- The survey would remain open for an appropriate period (e.g., three weeks, except the line-manager or responsible person requires this period to be longer or shorter).

STEP 2 - Collecting & Reviewing Results of the Anonymous Survey

- If response rates are significantly below 50%, consider follow-up discussions with the team to understand barriers to engagement and extend response period if required.
- Once the survey period ends, results will be compiled by the Health & Safety Department and shared with the Line-Manager or Responsible Person.
- The results will determine the risk scores/level for each Management Standards (e.g., Demands, Control, Support, Role Clarity, Relationships, Change Management) for the Team stress risk assessment.
- Team members who raise confidential concerns related to stress must be offered the opportunity to discuss these with their line manager or designated responsible person. This conversation will support the completion of an individual stress risk assessment. The discussion and its outcomes must be documented using the appropriate form and treated as strictly confidential.

STEP 3 - Sharing & Acting on Findings

- The compiled results and Team Risk Assessment must be shared with all staff.

STEP 4 - Next Steps & Support

- Where survey results indicate a risk level of 'High to Extreme Risk', all control measures identified within the Team Stress Risk Assessment along with any additional 'further controls' must be fully implemented to promote a culture of risk reduction. The survey process must be repeated within six months, and the risk assessment reviewed accordingly.
- For employees requiring further support, consider signposting them to Occupational Health etc.

Following the steps above should make the process swift and straightforward.
The Health & Safety Department is available for support if required

Thank you for your participation.

TRUST HEALTH & SAFETY AND OCCUPATIONAL HEALTH & WELLBEING 'INDIVIDUAL' WORK-RELATED STRESS RISK ASSESSMENT

Introduction

This Individual Work-Related Stress Risk Assessment template is intended to guide managers in supporting employees who may be experiencing work-related stress. It should be used when concerns are identified through a broader Team Stress Risk Assessment, when an individual returns to work following a period of absence due to work-related stress, or when an employee raises concerns about their own stress levels. In such cases, where a more tailored approach is required, this tool offers a structured and supportive framework to explore the underlying causes and identify appropriate actions to aid risk prevention.

This tool has been developed in line with the Health and Safety Executive (HSE) Talking Toolkit on Preventing Work-related Stress. It is a one-to-one process designed to facilitate a supportive and structured conversation between the line manager (or other responsible person) and the individual. The aim is to help identify the root causes of work-related stress and to agree on reasonable, practical measures to support the individual's wellbeing. This approach forms part of our proactive commitment to fostering a safe and healthy working environment, in line with the Trust's Stress Policy and our wider health and safety obligations.

Please note:

- This is an 'individual' risk assessment and must not be used in place of a Team stress risk assessment.
- All information shared and recorded in this process is **strictly confidential** and must be handled in accordance with the Trust's confidentiality and data protection protocols.
- This assessment should be conducted in a supportive, non-judgemental manner, and outcomes should be reviewed regularly to ensure continued effectiveness.

This process supports the Trust's commitment to early intervention, open dialogue, and the promotion of mental wellbeing across all teams and services.

Section A: Employee & Assessor Details

Name and Role of Assessor (Line Manager / Responsible Person)	
Name and Role of Employees	
Assessment Date	

Assessment Guidance & Information

This assessment is not a diagnostic tool, but a conversation-based risk assessment designed to explore possible workplace contributors to stress and for the employee and the assessor to agree on reasonable actions or controls to mitigate them.

How to Use This Tool:

- This assessment should be completed alongside the accompanying guidance document provided for the assessor only, this outlines how the individual **should** feel in relation to each conversation point/topic. Use the employee's responses to the conversation questions to evaluate any gaps or concerns against these expected outcomes. This approach will support the development of practical agreeable actions and control measures to help promote the employee's wellbeing.
- **Schedule dedicated time** for a private, one-to-one meeting in a confidential space.
- **Explain the purpose** of the assessment: to understand work-related stressors and identify solutions collaboratively.
- Use the **six key areas of the HSE Management Standards** (Demands, Control, Support, Relationships, Role, and Change) as a framework for your discussion. A prompt/guidance note for each area is included below.
- Encourage open, honest dialogue. Listen without judgment, and do not offer medical opinions or diagnoses.
- **Focus on work-related factors** and avoid assumptions about personal issues unless the employee chooses to raise them.
- **Record agreed actions** and set a date to review progress. This reinforces commitment to follow-up on required actions to aid support for the individual.

SECTION B – Risk Assessment (Conversation Points):

Please Note: These conversations can take place as part of an existing one-to-one meeting, or a separate meeting can be arranged specifically to focus on stress and its prevention. Where necessary, conversation points may be covered over multiple meetings to allow for a more in-depth discussion. Assessors should actively listen to the individual's concerns and work collaboratively to agree on practical actions and controls. The key is to begin the conversation and to start planning meaningful support.

CONVERSATION 1: DEMANDS	SUMMARY OF RESPONSES
Please Note: Go through the questions below with the individual and detail a summary of response in the section provided.	Please note: Detail summary of responses to each conversation question below:
i. Does your workload feel achievable? Think about which tasks take up the most time and how you cope with busy schedules.	
ii. Do you feel the deadlines you are given are realistic?	
iii. Do you often have conflicting deadlines?	
iv. Have you had the right training to carry out the core functions of your job?	
v. What improvements or support could be put in place to help with any of the issues you have talked about? Think about you, your line manager, your organisation.	
Conversation 1 Agreed Actions/Control Measures: Insert agreed actions to support staff wellbeing here.	
Date to Revisit Agreed Actions/Control Measures: Insert agreed date here	

CONVERSATION 2: CONTROL	SUMMARY OF RESPONSES
Please Note: Go through the questions below with the individual and detail a summary of response in the section provided.	Please note: Detail summary of responses to each conversation question below:
i. Do you feel involved in how decisions about your job are made? Think about whether you feel listened to and trusted, how you are consulted and any opportunities for input.	
ii. Do you feel your skills are used to good effect?	
iii. How could your existing skills be used more effectively?	
iv. Do you feel you have a say in how your work is organised and undertaken?	
v. What improvements or support could be put in place to help with any of the issues you have talked about?	
Conversation 2 Agreed Actions/Control Measures: Insert agreed actions to support staff wellbeing here.	
Date to Revisit Agreed Actions/Control Measures: Insert agreed date here	

CONVERSATION 3: ROLE	SUMMARY OF RESPONSES
Please Note: Go through the questions below with the individual and detail a summary of response in the section provided	Please note: Detail summary of responses to each conversation question below:
i. Do you feel clear on what your responsibilities are?	
ii. Are you clear on what your performance objectives are and what success looks like for you, your area/department and the Trust? Do you feel that they are achievable?	
iii. Do you feel you understand how work is structured in your department? Do you know who is doing what and why and how your role fits in?	
iv. What improvements or support could be put in place to help with any of the issues you have talked about?	
Conversation 3 Agreed Actions/Control Measures: Insert agreed actions to support staff wellbeing here.	
Date to Revisit Agreed Actions/Control Measures: Insert agreed date here	

CONVERSATION 4: SUPPORT	SUMMARY OF RESPONSES
Please Note: Go through the questions below with the individual and detail a summary of response in the section provided.	Please note: Detail summary of responses to each conversation question below:
i. Do you feel the team is a positive place to work and that you are valued? Think about the working environment, the support available and the opportunities to talk about support you may need.	
ii. Do you know who to talk to and where to go when you need support? Think about where you would go for help if you were experiencing an issue and whether you would feel comfortable doing so.	
iii. Do you feel there are enough opportunities to discuss any emerging issues or pressures?	
iv. Do you feel there are enough opportunities to discuss any emerging issues or pressures?	
Conversation 4 Agreed Actions/Control Measures: Insert agreed actions to support staff wellbeing here.	
Date to Revisit Agreed Actions/Control Measures: Insert agreed date here	

CONVERSATION 5: RELATIONSHIPS	SUMMARY OF RESPONSES
Please Note: Go through the questions below with the individual and detail a summary of response in the section provided.	Please note: Detail summary of responses to each conversation question below:
i. Have you experienced or witnessed unacceptable behaviour at work? Do you feel satisfied with how this was dealt with?	
ii. Do you feel that honest and open communication is encouraged within the team?	

iii.	Do you feel that you know where to go and what to do if you experience or witness unacceptable behaviour? Do you feel confident that steps will be taken to stop this behaviour?	
iv.	Do you feel confident that steps will be taken to stop an unacceptable behaviour from progressing when reported?	
v.	What improvements or support could be put in place to help with any of the issues you have talked about?	
Conversation 5 Agreed Actions/Control Measures: Insert agreed actions to support staff wellbeing here.		
Date to Revisit Agreed Actions/Control Measures: Insert agreed date here		

CONVERSATION 6: CHANGE	SUMMARY OF RESPONSES	
Please Note: Go through the questions below with the individual and detail a summary of response in the section provided.	Please note: Detail summary of responses to each conversation question below:	
i.	Do you feel that your Team handles change well?	
ii.	Do you feel you are properly consulted when changes are made which affect you and your role?	
iii.	Do you feel the reasons for the change are explained well?	
iv.	Do you feel that you are involved in the planning process when changes are made?	
v.	What improvements or support could be put in place to help with any of the issues you have talked about?	
Conversation 6 Agreed Actions/Control Measures: Insert agreed actions to support staff wellbeing here.		
Date to Revisit Agreed Actions/Control Measures: Insert agreed date here		

Conclusion

Regularly reviewing the agreed actions and control measures is a vital part of this individual stress risk assessment process. Follow-up discussions provide an opportunity to evaluate whether the support strategies agreed and implemented are effective and to make necessary adjustments based on the employee's ongoing experience and practicalities.

This reinforces the Trust's commitment to fostering a safe, responsive, and supportive working environment. Setting clear review dates ensures accountability and helps maintain momentum in promoting the individual's wellbeing and preventing further work-related stress. Service Managers or Responsible Persons should document any updates or changes and continue to engage in open supportive dialogue to monitor progress over time.

WORKPLACE HEALTH & SAFETY HAZARD INSPECTION CHECKLIST

Inspection Details:

Inspected by (Name/Role):		Inspection date & Time:	
Department / Location:		Location / area inspected:	
Directorate / Care Group:		Division:	

Introduction and Purpose:

This checklist guides managers in undertaking a **monthly** proportionate inspection of their workplace, identify visible hazards and gaps in local arrangements, take immediate precautions where necessary, and ensure corrective actions are assigned and followed through. It is suitable for clinical and non-clinical services.

How to complete inspection:

- Walk through the service/area and, where helpful, speak with staff. Check the condition of the area and available local evidence without undertaking specialist tests.
- Mark '**Yes**' where the item is satisfactory on the evidence seen; '**No**' where a concern or deficiency is identified; '**N/A**' only where genuinely not applicable. Explain an N/A where this may not be obvious.
- For every No, describe the finding in Comments and enter an action on the action plan using question reference. Record any temporary measure already taken.
- If an immediate or serious risk is identified, act without delay within your authority: protect people, restrict access or remove defective equipment from use where appropriate, and escalate through the established process. Do not wait for the form to be completed.
- Record estates applicable job, incident or risk references, agree an accountable owner and target date, and verify completion. An open job or incident reference does not itself demonstrate that a hazard has been resolved.

Please Note: Response key: Yes = satisfactory | No = deficiency: comment and action required | N/A = not applicable: give reason where unclear.

Hazard Inspection Questions:

1. Environment					
Ref	Inspection Item	Yes	No	N/A	Comments
1a	Are ventilation arrangements available and free from obvious faults or reported concerns? Refer suspected technical or structural issues to Estates.	☐	☐	☐	
1b	Are work areas, corridors, stairways, windows, doors in good condition and access routes adequately lit, with no obvious lighting defects?	☐	☐	☐	
1c	Are access routes and work areas free from obstructions, excessive clutter and inappropriate storage?	☐	☐	☐	
1d	Are floors, floor coverings and stairways free from defects that could cause slips, trips or falls?	☐	☐	☐	

1e	Are workplace temperatures suitable for activities undertaken?	☐	☐	☐	
1f	Are ceilings, walls and other surfaces free from visible leaks, water ingress or deterioration presenting a safety concern?	☐	☐	☐	

2. Welfare Facilities

Ref	Inspection Item	Yes	No	N/A	Comments
2a	Where required are suitable changing facilities and secure arrangements for personal belongings available?	☐	☐	☐	
2b	Do staff have access to suitable rest and meal facilities and safe drinking water?	☐	☐	☐	
2c	Are staff toilet and washing facilities accessible, clean and appropriately maintained?	☐	☐	☐	

3. Housekeeping & Hazardous Materials

Ref	Inspection Item	Yes	No	N/A	Comments
3a	Are relevant waste streams segregated and stored safely without overflow or accumulation?	☐	☐	☐	
3b	Are furniture, fixtures and work surfaces in safe condition and free from contamination or damage requiring action?	☐	☐	☐	
3c	Where spillages may occur, are suitable spill response materials and reporting arrangements available and known to staff?	☐	☐	☐	
3d	Are supplies, materials and equipment stored securely without obstructing routes or creating falling object hazards?	☐	☐	☐	
3e	Are hazardous products appropriately labelled, secured and stored according to local COSHH arrangements?	☐	☐	☐	
3f	Where sharps are used, are sharps containers safely located, correctly assembled and below the indicated fill line?	☐	☐	☐	

4. Work Equipment & Handling

Ref	Inspection Item	Yes	No	N/A	Comments
4a	Are work equipment provided suitable for its intended use and free from defects or damage?	☐	☐	☐	
4b	Are defective items identified, reported and removed from use where necessary?	☐	☐	☐	
4c	Where fitted, are guards, safety devices and safety labels present and in good working condition?	☐	☐	☐	
4d	Where required, is evidence of equipment servicing or inspection available through relevant Trust arrangements?	☐	☐	☐	
4e	Where handling aids are needed, are they available, accessible and visibly in good condition?	☐	☐	☐	

5. Workstations					
Ref	Inspection Item	Yes	No	N/A	Comments
5a	Are workstations, chairs and associated equipment visibly suitable and in good condition?	☐	☐	☐	
5b	Are reported workstation concerns being recorded and addressed?	☐	☐	☐	
5c	Where required, are Display Screen Equipment (DSE) user assessments and resulting actions managed in accordance with Trust arrangements?	☐	☐	☐	
6. Electrical Safety					
Ref	Inspection Item	Yes	No	N/A	Comments
6a	Are all electrical equipment maintained and inspected or tested where required under Trust arrangements, including medical engineering arrangements where applicable?	☐	☐	☐	
6b	Are electrical leads, plugs and appliances free from visible damage or obvious unsafe use?	☐	☐	☐	
6c	Are sockets, switches and light fittings free from visible defects?	☐	☐	☐	
6d	Can relevant equipment be safely isolated where required, using established local arrangements?	☐	☐	☐	
7. Security & Personal Safety					
Ref	Inspection Item	Yes	No	N/A	Comments
7a	Are doors, locks and access controls functioning, with faults reported?	☐	☐	☐	
7b	Where provided, are alarms or emergency call systems accessible, tested under local arrangements and understood by staff?	☐	☐	☐	
7c	Are restricted areas accessible to staff only and secured when unattended where required?	☐	☐	☐	
7d	Where violence, aggression or lone working risks are identified, are the relevant local controls (including risk assessments) in place and known to staff?	☐	☐	☐	
8. Emergency Arrangements					
Ref	Inspection Item	Yes	No	N/A	Comments
8a	Are current departmental emergency and evacuation arrangements available and understood, in line with Trust policy?	☐	☐	☐	
8b	Are people needing evacuation assistance identified and supported by the appropriate local arrangements or individual plans where required?	☐	☐	☐	
8c	Where required, is evacuation equipment accessible and maintained, with staff familiar with its use?	☐	☐	☐	
8d	Are fire exits and escape routes clear, accessible and usable?	☐	☐	☐	

Inspection Findings and Action Taken:

[illegible]