Health and Safety Policy

Version number :	8.0
Consultation Groups	Health and Safety Leads
Approved by (Sponsor Group)	Health and Safety Committee
Ratified by:	Quality Committee
Date ratified:	10th March 2021
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Services	Applicable
Trustwide	X
Mental Health and LD	
Community Health Services	

Version Control Summary

Version	Date	Status	Comments/ Changes
Version 1	October 2008	Final	New Policy
Version 2	September 2010	Final	Review – September 2010 Changes to the lead board member and update on H&S officer, risk register information, care quality commission – audit and monitor information, quarterly incident report to the board. Approved by the H&S Committee
Version 3	April 2011	Final	Review April 2011 Incorporation of Community Care Newham and removal of appendix 3 Rewording of Risk Officer and Risk Facilitator roles Amended details for contacts – September 2011 Update of Committee names and Equality Impact Assessment
Version 4	August 2012	Final	Review – August 2012 to include directions for monitoring for slips, trips and falls and inclusion of approved and revised Annual H&S and Security Inspection Tool
Version 5	October 2012	Final	Appendix for slips trips and falls ratified by the safety Committee and arrangements for attendance from local directorates.
Version 6	January 2016	Final	Review January 2016 in light of re-structuring and revised H&S audit tool.
Version 7	February 2018	Final	Bi annual review in light of organisational changes and acquisitions. Removal of NHSLA Standards
Version 8	February 2021	Final	Periodic review and inclusion of risk assessment template.

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Statement of Intent

The Trust Board believes that safeguarding the health and safety of its staff has a direct impact on its ability to provide high-quality health care. The Trust also recognises it has a statutory duty to ensure the health and safety of its staff, contractors, clients, volunteers and visitors using or entering the Trust's premises.

We pledge that suitable and sufficient resources will be allocated by the Trust to maintain and improve standards of health and safety. We recognise that, where reasonably practicable, investment is needed in the provision of robust systems for delivering effective management of health and safety risk; from the strategic to the service delivery level.

Health and safety is a management responsibility of equal importance to other Trust objectives. Thus, Heads of Service and their group managers shall pursue progressive improvements in health and safety performance by establishing and maintaining effective group and departmental management arrangements for the control of risk.

Employees also have a duty to themselves and others, and to co-operate with the Trust and their manager by complying with all procedures, policies and recommendations on health and safety.

Executive Summary

The Health and Safety (H&S) Policy highlights the requirements of the Health and Safety at Work Act 1974 (HASWA).

The H&S policy outlines:

- How the Trust will establish and maintain a healthy workplace

- Safe systems of work

- Arrangements to monitor health and safety of employees

- Provision of information and training

- Management responsibilities

- The role of the Risk Officer

- The role of the Risk Facilitator

- The role of departmental mangers

- The role of the Governance and Risk department

1.0   Background

The Health and Safety Policy is written in accordance with the requirements of the Health & Safety at Work Act 1974, Management of Health & Safety at Work Regulations 1992 and reflects standards defined by the Care Quality. It describes how the East London Foundation NHS Trust discharges its duties under the Act. The Trust Board will monitor the effectiveness of this policy at regular intervals and will revise and amend it whenever appropriate, for example on the introduction of revised legislation.

The Act places a duty on every employer to promote health, safety and welfare at work and provide the necessary information, training and supervision of staff. It also places a duty on every employee to take reasonable care of the health and safety of themselves and other persons who may be affected by their actions and omissions.

The Trust has a duty to ensure that all persons using its premises are protected from all foreseeable hazards/risks in so far as they may be affected by the activities of the Trust.

The Trust is committed to its statutory obligation, ensuring the routine review of potential areas of risk are conducted and controls put in place, including use for the Trust Risk Registers. The Trust takes a holistic approach to health and safety incorporating both clinical and non clinical risk. The Trust Risk Management Framework describes this in more detail as the overarching framework for managing risk.

2.0   Distribution of the Policy

The Health and Safety Policy and Risk Management Framework are available to all staff, partner organisations, social services, contractors and to the public.

Staffs have access to the policy through the following means;

- Electronic copies will be available on the Trust Intranet and Internet

Members of the public will have access to the H&S Policy through;

- The Trust website
- Freedom of Information (FOI)

3.0   Policy Statement

The Trust Board accepts its responsibilities imposed under the Health and Safety at Work Act 1974 and will ensure, so far as is reasonably practicable, the health, safety and welfare at work of its employees, and the health and safety of other persons using the Trust premises within the organisation. The obligations of the Trust under the Act include the following;

- Ensuring that management at all levels fulfils its obligation for health and safety in the areas under their control.

- Providing managers with support and resources where practicable to fulfil their respective duties.

- Establishing a safe and healthy workplace in accordance with relevant legislation, codes of practice, manufacturers' instructions or any other approved standards or knowledge.

- Providing and maintaining safe plant and equipment for use at work.

- Establishing and maintaining procedures for safe systems of work and making available all necessary safety devices, including adequate and suitable protective clothing.

- Making arrangements to monitor the health of its employees through provision of occupational health and associated support services.

- Providing suitable information and training to persons at all levels in the organisation, including youth training scheme trainees, and staff from agencies, contractors and other organisations.

- Providing for the safe use, handling, storage and transport of equipment, substances and persons.

- Ensuring through environmental assessments, monitoring and review that workplaces are free from slip, trip and fall hazards, such as adequate lighting, flooring and hand rails.

- Ensuring safe access and egress to and from the workplace and formulating effective procedures and plans for the evacuation of buildings in the event of emergencies.

4.0   Local Risk Management Activity

Each directorate/department will devise their own local risk management assessment programme and associated plan(s), which reflect the improvements that need to be made locally to treat and control risk.

Local risk management plans may be developed in conjunction with one or a number of local risk management groups as well as the Trust's Quality Committee.

These improvements will be highlighted through the hazard identification for example inspections, audits, hazard spotting and risk assessment and these can be recorded on the Trust Risk Registers including local and team risk registers, directorate level risk registers and where necessary escalation to the Corporate Risk Register as appropriate.

Any outstanding issues with risk management activity will be escalated to the Quality Committee and the Health and Safety Committee where appropriate.

These groups will work closely together and take responsibility for prioritising the entire risk profile across the Trust and for ensuring that resources are made available to directorates/departments that are unable to meet priority risk treatment within their available resources.

5.0   Management Responsibilities

Responsibilities

Chief Executive: The Chief Executive has overall and final responsibility for health and safety.

'Nominated Director': The Chief Executive is required to appoint an executive director with special responsibility for health and safety; the 'Nominated Director' - the Chief Operations Officer is responsible for the overall co-ordination of health, safety and welfare issues within the Trust.

Trust Directors: Directors will support the Chief Executive and carry direct responsibility for the implementation of Health and Safety Policies. Directors have duties and responsibilities as part of their operational roles. In addition they have general duties specific to health and safety.

Borough/Locality Directors: will receive handovers of H&S and security issues within their local areas for discussion at the trust wide Quality Committee

Senior Managers: are responsible for implementation of policy, strategy, resources and for overseeing health and safety within their areas of control.

Health, Safety and Security Manager: is responsible for monitoring the effectiveness of health and safety-related processes and activities, ensuring that robust arrangements are in place in line with national policy and relevant legislation, creating an environment of continuous quality improvement and development.

Health, Safety and Security Advisor: is responsible for co-ordinating health safety and welfare issues on a day-to-day basis.

Risk Facilitators: Each directorate has a risk facilitator who oversees and supports the risk officers. The risk facilitators chair the local H&S groups

Risk Officers: Each, ward, department, area has a lead H&S person to over see the day to day safety of their area and will complete the annual H&S assessment. They should also attend the local H&S group. (Further details can be found in section 7.0)

Local Managers: (e.g. line managers, supervisors, team leaders) are responsible for day-to-day health and safety operations. Local managers should also take responsibility for raising concerns via the Risk Register.

Head of Estates and Facilities, Fire Safety Advisor, Local Security Management Specialist, 'Competent Persons': Specialist managers and advisors are responsible for providing advice and support within their area of specialism.

All Employees: all employees have duties under the 'Health and Safety at Work Act' 1974 and should give assure of their understanding of H&S as stated in the Knowledge, Skills framework (KSF)

6.0   Management Implementation

The **Chief Executive** has overall responsibility for risk management and to ensure that the Trust complies with relevant legislation and standards.

The **Chief Executive** is accountable to the Board for the implementation of the Health and Safety Policy and he/she will make the necessary arrangements to carry out the recommendations that are endorsed by the Trust Board.

On behalf of the Chief Executive, the Chief Operations Officer monitors and co-ordinates the implementation of the Health and Safety at Work Act 1974 and other related legal requirements and advises on action required.

The Chief Operations Officer is responsible for the following areas of activity on behalf of the Chief Executive:

- Provide guidance in relation to the implementation of the Health and Safety policy, procedures and legislation.

- Propose plans for adequate staffing, finances and other resources to ensure the safety of employees and others who may be involved.

- Co-ordinating and monitoring the arrangements for managing risk throughout the Trust. Ensure that management fulfils its responsibilities for health & safety.

- Consider the reports and recommendations submitted to him/her and act appropriately.

- Refer intractable health and safety problems to the Board for resolution.

- Ensuring that the responsibilities for provision of adequate arrangements for risk related matters are assigned accepted and implemented at all staffing levels.

- Acting as the day-to-day link between Directors/managers and the Chief Executive.

- Developing risk-related improvements programmes.

- Ensuring that adequate arrangements for staff training needs are identified and that appropriate risk-related training is given at all levels.

- Shall chair the Health Safety and Security Committee.

Directors are responsible for organising and communicating health and safety matters within their own departments, units and areas. Intractable problems are referred via relevant committees to the Chief Executive. Directors are responsible for ensuring the following activities are carried out:

- That their departments are represented at the Trust and Local Health and Safety Groups/Committees and ensuring that decisions arising from such meetings which affect their departments are fully implemented.

- The conducting of regular risk audits for those areas under their control.

- Ensuring that Ward/Departmental Managers carry out departmental risk assessments/inspections at approximately 12 months intervals; that reports and recommendations are made and reviewed on a regular basis.

- Requiring line management to fulfil its responsibilities for health and safety, fire and Control of Substances Hazardous to Health (COSHH) in particular, auditing, provision and revision of policies and procedures and completion of comprehensive risk assessments.

- Responding to requests from line managers to take appropriate remedial action to minimise risk following inspections/audits or assessments.

- Developing short, medium and long term strategies for minimising risk based on the findings of the above, and on advice from the Assurance Department and other specialist

- Compliance with the Trust's Incident Reporting procedure and evaluation of information provided by the Assurance Department and other specialist advisors.

- Bring to the attention of other managers within the Trust any problems that may affect the safe operation of their Department.

- Preparation and revision of any supplementary details relating to department etc. in conjunction with appropriate advisors.

- Dissemination of Hazard Notices and Safety Action Bulletins to appropriate Ward/Departmental Managers for action and monitoring response.

- The appointment of a Health and Safety Risk Facilitator within their directorate together with a sufficient number of Risk Officers at ward/departmental level to enable the Trust's Risk Management Strategy to be properly implemented.

- Ensuring compliance and use of the Trust Incident Reporting Policy.

- Assuring staff have an awareness of the regulations and legislation as stated by the Health and Safety Executive (HSE).

Health, Safety and Security Manager will lead on all H&S issues across the trust with regards to advising and making recommendations on best practice. The H&S Manager will also lead for non-clinical and clinical health & safety within the Trust, inclusive of:

- Expert advice and direction at all levels within the Trust.
- Enhancing practice and demonstrating a culture of learning from incidents.
- Development of policy and ensuring policy implementation, taking into account the impact on all services affected.
- Liaise with external agencies such as HSE etc.
- Lead on 'moving and handling' advice within the Trust.
- Support with H&S assessments of all areas/wards/ departments
- Analyse trends and themes health and safety documentation
- Work with the Training & Education Department to ensure mandatory training is developed, evaluated, revised and recorded for all staff. Especially MAPPA training.
- Facilitate H&S Induction and Risk Officer / Risk Facilitator Training, as per training needs analysis.
- Have a working knowledge, understanding and experience of change management techniques to assist all staff to drive through the changes identified by risk management procedures, risk assessment or audit results to improve the quality of patient and staff safety.

- Direct the organisation on the relevant process for carrying out general risk assessments.
- To prepare, conduct and evaluate risk audits and surveys across the Trust in connection with Health & Safety issues in order to inform management of the risk profile. Where risk situations are identified consult and work in conjunction with managers with a view to reducing areas of risk.
- Analyse Health & Safety incidents and report them via the appropriate Healthcare Governance committees.
- To assist managers in delivering the risk assessment / risk control processes required by health & safety legislation and the status of risks via the risk register through provision of professional advice.

Health, Safety and Security Advisor

- In a senior role within the Governance and Risk Department, the Health and Safety Officer will have specialist knowledge and practical experience of H&S legislation and associated assessments.
- They will develop Trust policies and procedures in conjunction with the Health Safety and Security Manager and have day-to-day corporate responsibility for H&S advice giving, non clinical risk, pregnant worker an display screen Equipment (DSE) assessments, Crime Reduction Surveys, collation of H&S information to determine trend analysis, Central Broadcast Alert Systems dissemination for demonstrable improvements to service delivery across the Trust.
- The post holder will deputise in the absence of the Health, Safety and Security Manager representing the Trust at a senior level.
- Facilitate H&S Induction and Risk Officer / Risk Facilitator Training, as per training needs analysis.
- The post holder will provide high quality support to the Health, Safety and Security Manager with their responsibilities advice reflecting all aspects of the Health and safety at Work Act (1974). The post holder will also be able to provide guidance on security related issues and provide support with pathways to contact external authorities such as the Health and Safety Executive.

Role of the Risk Facilitator

Each service or directorate must have a lead person to fulfil the role of the Risk Facilitator. This person will work from a local level:

- Complete and participate in the Risk Officer / Risk Facilitator Training and attend re-fresher every 3 years.

- To represent the directorate for all matters relating to managing risk encompassing environmental, fire, health and safety and security issues and report issues to the local Director for escalation, where required.

- To act as Chairperson of the local risk management groups made up of Risk Officers from Wards/Departments, within the Directorate.

- To support the trust wide H&S team with highlighting relevant H&S and security supply information at local health and Safety meetings

- To ensure that Risk Officers have adequate support, resources, information, skill and training for them to fulfil their role as the named person for the department/ward they represent.

Role of the Risk Officer

Each ward/area or department must nominate a local staff member to be the lead as the Risk Officer:

- Complete and participate in the Risk Officer / Risk Facilitator Training and attend re-fresher every 3 years.

- To assist with staff awareness within the Ward/Department for all new employees upon induction, on H&S and security related issues.

- To be aware of all risk related information/directives received within their Ward/Department via the Risk Facilitator.

- To highlight to the trust wide health and safety team any H&S and security concerns relating to their local area

- To undertake (with support of others, such as the H&S team), local inspections of the workplace and complete the annual H&S and security assessment and forward to the local risk facilitator

Ward/Departmental Managers

Are responsible for the health and safety of the staff they supervise and the workplaces they control. Practice innovation nurses and ward/departmental managers maintain close liaison with their staff in all risk-related matters, and are responsible in particular for the following:

- Preparing departmental safety policies and procedures (Local Rules) in accordance with relevant legislation, Codes of Practice, manufacturers' instructions or any other approved standard or knowledge.

- Identifying potential hazards in their own area and ensuring they are remedied. Intractable problems will be drawn to the attention of their line manager.

- Receiving representations from staff on local health and safety matters.

- Maintaining liaison with specialist staff for example fire officers

- Organising and carrying out departmental risk/safety inspections on a regular basis. (Approximately 3-6 months interval.)

- Advising their manager on matters arising from incident reports, hazard notifications, first aid and changes in departmental policies and procedures.

- Ensuring all staff under their control receive appropriate risk -related training.

7.0   The Governance and Risk Department

The Governance and Risk Department provides advice on a range of specialist and security related matters concerned with the Health and Safety legislation as well as co-ordinating activities covering environmental health, fire, health and safety and security. The team is accountable to the Director of Governance and Risk who is also the lead for Emergency Planning. The team works closely with the Health, Safety and Security Manager, Estates and Facilities Department and nominated directors.

The Governance and Risk Department provides advice, information and guidance to both management and employees on all matters relating to the above subjects including the following:

- Members of the Governance and Risk team participate in and prepare detailed audits of all aspects of Risk Management throughout all departments in the Trust through a continuous programme of inspection;

- The Governance and Risk Department lead on incident reporting, sharing of NHS security standards data, receiving reports including, safety alert broadcasts, analysis of incidents and notification to external bodies. Once investigations are requested by the Trust the team will collate the information and ensure that recommendations are shared with local areas for action planning to take place.

- The Governance and Risk Department has specific responsibility for notifying accidents and dangerous occurrences to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985.

8.0 The Quality Committee

The core function of the Quality Committee, to which the Health and Safety Committee report, is to promote the delivery of high quality and safe services by ensuring that effective governance structures, systems and processes are in place across the Trust. As part of that function it will –

- Develop the Trust's Clinical Governance and Risk Management Strategies, Policies and procedure, and associated policies, and monitor their implementation and effectiveness

- Monitor compliance with Care Quality Commission and other relevant standards.

9.0 The Health, Safety and Security Committee

The Trust Board wishes to achieve by joint consultation, the effective co-operation and involvement of all employees in health and safety matters. A Health and Safety Committee has been established by the Trust.

This will operate in accordance with the Safety Representatives and Safety Committee Regulations 1978.

This committee is concerned with the promotion of co-operation between management and staff in instigating, developing and carrying out measures to ensure the health and safety at work of staff, and act as a focus for staff participation in the prevention of accidents and avoidance of industrial disease. This committee will also have responsibility for approving Health and Safety related policies and will make recommendation to the Quality Committee for ratification.

The Committee will audit and monitor Annual H&S and security inspection tools, H&S incidents and analyse themes and trends. Local and trust wide recommendations will be made to reflect this and to minimise further issues arsing.

This Committee provides a wide perspective on risk and health and safety matters, and informs the Chief Operations Officer/Chief Executive on priorities for planning, training and management intervention.

10.0   Employee Involvement

Every employee has a legal duty to take reasonable care of the health and safety of themselves and other persons who may be affected by their actions.

The Trust intends that all employees should understand their duty of care for health and safety, and provides this statement as information on which that understanding be based. Special training in safety matters is made available for employees whose work requires more detailed knowledge of health and safety.

Any trade union recognised by the Trust for the purpose of collective bargaining has the right under the Act to appoint Safety Representatives from amongst its members. Employees appointed as Safety Representatives should preferably have been employed for at least two years, or have had two years experience in similar employment. Safety Representatives are involved in the following activities:

(i)   Representing staff in consultation with Management under Section 2(6) of the Health and Safety at Work Act (1974)

(ii)   Representing their members of any general or specific matter affecting their health and safety

(iii)   Representing those people employed at their place of work on general matters affecting their health and safety

(iv)   Carrying out safety inspections

(v)   Receiving information from Health and Safety Inspectors (Section 28(8) of the Act)

(vi)   Attending meetings of the Health and Safety Working Group as appropriate.

These functions do not impose a duty on Safety Representative but indicate the range of activities concerned. The Trust recognises that Safety Representatives require to have time off from their normal employment to carry out safety duties and will reach agreement with trade unions on this allowance through joint consultation. The Trust also recognises that Safety Representatives require training to make their contribution effective.

11.0 Resources for H&S

Not all-working environments within the premises managed by the Trust are ideal. The estate managed by the Trust consists of both inpatient and community sites – ranging from old to new buildings. The Trust is faced with substantial demands on its capital and maintenance programmes to effect improvement to meet current legal requirements. The Trust Board anticipates that where additional monies cannot be found for capital replacement or maintenance works, a safe system of work will be developed by management with staff involvement, which minimises risks to those concerned.

The Trust remains committed to improving the conditions within its premises in accordance with advice from the Health and Safety Executive. The Trust has, therefore, given priority to programmes of work necessary to effect improvements in health and safety and to minimise risk. Prioritisation is aided by the risk assessment process.

12.0 Monitoring Arrangements

The effectiveness of the Health and Safety Policy will be monitored through the following key performance indicators set out below

INDICATOR	COMPLIANCE RATE	MEASUREMENT	REVIEW /AUDIT PERIOD	MONITORING COMMITTEE
Relevant safety notices, alerts and other communications regarding patient, staff and organisational safety, which require action are acted upon as required.	100%	Recorded and circulated via Datix system within agreed timescales	Monthly	Health and Safety Committee / Quality Committee
Number of Health and Safety Incidents reported and reviewed within the required timescales including slips, trips and falls	100%	Reported and reviewed on Datix in line with Incident Reporting Policy	Quarterly	Health and Safety Committee / Quality Committee
Lessons learnt from serious Health and Safety Incidents Reported to the Health and Safety Committee for communication to staff	100%	Standing agenda item Health and Safety Committee	Quarterly	Health and Safety Committee
Environmental risk assessment completed	95%	Risk Database in line with approved procedure	Annually	Health and Safety Committee
First Aid box contents compliant with policy	95%	Spot check audits undertaken during site visits by Health and Safety Team	Adhoc	Health and Safety Committee
Health and Safety Risk Register developed and reviewed every quarter	100%	Risk Register agenda item quarterly	Quarterly	Health and Safety Committee
Health and Safety Committee to meet every two months	100%	In line with terms of reference	Annual effectiveness review	Health and Safety Committee
Local Health and Safety Groups in Place for each directorate	100%	In line with the policy, minutes to be provided on a rolling schedule	Quarterly	Health and Safety Committee
Health and Safety Policies and procedures reviewed in accordance with review timescales and communicated to staff.	100%	Policy database	Every three years	Health and Safety Committee

Staff attend health and safety training	95%	Training Report	Annually	Health and Safety Training
Risk Facilitators and Risk Officers in place in line with Health and Safety Policy	100%	To be assessed through annual self-assessment by each directorate	Annually	Health and Safety Committee
Risk Officer training in place for new starters and refresher training available for existing risk officers	95%	Training programme in place and attendance recorded	Annually	Health and Safety Committee
Health and Safety Annual Report will be developed and presented to the Quality Committee and Trust Board providing assurance that the Trust is meeting its duties in relation to Health and Safety.	100%	Trust Board reports	Annually	Quality Committee / Trust Board
Peoplesafe device usage monitored and escalated	80%	Reports provided to teams and service directors. Overarching usage report	Bi monthly	Health and Safety Committee

13. Review

This policy will be subject to review every three years, or, in light of any changes to H&S legislation.

APPENDIX A – Risk Assessment Guidance

Environmental Risk Assessment

Procedure

AIM

To assist those involved in the risk assessment process, understand their roles and responsibilities

To ensure compliance with The Management of Health and Safety at Work Regulations by ensuring suitable and sufficient risk assessments are carried out.

DEFINITION

Hazard is anything that may cause harm; such as chemicals, electricity, working from ladders, an open drawer etc;

Risk is the chance / likelihood that someone could be harmed, together with an indication of how serious the harm could be

INTRODUCTION - WHAT IS RISK ASSESSMENT?

A risk assessment is simply a careful examination of what could cause harm to people, so that we can weigh up whether we have taken enough precautions or should do more to prevent harm.

We are legally required to assess the risks in the workplace so that we can put in place a plan to control the risks

HOW TO ASSESS THE RISKS IN YOUR WORKPLACE

We have developed a template with common hazards, locally the Risk Officer need to describe any outstanding controls needed to reduce risks to an acceptable level, thus protect the staff and others from harm.

Follow these five steps to ensure risk assessments are suitable and sufficient

Step 1
> Identify the hazards

Step 2
> Decide who might be harmed and how

Step 3
> Evaluate the risks and decide on precautions

Step 4
> Record your findings and implement them

Step 5
> Review your assessment and update if necessary

Don't overcomplicate the process. Generally, the risks are well known and the necessary control measures are easy to apply. Check that you have taken reasonable precautions to avoid injury.

ROLES AND RESPONSIBILITIES

Chief Executive

The Chief Executive has overall responsibility for all risk management issues and will ensure that the Trust has in place effective risk management system for meeting its statutory obligations.

In order for this responsibility to be effectively discharged, other senior colleagues will have specific delegated responsibility to support the Chief Executive in this process.

Chief Operations Officer

The Chief Operations Officer has delegated responsibility for all Health, Safety and Security issues.

He will co-chair the Trust wide Health and Safety Committee, liaise directly with the Health, Safety and Security Team on a regular basis to ensure that he is made aware of any issues.

The Health, Safety and Security Manager and Advisor

The Health and Safety Manager and Advisor provide information, instruction and training on the environmental risk assessment process and will raise any significant uncontrollable risk to the.

The Health and Safety Manager/Advisor are available on request to offer legal and practical solutions / recommendations to health, safety and security issues identified in risk assessment.

Managers

All Managers will be responsible for communicating the results of the assessments to employees and others affected before they are exposed to these identified risks.

All Managers will be responsible for taking the necessary action to ensure that the identified hazards are either eliminated or suitably and sufficiently reduced to an acceptable level.

Risk Facilitators

Risk Facilitators chair and facilitate recurrent local health and safety committees and raise unresolved issues to the Health and Safety Working Group

Risk Officers

Risk Officers are designated the responsibility to complete their environmental risk assessments annually.

It is important that Risk Officers complete the risk assessment, as they are most familiar with environmental risks and have useful knowledge relating to how the work is done, this will ensure the assessment is relevant, suitable and sufficient.

Is it important that the Risk Officer contacts the Health, Safety and Security Team for further advice, support, guidance and/or any queries relating to the risk assessment process.

Risk Officers must attend Trust Risk Officer Training every 3 years unless there have been any significant changes.

HIERARCHY OF CONTROL MEASURES

The order of risk control measures you choose is very important. It is far more preferable to eliminate the hazard altogether, if practicable to do so, personal protective equipment should always be used as a last resort.

The acronym ERIC_PD, can be used to remember the hierarchy of risk control measures, that need to be considered.

E- Eliminate / avoid
R – Reduce
I – Isolate
C – Control, communication

P – Personal protective equipment
D – Discipline

MONITORING

Local health and safety committees should have environmental risk assessments on the agenda so that the chair (Risk Facilitator) can monitor any outstanding actions that need to be implemented locally

If the issues are continually left unresolved it is the chair responsibility to raise concerns at the Trust wide Health and Safety Committee for escalation.

The Health, Safety and Security Team will analyse and discuss completed risk assessments, identify any trends and non-compliance and escalate to appropriate director lead for action.

REVIEW

The environmental risk assessments need to be completed annually.

The environmental risk assessment template and this procedure are to be reviewed and revised bi-annually or earlier if their have been significant changes.

Findings of the risk assessments shall be reviewed at a local level to ensure that the necessary action is undertaken.

COMMUNICATION

It is really important that risk assessments are communicated to all relevant people. For example copies of completed risk assessment could be posted on the staff notice board.

The purpose is to ensure people are aware of their roles and responsibilities to maintain health and safety standards within their workplace.

Any significant health, safety and security issues must be reported to Management and The Health, Safety and Security Team, immediately so that necessary action can be taken.

OWNERSHIP

Everyone has a really important role to play to ensure safety and security of employees and others.

Generally speaking Risk Officers complete their environmental risk assessment, as they have best knowledge of their working environment and surrounding risks.

The risk assessments, identifies hazards and control measures needed to reduce risk.

Management should action the highlighted recommendations to reduce risk to employees and others who could be harmed.

TRAINING

All Risk Officers and Risk Facilitators must undergo the Risk Officer / Facilitator training every 3 years, unless there is any significant change.

Training dates can be viewed and booked via the intranet, http://elftintranet/training_development/health_and_safety.asp

FURTHER GUIDANCE

Further advice can be obtained by contacting the Health, Safety and Security Team.

Health, Safety and Security Officer: 020 7655 4280
Health and Safety Officer: 020 7655 4051

APPENDIX B - Guidance for the Prevention and management of Non-patient slips, trips and falls

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Prevention and management of slips, trips and falls risk: Guidance for staff

1. **Introduction**

1.1   Slips, trips and falls (STF) are a major cause of injuries within the work environment and the second biggest cause of over-three day injuries[1] reported to the Health and Safety Executive (HSE) annually.   Such incidents can be costly resulting in significant harm to individuals (income and injury) and the Trust, with legal claims, as well as the Trust's reputation at stake.

1.2   This guide is intended to ensure a safe and healthy working environment by setting out the arrangements for the prevention and management of risks and hazards associated with slips, trips and falls to staff and others, excluding patients (a separate policy applies to patients, available on the Intranet).   It must be read in conjunction with the Health and Safety policy.

2. **Definitions**

2.1   A fall is where an individual comes to rest on the ground or another lower level as a result of either a level fall or from an elevated/raised position (height).

2.2   Falls incidents include falling from height, such as from ladders, step-stool, and unprotected windows or at ground level for example falling down stairs, into open manholes.

2.3   A slip is an occurrence resulting in the in loss of balance which may or may not result in a fall.

2.4   The main cause of slip is associated with floor contamination, for example wet floor.

2.5   A trip is a situation in which an individual looses balance through encountering a physical obstruction, defect in flooring or a sudden change in surface level.

2.6   Trips are generally associated with obstructions, for example clutter, uneven Floor surfaces and restricted view.

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[1] Injury associated with work activity that is reportable to the Health & Safety Executive.

3.   **Duties**

3.1   In addition to the responsibilities outlined in the main Health and Safety Policy, the following two groups have additional responsibilities as follows:

3.2   **Local managers**

Local managers are responsible for ensuring that:

3.2.1   Slips, trips and falls hazards with the potential to cause significant harm are assessed, documented and adequate control measures are implemented accordingly to reduce or eliminate the associated risks.

3.2.2   Staffs are aware of the potential slip, trip and falls risks and how they are managed, including associated safe-systems-of-work via local induction.   This should include:

1. The prompt removal and/or reporting of hazardous situations, for example damaged/broken floor surfaces, faulty equipment and furniture and obstructions to managers and/or Estates and Facilities, including erecting safety signs to warn others of the danger;

2. Footwear policy (selecting and wearing correct non-slip footwear);

3. General house keeping, including spillage management and domestic/cleaning regime;

3.2.3   All slip, trip and fall incidents are reported and investigated in line with the Incident Policy and where indicated further corrective actions are taken.

3.2.4   Suitable domestic services arrangements are in place and are effective including liaison with respective Trust/building manager should there be any concerns over standard of services provided.

3.2.5   Any concerns regarding appropriateness or condition of floor surfaces or other environmental factors, in their area that presents slips, trip or falls risks, are raised with Estates and Facilities.

3.2.6   Compliance monitoring via regular inspections and annual inspection for their service/s and that action plans are drawn up to rectify deficiencies as part of the Health, safety and security inspection.

3.3   **All employees**

3.3.1   All staff are required to take personal responsibility for managing slips and trips hazards. Specifically staff are expected to:

3.3.2   Clear up spillages and use appropriate signage to warn others of hazards and/or arrange for spillage to be cleared via agreed reporting processes to cleaning contractors and domestic staff.

3.3.3 Be vigilant during office cleaning period and adverse weather conditions, regardless of warning signs being erected.

3.3.4 Report defects in the environment or equipment immediately to the relevant department, for example Estates. Barrier/hazard warning signs should be temporarily erected around any hazardous area until suitable repair maintenance can be undertaken.

3.3.5 Report via the Trust Incident reporting system (Datix) all incidents including near misses of slips, trips and falls whether significant or not, that are associated with environmental factors, work activities and circumstances.

3.3.6 Work in a manner which prevents and minimise the risk of slip, trip and falls for example position equipment to avoid cables crossing pedestrian routes and maintain a clear and tidy work area, including keep desk and filing cabinet draws close when not in use and ensure personal possessions (bags, brief cases etc) do not pose a trip risk.

4.   **Causes of Slips, Trips and Falls**

4.1.1 The Trust's environment is varied and complex incorporating a variety of settings where slips and trips are a risk including trust properties, third party premises and clients home.

4.1.2 The four main causes of slip and trip incidents in a healthcare setting are:

1. Wet or contaminated floor – (liquid or dry contaminants caused by water and other fluids).

2. Slippery surfaces caused for example floor material, cleaning, highly polished floors

3. Obstructions

4. Uneven floor surfaces, sudden changes in floor level, such as unmarked ramps, slopes.

4.1.3 Other causes include factors such as poor lighting and external glare; human factors such as employees rushing; running or carrying heavy/cumbersome items; the wearing of unsuitable footwear or the use of improper cleaning regimes.

5.   Prevention and management of Slips, Trips and Falls

5.1   Managers are expected to ensure that there are systems in place to identify and monitor the risk of slips, trips and falls relating to the working environment and activities carried out within their area of responsibility**.**

5.2   Risk assessments

5.2.1 Assessment of slips, trips and falls risk should form part of the general risk assessment process of managers for their respective area/s of responsibility. The checklist below (Table 1) will assist in the consideration of environmental factors.

5.2.2 The risk assessment findings must be communicated to staff.

5.2.3 Residual or recurrent risks should be placed on relevant risk register.

5.2.4 The risk assessment should be reviewed periodically and certainly following an incident and where necessary further control measures are put in place.

5.2.5 Details of the risk assessment process can be found in the Risk Management Strategy, available on the Intranet.

5.3 Environmental hazards/risks

5.3.1 The safe maintenance of the environment is the responsibility of all. Where a hazardous situation that could result in a trip, slip or falls is discovered, corrective action/s to remove or make the area safe must be undertaken by the staff member or Estates/Domestics notified.

5.3.2 All defects should be reported to the relevant Help Desk (Estates) as soon as possible. The area should be made safe for example using a warning sign or cordoned off until suitable repair/maintenance can be carried out.

5.4   Falls from height

5.4.1 Where work must be undertaken at height, requiring access to and egress from work areas, such as use of ladder or step-ladder, a risk assessment must be undertaken.

5.4.2 `Work at 'at height is any place at, below or above ground level where a person could be injured if they fell from that place.

5.4.3 Step/kick stool used to access items (elevated storage) for example in medical records and other office areas can create a hazardous situation if not used properly.

5.4.4 Employees must be trained in their safe use and wear appropriate footwear (flat/ low heeled with non-slip soles) to prevent slipping.

5.4.5 Ladders and stepladders: The Health and Safety at Work – Guidance for Maintenance staff details the framework for the management of work activities at height.

5.5 **Incidents**

5.5.1 Incidents from a slip, trip or fall as a result of work activities or the premises must be reported by the affected or staff member and investigated by the manager in

line with the Incident Reporting Policy and remedial action/s taken to prevent recurrence.

5.5.2 *Injuries will be reported to the Health and Safety Executive in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1992.*

5. Training

5.1 All staff will receive slips, trips and falls awareness as part of their mandatory training via Health and Safety Awareness e-learning three yearly.

5.2 Staff will also be provided with information as part of their local induction, including relevant risk assessments, safe-systems-of-work and expectations.

5.3 Additional training will be provided to Estates and Facilities workers where indicated in line with the Training needs analysis.

6 Monitoring and Evaluation

6.1 Compliance and effectiveness will be monitored through the following mechanisms.

6.1.1 Analysis and reporting of slips, trips and falls incidents to the relevant monitoring committee

6.1.2 Review of local investigative reports for significant incidents to establish whether changes and improvements in practices are being implemented?

6.1.3 Annual analysis of slips, trips and falls incidents as part of the Health, Safety and Security performance reporting.

6.1.4 Annual assessment as part of the Health and Safety Inspection carried out by services and reporting to relevant committee**.**

7. Review

7.1 This document will be reviewed every three years to reflect legislative changes, good practice and finding from monitoring arrangements.

8.   REFERENCES

1.   Health and Safety at Work Act 1974

2.   Management of Health and Safety at Work Regulations 1992

3.   Health and Safety Executive

4.   Slips   and   trips: The   Importance   of   Floor   cleaning   HSE
      http://www.hse.gov.uk/pubns/web/slips02.pdf

5.   Workplace (Health, Safety and Welfare) Regulations 1992

6.   Hazard identification and control (adapted from Slips and trips in the health
      services (http://www.hse.gov.uk/pubns/hsis2.pdf))

Table 1

Guide to identification and control of slips, trips and falls hazards

Hazard/Risk Factor	Risk Controls
Floor contamination: • Spillages (solid and liquid) • Wet cleaning methods • Shoes/clothing • Dry contamination, e.g. dusts, powders, polythene bags left on floors, product spillages or cardboard laid over spills • Wind-driven rain, sleet and snow through doorways, wet and/or mud outside areas • Condensation, e.g. from poor ventilation	• Maintain equipment to prevent leakage • Provide suitable entrance matting systems to clean and dry incoming footwear • Use dry methods for cleaning floors • Good spillage management arrangement which is communicated (e.g. local induction) to staff • Prompt reporting and repair of leaks • Restrict access to contaminated areas, for example using barrier/warning signs
Cleaning activities:	A residual film of water is just as slippery as a puddle, and is more difficult to identify. • Thoroughly dry wet floor after cleaning • Exclude people from wet cleaned areas until dry • Clean by dry methods wherever possible • Clean in sections so that there is always a dry path through the area • Clean during quiet hours • Thoroughly rinse wet cleaning areas • Use warning signs to identify contaminated floors or floors after cleaning • Train, supervise and equip those who clean floors to ensure effective and safe cleaning • Maintain floors and drainage to maximise slip resistance.

Hazard/Risk Factor	Risk Controls
Slippery floor surface	• Suitable footwear for type of floor • Slip risk assessment - Increase the surface roughness of the existing floor
Work activities • Manual handling ● The need to turn, to move quickly or to take long strides ● Distractions ● Having no hands free to hold on to handrails to stop a fall ● Encumbrance or restricted vision	Analyse the tasks in any slip risk area to see that only careful walking is required. Tasks should not compromise ability to walk safely. Tasks should be: ● Mechanize to avoid the need for pushing, lifting, carrying, pulling etc while walking on a slippery surface ● Move to safer areas
Access routes (vehicle and pedestrian)	• Separate vehicle and pedestrian access • Erect suitable physical barriers, clearly marked and sign-posted • Introduce speed limits restrictions and monitor • Keep routes clear of obstructions
Footwear (shoes offer insufficient slip resistance in combination with the floor surface)	• Shoes must suit the floor, environment and the individual, based on suppliers advice/information. • Ensure employees maintain the shoe soles in good repair and keep them free from contamination (if personal protective equipment). • Replace them before they have worn smooth. • Where overshoes are required, use good quality reusable ones where possible, laundering them between uses. NB: Disposable overshoes can be slippery, and are easily split.

Hazard/Risk Factor	Risk Controls

Individual/Human factors,
• Unsafe action/practices
• Awareness of risk
• Knowledge of how slips occur
• Information and training
• Distraction,
• Carelessness
	• Corporate and <u>local</u> induction (train, inform) and supervise employees on the risk, the control arrangements and employees' role(s) especially to:
	   • Clean as they go
	   • Report contamination and defects
	   • Maintain footwear
	   • Walk appropriately to circumstances
	   • Set procedures for visitors
	• Allocate tasks in high slip risks areas only to those competent to follow slips precautions
	
	• Supervise and monitor physical controls to see safe practices are followed.

Floor Surfaces Including gulleys, holes, steps, pavements, loose mats/rugs, floor boards and tiles.	• Report defective floor surfaces to the Estates Department, ensuring that defect is suitably highlighted as a temporary measure. • Inspect and maintain floors and report deficiencies to the relevant Estates Department. • Use warning signs to clearly highlight changes in floor surface and level. • Ensure slopes are gradual and steps clearly visible • Provide suitable lighting to permit obstructions to be seen • Ensure steps give adequate foot and handhold (handrail in place) • Stairs have clearly visible nosings, good handrails, and suitable balustrades • Slip-resistant nosing does not create a tripping or heel-catch hazard

Hazard/Risk Factor	Risk Controls
Obstructions e.g. trolleys, wheelchairs, medical equipment, waste, trailing cables, floor sockets	• Waste and equipment not accumulated in walkways/corridors. Where this is essential, warn people of danger. • Prevent material obstructing walkways, e.g. provide sufficient suitable receptacles for items, mark out walkways, working areas and receptacle locations and ensure they are kept free of obstruction.
Environmental and other conditions • Poor lighting, glare, excess noise • Extremes of temperature • Wet and decaying leaves • Icy/frosty conditions	• Ensure the prevailing conditions allow good visibility of and concentration on floor conditions. For example provide adequate lighting, and see environmental demands do not distract attention from the floor condition. • Regular removal of leaves/cleaning of grounds/public walkways. • Ensure adequate supply of grit for frosty and icy conditions • Divert pedestrians to less slippery walkways and erect barriers to prevent access to hazardous areas

APPENDIX C - Health, Safety, and Security Inspection

Guidance

Workplace Inspections help staff to identify any deficiencies in the management system so that they can be eliminated or reduced as potential causes of accidents and incidents. Additionally, they enable staff and the Trust to measure improvement and monitor performance.

1.	Answer each item fully, ensuring all required information is given.
2.1	Assess each hazard for its adequacy in controlling risks, noting any deficiencies in control measures under 'Comments'.
2.2	Assign a risk grading to each issue / hazard (Low, Medium, or High). In determining the Risk Rating consider the measures / safeguards needed and the degree to which these are met, e.g. 10 staff require health and safety training and only 5 are trained, (an High Risk should be recorded because of the potential impact (approximately 50% compliance).
2.3 (a)	Risk Grading: Low Risk **(Green)**: Broadly compliant - existing Controls meet current compliance and service requirements. More might be possible for excellence, if further resources are available (e.g. compliance of 2 First-Aiders in place, but more than 2 is excellent for identified locality).
(b)	Medium Risk **(Amber)**: Partially compliant - some deficiency in control measures requiring further actions to address shortfall is required as-soon-as-possible.
(c)	High Risk **(Red)**: Not compliant - immediate priority action must be taken to reduce identified hazard to as low a risk as reasonably practicable.
2.4	Where control measures are reasonably adequate the Risk Rating will be Low - an High Hazard does not necessarily constitute an High Risk, i.e. risk grading is dictated by control measures.
3.1	Action Plan Each hazard which does not meet compliance must be recorded on the Action Plan sheet along with the corrective actions required for remedy, management, and monitoring.
3.2	Risk Priority: timescale within which actions will be implemented / completed.
3.3	Date and Progress: Records monitoring / status updates of outstanding actions.
3.4	Refer to the next level of Management / seek advice from Health & Safety Advisor for any identified health and safety issues that are beyond your remit / experience.
4.	The respective local Health & Safety groups are responsible for monitoring and tracking the progress of Action Plans and reporting any significant non-compliance to the Quality Committee.
5.	Forward the completed Inspection Report with filled-in Action Plan to: 1) your local Health & Safety group 2) Janine Myers (Health, Safety & Security Advisor) 3) Richard Harwin (Health, Safety, & Security Manager (LSMS))
6.	A formal report will be produced for the Quality Committee once all services have submitted their reports. The report will identify trends, along with an action plan to address the top five corporate issues. The Committee will also periodically monitor these significant issues.

Risk Priority: 1 = Immediate   2 = Within two months   3 = Within four months

Additional Information for First-Aid Boxes

Although there is no specified review timetable many items, particularly sterile ones, are marked with expiry dates. These should be replaced by the dates given and expired items disposed of safely. In cases where sterile items have no dates, it would be advisable to check with the manufacturers to find out how long they can be kept. For non-sterile items without dates, it is a matter of judgement, based on whether they are fit for purpose.

The following chart shows the minimum contents of a First-Aid Box, depending on its size. As a guide, a small box is for up to 25 people, a medium box is for up to 100 people, and a large box is for each amount of 100 people. This contents list is a guide for minimum requirements. If there are particular hazards in a work area this should be reflected as required in the First-Aid provision. Tablets / medicines / creams, etc. are not held as part of a First-Aid box.

Contents	First-Aid Box Size			
	Small	Medium	Large	Travel
Burn Relief Dressing 10cm x 10cm	1	2	2	1
Wash-proof Assorted Plasters	40	60	100	10
Eye Pad Dressing with Bandage Sterile	2	3	4	1
Foil Blanket Adult Size	1	2	3	1
Large HSE Dressing 18cm x 18cm Sterile Unboxed	1	2	2	1
Medium HSE Dressing 12cm x 12cm Sterile Unboxed	4	6	8	1
Nitrile Gloves Pair	6	9	12	1
Mouth to mouth Resuscitation Device with Valve	1	1	2	1
Finger Dressing with Adhesive Fixing 3.5cm	2	3	4	-
First Aid Guidance Leaflet	1	1	1	1
Conforming Bandage 7.5cm x 4m	1	2	2	1
Microporous Tape 2.5cm x 5m	1	1	1	1
Cleansing Wipes	20	30	40	4
Safety Pins Assorted	6	12	24	2
Single Use Triangular Bandage 90cm x 127cm	2	3	4	1
Universal Shears Small 6"	1	1	1	1
Eye Wash 250ml	-	-	-	1

Risk Priority: 1 = Immediate   2 = Within two months   3 = Within four months

If required, further advice and guidance can be obtained from:

Richard Harwin
Health, Safety, & Security Manager (LSMS)
East London NHS Foundation Trust
Health E1
9-11 Brick Lane
London
E1 6PU
0207-655-4280

Hafiza Rahman
Health, Safety & Security Advisor
East London NHS Foundation Trust
Health E1
9-11 Brick Lane
London
E1 6PU
0207-655-4118

Annual Health, Safety and Security Inspection

Assessments should be completed by the Manager / Risk Officer and forwarded to their respective Local Health & Safety Group, the Trust Health & Safety Advisor, and the Health, Safety, & Security Manager (LSMS).

Site:	Team / Department:	Directorate:
Assessment Date:	**Team / Department Manager:**	**Assessor / Risk Officer:**

MANAGEMENT / PROCEDURES			
Potential Hazard	**Yes No N/A**	**Comments** (List controls/ further controls where deficient. Explain any N/A.)	**Risk Grading**
1.1 Write in the Comments section the names, locations, and contact details of your local health and safety personnel: - First-Aiders, Fire Marshals, & Risk Officers.			
1.2 Are all staff listed in item 1.1 trained and in date?			
1.3 Are the details in item 1.1 displayed on your Health & Safety Noticeboard?			
1.4 Is the current (2009) Health & Safety Law poster displayed on your Health & Safety Noticeboard or in a staff area?			
1.5 Do all staff (including Bank and Agency) have a Local Health & Safety Induction completed and recorded on the Local Induction form?			

SLIPS, TRIPS, & FALLS (Internal)			
Potential Hazard	**Yes No N/A**	**Comments (List controls/ further controls where deficient. Explain any N/A.)**	**Risk Grading**
2.1 Does local staff Induction include information on slip, trip, & fall risks - including good house-keeping, reporting of defects, and spillage management?			
2.2 Are trailing wires / cables or extension leads secured or covered?			
2.3 Are floor coverings and surfaces damage & defect free?			
2.4 Are rugs & mats fixed securely without curling edges?			
2.5 Are any changes in floor levels suitably highlighted (e.g. warning sign) and is the lighting in these areas adequate?			
2.6 Are Emergency / Exit Routes obstructed by anything?			
2.7 Are floors and stairs free from obstruction and damage?			
2.8 Are stairs and corridors adequately lit?			
2.9 Are stairs fitted with an handrail?			
2.10 Are window restrictors installed and intact (where relevant)?			
2.11 Are any kick-stools used and free of an obvious defect?			
2.12 Are areas cordoned off during floor cleaning operations and sufficient warning signs used?			
2.13 Are floor surfaces and walkways cleaned on a regular basis?			
2.14 Are there any door stops or door buffers present (a loose wedge or weight, used to hold door in an open position) which would cause an obstruction?			

SLIPS, TRIPS, & FALLS (External)			
Potential Hazard	**Yes No N/A**	**Comments (List controls/ further controls where deficient. Explain any N/A.)**	**Risk Grading**
2.15 Is the lighting sufficient & working?			
2.16 Are there Grit Bins & shovels located in the Car Park?			
2.17 Are the grounds & walkways clear of debris and obstruction (e.g. leaves, over-hanging branches, and rubbish)?			
2.18 Does the waste storage area cause an obstruction or other risk?			
2.19 Are Car Parks and walkways free of potholes?			
2.20 Are there any uneven or loose paving slabs / walkways / surfaces?			
2.21 Are areas cordoned off when maintenance or refurbishment work is undertaken?			

FIRST-AID			
Potential Hazard	**Yes No N/A**	**Comments (List controls/ further controls where deficient. Explain any N/A.)**	**Risk Grading**
3.1 Are the names and contact details of your First-Aiders clearly displayed for use?			
3.2 Is the First-Aid Box location clearly displayed and is it easily accessible for use?			
3.3 Is the First-Aid Box adequately stocked (see page 2)?			
3.4 Has a first aid needs assessment been carried out to determine the number of first aiders required? **Please refer to Appendix 1 for guidance and state number required in comments section.**			

FIRE SAFETY			
Potential Hazard	**Yes No N/A**	**Comments (List controls/ further controls where deficient. Explain any N/A.)**	
4.1 <u>Fire Wardens:</u> Is the number of designated staff in accordance with the requirement set out in the Fire Risk Assessment?			
4.2 <u>Fire Wardens:</u> Are names / locations / contact details clearly displayed on the Health & Safety Noticeboard?			
4.3 <u>Fire Safety check sheet:</u> Is the template being completed for the ward / dept. / building and are copies being maintained in the local Fire Folder or Building Fire Log Book as evidence of compliance? Note that the requirements for completion are as follows: Ward (in-patient) environments - **weekly**. Out-patient depts. / buildings - **monthly**.			
4.4 <u>Fire Action Notices:</u> are appropriate notices displayed (with detail completed where applicable)? Note that Ward specific notices are provided within in-patient environments.			
4.5 <u>Fire alarm keys and door access (Ward staff only):</u> Are all Fire Call Point keys and door access key / swipe held by all relevant ward-based staff?			

DISPLAY SCREEN EQUIPMENT (DSE) AND EXPECTANT MOTHERS' ASSESSMENT			
5.1 Is the Manager and staff aware of the DSE Risk Assessment process?			
5.2 Are staff working with laptops within the Trust premises, rather than a desktop?			
5.3 Are there any obvious defects or damage to DSE workstations or chairs?			
5.4 Is the Manager aware of the New or Expectant Mother Risk Assessment process?			

ELECTRICAL SAFETY

6.1 Do portable appliances (e.g. extension leads, computers, microwares, fans, kettles, shredders, photocopiers, etc.) have a PAT (Potable Appliance Test) sticker on them and is it in date?			
6.2 Is there evidence of any toasters present in non-in-patient areas (e.g. offices)?			
6.3 Are all Electrical Cupboards labelled and securely locked?			
6.4 Are there any cracked / frayed / damaged wires / plugs / sockets visible?			
6.5 Are there any portable electric heaters in use and is there documented permission from Estates (this is required) for their use?			
6.6 Are portable electric heaters being used correctly (not placed near other equipment, not under desks or coat racks, etc) and is the PAT sticker present and in date?			

HAZARDOUS SUBSTANCES

Potential Hazard	Yes No N/A	Comments (List controls/ further controls where deficient. Explain any N/A.)	Risk Grading
7.1 Are all hazardous materials clearly labelled and stored in a locked cupboard?			
7.2 Is the hazardous material storage cupboard clearly labelled as such with appropriate Hazard Signage?			
7.3 Are used Linen and Sharps Bins securely stored in the designated area?			
7.4 Are Clinical Waste Bins kept securely locked when not in use?			

PERSONAL SAFETY & SECURITY			
8.1 Is the LSMS poster correctly filled in and clearly displayed on the Health & Safety Noticeboard?			
8.2 Is a Trust Anti-Violence / Anti-Abuse poster clearly displayed in a communal area?			
8.3 Is every member of staff wearing their Trust Photo-ID Badge?			
8.4 Are all relevant staff aware of the current Lone-Worker Protocol / Arrangements? If applicable do staff carry loneworker devices/ Skyguard apps?			
8.5 Are any alarm call systems present (e.g. PinPoint) in working order and sufficient for the needs of the Service?			
8.6 Where vehicular access is present, is there separate vehicle and pedestrian access which is clearly signed?			
8.7 Is there CCTV in your area, if so is there clear signage? Are staff aware of its presence and why it is there?			
8.8 Are Restricted Access areas maintained and kept secure?			

VENTILATION			
Potential Hazard	**Yes No N/A**	**Comments** **(List controls/ further controls where deficient. Explain any N/A.)**	**Risk Grading**
9.1 Is the temperature inside your area between 16°C and 30°C?			
9.2 Is there access to natural light and fresh air (e.g. opening window)?			
9.3 Is there adequate air circulation?			

WELFARE			
10.1 Is there access to hot water for both washing and drinking?			
10.2 Is there access to hot food and drinks (e.g. access to canteen / kitchen area)?			

LIGATURE			
11.1 (In-patient areas) Has your Ligature Audit been completed within the last twelve months?			
11.2 (In-patient areas) Are there any outstanding Actions from your most recent Ligature Audit?			

OTHER			
12.1 (In-patient areas) Are the Manager and staff aware of the Patient Property Handling Procedures? Have they been discussed at team away days?			
12.2 (In-patient areas) When a patient has property and monies (valuable and non-valuable) is a record made of the property using the Patient Property Book (or alternative form)?			
12.3 (In-patient areas) For those patients who retains their own valuable items have disclaimer forms been completed?			
12.4 (In-patient areas) Does the ward have a disclaimer notice visible to patients, visitors and relatives which states 'Patients, relatives and visitors are encouraged to hand patients' valuable property including monies to staff for safekeeping. The Trust cannot accept responsibility for the loss or damage to valuable property and monies not handed in for safekeeping'.			
12.5 (In-patient areas) Are patients' monies (handed in for safekeeping) checked during each shift by staff against records held and a record made of the check?			
12.6 (In-patient areas) Are two members of staff always present when patient's property is being dealt with and recorded?			

Action Plan (2020)

Hazard/Risk	Risk Priority	Lead	Date & Progress	Risk Grading (RAG status Red / Amber / Green)
1 MANAGEMENT / PROCEDURES				
2 SLIPS, TRIPS, & FALLS				
3 FIRST-AID				
4 FIRE SAFETY				
5 DISPLAY SCREEN EQUIPMENT (DSE)				
6 ELECTRICAL				
7 PERSONAL SAFETY & SECURITY				
8 HAZARDOUS SUBSTANCES				
9 - 12 VENTILATION / WELFARE / LIGATURE / OTHER				

First Aid Needs Assessment Guidance

The Health and Safety (First-Aid) Regulations requires us to provide adequate and appropriate first-aid equipment and personnel so that immediate help can be given to patients, staff and visitors if they are injured or taken ill.

What is 'adequate and appropriate' will depend on the circumstances in your specific workplace and you should assess what your first-aid need requirements are for your area.

The Health and Safety Executive states that the minimum first-aid provision is:

- a suitably stocked first-aid kit;
- an appointed person to take charge of first-aid arrangements;
- Information for employees about first-aid arrangements.

Key First Aid Personnel

1. Appointed person

Where your assessment of first-aid needs identifies that a trained first-aider is not required in your workplace, you should appoint someone to take charge of first-aid arrangements.

The role of this **appointed person** includes looking after first-aid equipment and facilities and calling the emergency services. An appointed person does not need first-aid training.
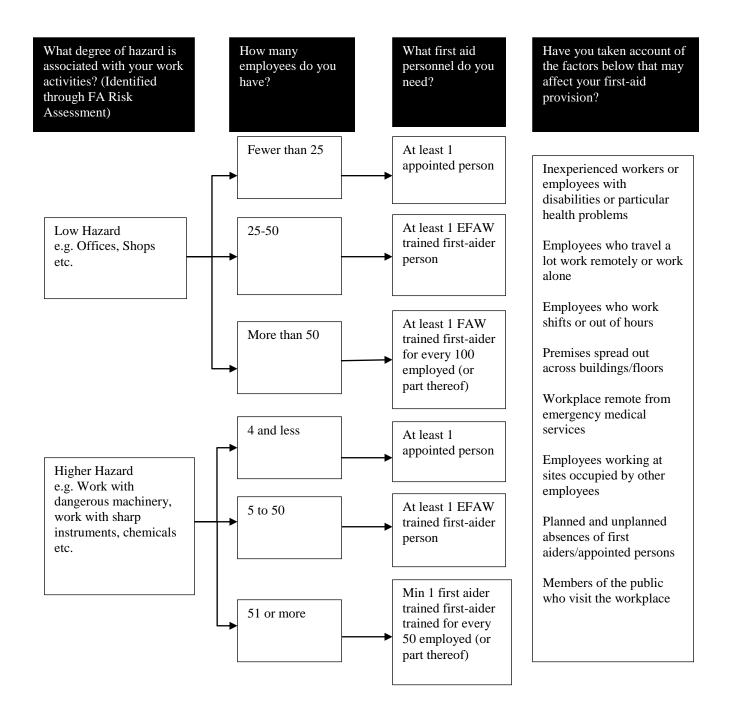
2. First-aider

A **first-aider** is someone who has completed training appropriate to the level identified in the needs assessment. This may be:

- **Emergency first aid at work (One-day course) – EFAW –** responding to range of emergencies in the workplace
- **First Aid at Work (Three-day course) – FAW –** includes training on specific injuries and illnesses

How many first aiders do you require?

There are no standard rules on the exact numbers of first aiders required but you will need to take into account all the relevant circumstances and risks within your workplace.

The following should assist you in determining the number of first aiders required for your workplace.

What degree of hazard is associated with your work activities? (Identified through FA Risk Assessment)	How many employees do you have?	What first aid personnel do you need?	Have you taken account of the factors below that may affect your first-aid provision?

Low Hazard
e.g. Offices, Shops etc.

- Fewer than 25 → At least 1 appointed person
- 25-50 → At least 1 EFAW trained first-aider person
- More than 50 → At least 1 FAW trained first-aider for every 100 employed (or part thereof)

Higher Hazard
e.g. Work with dangerous machinery, work with sharp instruments, chemicals etc.

- 4 and less → At least 1 appointed person
- 5 to 50 → At least 1 EFAW trained first-aider person
- 51 or more → Min 1 first aider trained first-aider trained for every 50 employed (or part thereof)

Have you taken account of the factors below that may affect your first-aid provision?

Inexperienced workers or employees with disabilities or particular health problems

Employees who travel a lot work remotely or work alone

Employees who work shifts or out of hours

Premises spread out across buildings/floors

Workplace remote from emergency medical services

Employees working at sites occupied by other employees

Planned and unplanned absences of first aiders/appointed persons

Members of the public who visit the workplace

Which health professionals are exempt from a qualification in first aid?

Provided they can demonstrate current knowledge and skills in first aid, the following are qualified to administer first aid without the need to hold a FAW or EFAW or equivalent qualification:

a) doctors registered and licensed with the General Medical Council;

b) nurses registered with the Nursing and Midwifery Council;

Impact Assessment Tool

			Comments
1	**Briefly describe the policy/decision?**		The Health and Safety Policy is an overview of Health and Safety requirements within the Trust and outlines the roles and responsibilities of employees with regards to maximising a healthy and safe workplace.
1.1	**Briefly describe the purpose or objective of the policy/decision?**		As above
1.2	**Does the policy/decision have a legitimate aim?**	**Yes**	Yes, the policy has a legitimate aim.
1.3	**Is the policy/decision necessary, proportionate and lawful?**	**Yes**	The Health and Safety Policy describes the legal requirements of work related health & safety
2	**Will the policy/decision affect one group or a combination of groups less or more favourably than others on the basis of:** Race, Colour, Nationality, Gender, Age, Sexual orientation, Disability, Religion, Language (Disability includes: learning disabilities, physical disability, sensory impairment and mental illness)	**No**	No Adverse Impact. The policy is designed to be sensitive to the needs of all groups and takes into account Race, Colour, Nationality, Gender, Age, Sexual orientation, Disability, Religion, and Language
2.1	**List or describe the evidence that some groups will be affected differently?**		The policy has been developed in accordance with the Care Quality Commission relating to safety, the NHS Litigation Authority's Risk Management Standards and the Health and Safety Executive.
3	**Will the policy/decision affect or restrict anyone's human rights? (see attached list)**	**No**	The policy has been developed in accordance with, the Care Quality Commission relating to safety, the NHS Litigation Authority's Risk Management Standards and the National Patient Safety Agency's seven steps to Patient Safety (2004)HSLA Risk Management standards
3.1	**If the answer to Q3 is yes, which rights will be affected or restricted?** **a) absolute right** e.g. the right to protection from inhuman &	**Yes/No**	The policy will have no direct impact on Human Rights

			Comments
	degrading treatment **b) limited right** e.g. the right to liberty **c) qualified right** e.g. the right to respect for private and family life; freedom of expression; peaceful enjoyment of property etc;	**Yes/No** **Yes/No**	
3.2	**Can the policy/decision be achieved without the infringement of human rights?**	**Yes**	The policy will have no direct impact on any of the areas listed.
4	**Will this policy/decision:** • **Reduce or increase waste** • **reduce or increase use of energy** • **Have an impact on the use of transport** • **Create community employment opportunities**	 **No** **No** **No** **No**	The policy will have no direct impact on any of the areas listed.
5	**What action is to be taken to minimise the impact that the policy/decision will have on equality and diversity and human rights.**		N/A
5.1	**What action is to be taken to minimise the impact that the policy/decision will have on the environment**		N/A

6	**Have you consulted with relevant groups around this policy/decision?**
	  - **Staff members**
	  - **Service Users**
	  - **Carers**
	  - **Other agencies**
		Yes
		Yes
		Yes
		Yes	

6.1	**Do you have further plans to consult with the relevant groups**	**No**	
7	**Will the policy/decision be monitored?**	**Yes**	Via the Quality Committee and Trust Board
7.1	**Will the policy/decision be reviewed?** **If yes, when?**	**Yes**	Yes. February 2021
7.2	**Will this policy/decision and this Impact assessment be published?** **If yes, list when and where this information will be available.**	**Yes**	Intranet – Polices and trust website.

Workplace Risk Assessment Inc. Covid

Risk Assessment Title:	Workplace Risk Assessment		
Directorate:		Service:	
Location:		Service Manager / Director:	
Person Completing Assessment: (Name and Post)			
Contact Tel. No:		Date Of Assessment:	

What are the hazards? Who might be harmed and how?	Current Controls What current controls are in place to eliminate or mitigate the risk?	Further Action Required What additional controls will be introduced, or what actions will be taken, to eliminate or further mitigate the risk?	Responsible Person	Action by when?	Date of completion
Risk of Infection (COVID-19) Close proximity to other persons, including staff, patients, contractors and visitors. 'Vulnerable' and 'high risk' staff with medical conditions that make them more susceptible to the virus.	• Travel to work without using public transport. • Work in an area that does not involve contact with others. • Wear appropriate personal protective equipment, including respiratory protective equipment • Use appropriate personal hygiene and infection control • Follow Public Health England advice regarding shielding and self-isolation. • Homeworking, as agreed with line managers, including the provision of suitable and appropriate work technology to facilitate homeworking • Completion of individual staff risk assessment for Covid-19 • Referral to Occupational Health in order to agree appropriate work adjustments that may help a return to work.				

	• Follow Trust managers' guidance on managing staff who are in self-isolation/ shielding, including taking suitable precautions regarding DSE use, work-related stress, mental and physical wellbeing, etc.				
Risk of Infection (COVID-19) Close proximity to other persons, including staff, patients, contractors and visitors, which increases likelihood of infection. All staff, visitors and contractors	As above plus: • Suspension of hot-desking policy. • Organise use of workstations to ensure maintenance of 2 metres rule e.g. prohibit use of alternate workstations. • Physical barriers between workstations • Use of suitable perspex screens and floor markers to maintain social distancing between pedestrians • Use of suitable perspex screens and floor markers to protect reception staff. • Workstations and working environment cleaned regularly with suitable disinfectant, with suitable cleaning equipment available for those in the environment to use on demand • Posters and signs reminding users of the area to maintain 2 metres separation rule. • Flexibility when staff can come in and leave the office in a coordinated way so that the number of staff in the office at any given time is controlled and allows for safe social distancing. • Control access to an area so as to limit the maximum number of people that can be in an area to ensure that social distancing is maintained. • Limit number of people in communal areas such as kitchens, rest rooms, toilets to maintain social distancing • Contractors working in the areas required to				

	establish and maintain safe working 2 metre exclusion zone before any works are undertaken within office areas. • Restricting the number of non-staff in reception or waiting areas so as to maintain social distancing. • Use of technology (e.g. Microsoft Teams) to minimise need to meet other workers in person. • Use of technology to minimise the need to meet in person with non-workers e.g. public, visitors and service users. • Use of conference/meeting rooms limited to essential meetings only and, when used, chairs and tables and seating organised so as to maintain social distancing rule. • In some situations, where the 2 metre rule cannot be maintained, suitable masks provided to staff for additional protection. • One-way pedestrian traffic routes, complemented by use of physical barriers and directional signs. • Contractors to work out of hours to the greatest possible extent (to minimise contact with staff and others) • Office-cleaning by cleaners to take place out of hours to the greatest possible extent • Suitable handwashing facilities provided. • Hand gel provided in entrance areas. • Posters in all areas, reminding staff of hygiene rules. • Increased/ improved quality control monitoring of toilet and cleansing supplies. • Increased/ improved standard of cleaning of environment e.g. door handles, soap dispensers and other surfaces in common use.			

Slips, trips and falls Staff, service users and visitors may be injured if they trip over objects or slip on spillages.	• All areas well lit & walkways clear of debris and obstruction • Car Parks and walkways free of potholes • Areas cordoned off when maintenance or refurbishment work is undertaken • No trailing leads or cables-leads secured or covered. • Local staff Induction include information on slip, trip, & fall risks - including good house-keeping, reporting of defects, and spillage management. Floor coverings and surfaces damage & defect free • Emergency / Exit Routes not obstructed, floors and stairs free from obstruction and damage and adequately lit • Stairs fitted with an handrails • Rooms cleaned on a regular basis.				
Fire If trapped, staff, visitors or service users could suffer fatal injuries from smoke inhalation/burns	• Fire Wardens in accordance with the requirement set out in the Fire Risk assessment • Fire Wardens clearly displayed on the Health & Safety Noticeboard • Fire Extinguishers present, clearly visible, tested within the last twelve months, and security tabs intact • Fire Routes and Exits completely clear, unobstructed, and accessible • Fire Exit signs present, clearly displayed, and correct • Fire Action notices present, clearly visible, and filled-in where required? • Weekly fire alarm testing & carried out and recorded in the red book, held in reception				
Display screen equipment Staff risk posture problems and back pain, discomfort or other injuries from poorly designed work stations or environments	• All Managers aware of the DSE Risk Assessment process and e-learning package to be carried out by all relevant staff. • All users to carry out self-assessment which is monitored by management. • Work planned to include regular breaks. • Eye tests provided for those who require them and are funded by the Trust. • Adaptations in place accordingly supported				

	by Occupational Health				
Electrical Staff, visitors and service users could get electrical shocks or burns from faulty equipment. Faults can also lead to fires	• Portable appliances (e.g. extension leads, computers, microwares, fans, kettles, shredders, photocopiers, etc.) have a PAT (Potable Appliance Test) sticker on them and in date • Electrical Cupboards labelled and securely locked • Monthly audits in place and compliant for checking electrical equipment & leads.				
Violence and Aggression Staff, visitors or service users could be distressed/injured through both verbal and physical assault.	• LSMS poster up to date & displayed on the Health & Safety Noticeboard • Trust Anti-Violence / Anti-Abuse poster displayed in communal areas • All staff wear their Trust Photo-ID and to challenge unknown individuals (if safe to do so) • Trust security policy and staff aware of this. • PinPoint system within the building and staff aware of local procedure for managing violence/aggression in the environment and escalation process. • Pinpoint alarm tested on a bi-monthly basis to measure response of staff. • Restricted Access areas maintained and kept secure through use of electronic door systems • Staff compliant with conflict resolution training, to include management of the prevention of escalation of verbal aggression, de- escalation tools and managing conflict. • Access to building restricted to service users with appointments				

	• Duty practitioner and duty manager in place to support escalation processes. • Front door security, camera and buzzer entry system in place since January 2019.				
Hazardous substances/sharps Staff, visitors and service users can suffer effects of exposure to hazardous substances.	• Hazardous materials clearly labelled and stored in a locked cupboard • Sharps Bins securely stored in the designated area and labelled accordingly • Clinical Waste Bins kept securely locked when not in use.				
Ligature Service users could attempt to self-harm by use of ligature	• Site is outpatient department and service users escorted at all times.				
Extremes of cold and hot Staff, visitors and service users can suffer discomfort and ill-effects of extreme temperatures	• Windows through the building can be opened with ease, high windows fitted with electric openers, window restrictors on upper floor. • Air condition in clinical rooms and air conditioning units for offices.	Annual request made for hire of air conditioning units across the site for staff all offices to cover the summer period.			
Occupational Stress Staff could be affected by factors such as workload, specific incidents and relationship with colleagues	• Staff aware of how to identify signs of work related stress in themselves and colleagues. • Regular supervision in place. • Staff aware of how to access occupational health support • Staff have access to staff room with facilities, including refreshments, dining area, kitchen.				
Loneworking Staff could suffer injury whilst lone-working either on their way to a visit or during an	• Trust lone-working policy and staff aware of this. • Lone-worker protocol in place for community staff.				

assessment.	• All community staff aware of procedures when lone-working. • All staff have access to personal Peoplesafe alarm device while in community. • Management monitoring use of Peoplesafe alarm devices and raising nay concerns during supervision.				
Travelling Staff could sustain injury when travelling to visits and between sites.	• Staff adhere to the lone worker policy and procedure. • Staff have full UK driving licence, car Insurance and MOT in date				

Review Due Date:		Assessment Reviewed & Approved by: (Name and Post)		Date Reviewed:	