


POLICY DOCUMENT CONTROL SHEET

Reference Number	POL/H&S/0001				
Title	Health & Safety Policy				
Version number	8.0				
Document Type	Policy	<input checked="" type="checkbox"/>	Trust Procedure	<input type="checkbox"/>	Clinical Guideline
Approval level (Clinical Guidelines)	Local	<input type="checkbox"/>	Trust-wide	<input type="checkbox"/>	N/A (not a guideline)
Original policy date	September 2003				
Reviewing Committee	Health & Safety Committee				
Approving Committee	Integrated Quality & Assurance Committee				
Approval Date	August 2017				
Next review date	July 2020				
Originating Directorate & Care Group (where applicable)	Assurance, Risk and Compliance				
Document Owner	Head of Assurance and Compliance				
Lead Director or Associate Director	Senior Associate Director of Assurance and Compliance				
Scope	Trust-wide				
Equality Impact Assessment completed on	August 2017				
Status	Ratified				
Confidentiality	Unrestricted				
Keywords	Health, Safety Responsibility, Hazardous				

Final approval

Chairman or Executive Sponsor's Signature	
Date Approved	26/09/2017
Name & Job title of Chairman or Executive Sponsor	Jeremy Cundall – Executive Medical Director
Approving Committee	Integrated Quality Assurance Committee
Signed master copy held at:	Corporate Records Office, Trust Headquarters, Darlington Memorial Hospital

Previously known as POL/NCRM/0001

VERSION CONTROL TABLE

Date of Issue	Version Number	Status
September 2003	1.0	Superseded
April 2006	2.0	Superseded
April 2007	3.0	Superseded
April 2007	3.1	Superseded
April 2009	4.0	Superseded
March 2011	5.0	Superseded
August 2011	5.1	Superseded
January 2012	6.0	Superseded
February 2012	6.1	Superseded
May 2013	6.2	Superseded
October 2014	7.0	Superseded
August 2017	8.0	Approved

TABLE OF REVISIONS

Date	Section	Revision	Author
April 2006	Policy	Review	C Rooney
April 2007	Policy	Review	C Rooney
April 2007	Policy	Format	S Lynch
April 2009	Policy	Review	S Lynch
March 2011	Policy	Policy Harmonisation with PCT	C Rooney
August 2011	Policy	Minor monitoring changes	C Rooney
January 2012	Policy	Review	C Rooney
February 2012	Policy	Minor changes	C Rooney
May 2013	Policy	Clarity to risk assessment process + risk assessment appendices added	C Rooney
October 2014	Policy	Changes to health and safety audits and minor changes	C Rooney
August 2017	All sections	Full review to bring health and safety arrangements up to date. Policy previously known as POL/NCRM/0001.	D Kirkup and S Wood

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1 INTRODUCTION

- 1.1 The Health and Safety at Work etc Act (1974) requires all employers who employ five or five people to produce and maintain a written Safety Policy and bring it to the attention of all staff.
- 1.2 The primary aim of this Policy is to comply with Health and Safety legislation and to safeguard people from accidents, ill health or major injuries arising from work activities. This Policy lays down the way in which Health and Safety arrangements are managed within the Trust and describes the support available to help each Care Group and Department to:
- Prepare local Health and Safety documentation.
 - Continuously develop their Safety Management Systems.
 - Continuously develop measures and strategies for the effective control of their particular risks.
 - Continuously monitor and audit the effectiveness of the Health and Safety culture of the Organisation.
- 1.3 Specific Trust-wide Health and Safety policies can be found on the Trust's Intranet. The contents of the policy will be reviewed and updated as necessary. The Trust's Health and Safety Committee will monitor the Trust's compliance with Health and Safety and receive incident and trends as part of compliance with the Policy.

This process will be co-ordinated by the Senior Associate Director of Assurance and Compliance

- 1.4 The Trust has eight hospital sites, five of which are built under the Private Financial Initiatives (PFI) and certain services are provided by external contractors. In addition to PFI providers, the Trust has established arrangements for services eg estates management, facilities, medical devices maintenance/CSSD, procurement, security and fire safety advice, training and support with County Durham and Darlington Services (CDD Services). The responsibilities for service provision are defined within the Trust's service agreements with these providers.
- 1.5 To ensure that a co-ordinated approach to Health and Safety is maintained, the Head of Assurance and Compliance will work with partners to ensure that there are mechanisms in place for communication of Health and Safety information between the Trust, CDD Services and our PFI partners.

2 PURPOSE

- 2.1 County Durham and Darlington NHS Foundation Trust (the "Trust"), as an employer, is fully committed to ensuring the provision and maintenance of a health and safe working environment for all staff, patients and any other persons who may be affected by its work activities. To this end, the Trust commits itself to the implementation of the Health and Safety at Work, etc. Act 1974 and associated relevant statutory provisions as a minimum acceptable standard.
- 2.2 The Board of the Trust through its officers will seek to ensure that statutory requirements are met by the formulation, implementation and development of Policy, together with the

setting of objectives and performance standards. Appropriate action will be taken at Senior Management level to underpin this commitment.

- 2.3 The Trust will endorse appropriate Health and Safety Management Standards recognising that a successful Health and Safety Management System is one which is integrated with the Trust's business activities, with the aim of achieving a progressive and prioritised improvement in Health and Safety performance.
- 2.4 Provisions will be made in all appropriate budgets for financial and physical resources for Health and Safety.
- 2.5 The Trust will seek to ensure the commitment of those to whom Health and Safety responsibilities are delegated.
- 2.6 The Trust will ensure adequate levels of competence in Staff Health & Wellbeing. Staff at all levels will be provided with appropriate information, instruction, training, supervision and communication to ensure their Health and Safety.
- 2.7 The Trust recognises its responsibility under the Management of Health and Safety at Work Regulations 1999, particularly the duty to provide suitable and sufficient Risk Assessments. By the provision of information, advice and training of staff, significant risks arising out of work will be identified and measures will be taken to reduce them to the lowest reasonably practical level.
- 2.8 Health and Safety performance will be monitored and reviewed both at Departmental and Trust level by recording accident and incident data through investigation, inspections and Health and Safety Audits.
- 2.9 Systems will be put in place to ensure that the Health and Safety implications of any new acquisitions, whether of buildings, processes or machines in either clinical or non-clinical areas of work, are assessed as part of the normal planning process. The aim will be to ensure that no member of staff, patient or any other person who could be affected by its work activities is endangered.
- 2.10 Work requiring statutory health or medical surveillance will be provided by Staff Health & Wellbeing, this includes Pre-Employment Screening for new staff in these areas.
- 2.11 The Health and Safety Policy will be updated on a three yearly basis taking into account all new and updated legislation. The Trust's Health and Safety Team will ensure that monitoring and reviews are carried out in line with Trust Policy.

The Health and Safety Policy review will be agreed at a Health and Safety Committee meeting prior to the reviewed policy being distributed.

3 SCOPE

- 3.1 The following legislation is the key element of Health and Safety which is an integral part of the Trust's Health and Safety Policy in meeting the Trust's values and culture towards compliance.
- 3.2 Health and Safety at Work, etc. Act 1974 (HASWA) – an enabling Act to make further provision for securing the Health, Safety and Welfare of persons at work, for protecting others against risks to health or safety in connection with the activities of persons at work.
- 3.3 The general duties form the framework enabling subsequent health and safety regulations to be enacted. The main body of the Act are the general duties for:

Employers	:	to protect the health, safety and welfare at work for all employees.
Safe Systems	:	provide safe plant and systems of work.
Safe Methods	:	for use, handling, storage and transport.
Awareness	:	information, instruction, training and supervision.
Workplace	:	safe workplace.
Environment	:	safe working environment and welfare facilities.
Safety Presentations	:	consultation or arrangements for health and safety at work.
Safety Committee	:	establishment of a Health and Safety Committee.
Enforcement	:	enforcement of health and safety with HSE and other external agencies.
Breaches	:	penalties and prosecutions.

- 3.4 Breaches of HASWA are enforced under the criminal courts, the Trust's arrangements for Health and Safety are embodied in the Trust's Health and Safety associated policy to comply with its statutory and duty of care for staff, patients, visitors and contractors as well as others in shared premises.
- 3.5 Corporate Manslaughter and Corporate Homicide Act 2007 – the Act came into force on 6th April 2008, the Act introduces a new “offence” of Corporate Manslaughter for corporations (organisations).
- 3.6 The offence is a gross breach of the duty of care owed by the organisation where a death has occurred. The offence will arise on the collective failings of senior management below what can be reasonably expected of the organisation.
- 3.7 The organisation has a duty of care to all employees, occupiers, patients, visitors and contractors as well as supply of goods or services. The definition of senior management in the Act is persons who play a significant role in:-
- making of decisions about the whole or a substantial part of the organisation's activities are to be managed; and
 - actual managing of the whole or a substantial part of those activities.
- 3.8 The new Act does not change or introduce new regulatory regulations or burdens that were not already in place under the Health and Safety at work, etc. Act 1974 and is based on the existing duty of care in the Health and Safety framework.

4 DEFINITIONS

DSE – Display Screen Equipment

COSHH – Control of Substances Hazardous to Health

PFI – Private Finance Initiative

HASWA – Health and Safety at Work Act

RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

RRO – Regulatory Reform Order

HSE – Health and Safety Executive

PPE – Personal Protective Equipment

WEL – Workplace Exposure Limits

PMG – Piped Medical Gases

LPG – Liquid Petroleum Gas

ALARP – As Low As Reasonably Practicable

CAS – Central Alert System

MHRA – Medicines and Healthcare Products Regulatory Agency

RPA – Radiation Protection Advisor

PPM – Planned Preventative Maintenance
MOU – Memorandum of Understanding
RPE – Respiratory Protective Equipment

5 DUTIES

5.1 The Trust Board

The Trust Board has ultimate responsibility for overseeing the implementation of this Policy by the Chief Executive and Executive and Non-Executive Directors, in particular by:

- Implementing Policies, which maintain high standards of Health and Safety performance by employees and a positive culture of Health and Safety awareness, throughout the Trust.
- Ensuring the management of Health and Safety is recognised as an integral part of business performance.
- Communicate, promote and champion Health and Safety.
- Allocating sufficient resources to enable the objectives of this Policy to be met.
- Reviewing Health and Safety performance throughout the Trust by monitoring and auditing information.
- Having a proactive and positive approach to health and safety in order to maintain high standards.

5.2 The Chief Executive

The Chief Executive has overall responsibility for Health and Safety within the Trust. However, on a daily basis, this responsibility is effectively delegated to the Care Group Directors, Care Group Managers, Managers, Departmental Heads and Matrons.

The Chief Executive is responsible to the Trust Board for the general implementation of this Policy and in particular:

- Act in the role of Fire Safety Director with support from the Senior Associate Director of Assurance and Compliance in his role of Fire Manager.
- An appointment of a Director with responsibility for Health and Safety Management.
- Ensuring Health and Safety arrangements are adequately resourced.
- Review of Health and Safety performance, with reference to relevant reports.
- Employees are involved in decisions that affect their Health and Safety.
- Ensuring employees and Managers at all levels receive relevant information, instruction and training.
- Ensuring competent Health and Safety advice is obtained.

- Supporting and encouraging the development of a positive Health and Safety culture throughout the Trust.
- Ensuring that the objectives of senior staff reflect the overall Health and Safety objectives of the Trust and that these objectives are considered during Annual Appraisals.

5.3 Senior Associate Director of Assurance and Compliance

The Senior Associate Director of Assurance and Compliance reports to the Trust Chief Executive and the Board. The Chief Executive will be Director responsible for Health and Safety Management and the Senior Associate Director of Assurance and Compliance will support her with this role by ensuring implementation, monitoring and controlling Health and Safety activities in the Trust, in particular:

- Undertake the role of Fire Manager.
- The strategic planning of Health and Safety issues, including allocation of sufficient financial and human resources, based on appropriate risk assessments.
- Ensuring the Chief Executive and the Board is made aware of any serious failings related to Health and Safety.
- Maintaining a personal/organisational working knowledge of Health and Safety Legislation relevant to the Trust with assistance of professional advice.
- Setting Health and Safety initiatives, performance targets and objectives for the Executive Directors and Care Group Directors.
- Reviewing the Health and Safety performance of all Care Groups and Departments via the Health and Safety Committee.
- Maintaining mechanisms to encourage communication and a proactive approach to Health and Safety by all Trust employees at all levels.
- Ensuring appropriate Health and Safety information and training is available to all levels of staff.
- Ensuring that the Trust's Health and Safety initiatives are implemented in a prioritised way and will help, through personal example and leadership, to promote a positive Health and Safety culture.
- Ensuring the Care Groups are advised to nominated first aiders and fire wardens where necessary.
- Ensure that a management system exists for reporting and investigating incidents and accidents promptly.
- Ensure Health and Safety issues are reported to the Integrated Quality and Assurance Committee (IQAC).
- Ensure that adequate provision of Health and Safety is included within any Service Level Agreement/contracts.

5.4 Executive Directors/Clinical Directors

Executive Directors/Clinical Directors are responsible for the implementation of this Policy, in particular:

- Ensuring that systems are in place for the implementation, monitoring, reviewing and control of Health and Safety in their areas of responsibility.
- Setting Health and Safety performance targets and objectives for the Care Group Managers, Department Heads, Clinical Leads and Ward Managers.
- Ensuring that all employees within their area of responsibility are provided with appropriate information, training and resources to ensure effective Health and Safety performance.
- Ensuring the production, implementation and review of Health and Safety policies within their areas of responsibility.
- Promotion of a positive Health and Safety culture by ensuring that:
 - Health and Safety is regularly discussed during Department meetings.
 - Two-way communication exists on all Health and Safety matters.
 - Health and Safety is considered during all decision making.
- Ensuring internal Health and Safety inspections, risk assessments, Health and Safety reports or audits are actioned and resources allocated as appropriate.
- Providing a focal point for information, advice and support on Health and Safety matters at a Care Group level, ensuring appropriate representation on the Trust's Health and Safety Committee.
- Monitoring Health and Safety standards, accidents, incidents and performance of individual Departments and or services within their Care Group.
- Ensuring Care Group Managers and staff are fully trained on all aspects relating to Health and Safety that affects their work.
- Maintaining formal contact with Safety Representatives and Nominees through regular meetings and encourage an appropriate forum for joint management and/or staff discussions on Health and Safety.
- Ensuring that Safety Representatives have sufficient access to Departments and/or Service areas.
- Ensuring that all accidents, incidents and dangerous occurrences are reported following the Trust's Incident Management Policy. The Trust has a duty under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR) 1995 to report all major incidents immediately as well as incidents whereby staff have been off sick for 7 days or more, these must be reported as soon as possible.

5.5 Care Group Managers, Heads of Department and Managers

The Care Group Managers, Heads of Department, Managers, Matrons and Senior Nurses are responsible to their Directors for ensuring this Policy is fully implemented in their areas

of responsibility, guided as necessary by the Health and Safety Committee, in particular for:

- Ensuring appropriate and sufficient risk assessments are carried out and reviewed on at least a yearly basis and that Risk Assessments are used as a basis for the implementation of Safe Systems of Work.
- Ensuring that risk assessments are signed off following completion and ensuring that actions arising from these are implemented.
- Ensuring that significant findings, produced as a result of a Risk Assessment, are brought to the attention of all employees who may be affected by them.
- Ensuring that any risks identified from health and safety activities are recorded on their risk registers and reviewed within their Care Group/ Directorate meetings.
- Ensuring that competent persons are identified, where necessary, to ensure compliance with relevant legislation.
- Identifying training needs ensuring that all staff receive appropriate information, education and training in all Health and Safety Policies and Procedures.
- Ensuring that training is updated and training records are kept.
- Ensuring adequate supervision is in place to ensure the Health and Safety of all staff, visitors and patients.
- Ensuring systems are in place to update, monitor and review local Health and Safety Documentation and performance in their areas of responsibility.
- Ensuring appropriate representation on the Trust's Health and Safety Committee and co-operation with the Health and Safety Representatives in their Departments.
- Establishing effective communication of Health and Safety matters.
- Recording all accident, incidents, near misses, property damage, or cases of occupational diseases reported to them and their effective investigation. Ensuring that all accidents and incidents are reported via the incident reporting system.
- Ensuring that any necessary remedial action is taken for any work situation that represents shortcomings in the arrangements for managing Health and Safety or is a serious and imminent danger to Health and Safety.

5.6 Matrons, Ward/Department Managers, Senior Managers (e.g. Ward Sisters, Charge Nurses)

- Actively co-operate with their Head of Department in respect of Health and Safety at Work and seek advice on ill health to staff from Staff Health & Wellbeing.
- Develop and review Safe Systems of Work and Health and Safety Procedures.
- Familiarise themselves with this policy and other policies/procedures which cover any aspect of Health and Safety applicable to their areas of responsibility and to conduct the work of their Department/Service accordingly.

- Ensure that rules, procedures and Codes of Practice involving Health and Safety of employees, patients or visitors are correctly interpreted and implemented in all activities within their control.
- Ensure all staff job descriptions have adequate reference to Health and Safety responsibilities and carry out local induction training and job instructions, which emphasise the Health and Safety aspects of all activities and duties they will be required to take.
- Ensure the department's local health and safety document is maintained and reviewed as appropriate.
- Maintain a record of all accidents/incidents, dangerous occurrences or cases of ill health involving staff, patients, visitors or others working in their area of control and investigate such accidents/incidents initiating the corrective measures required.
- Liaise and co-operate with the Health and Safety Team, Safety Representatives, Safety Nominees and Safety Committees in carrying out annual safety inspections/visits and to initiate corrective measures required.
- Ensure a safety inspection visit is conducted at least on an annual basis (more frequently when the nature of the department demands) or when changes occur in established standards. These records to be maintained for five years.
- Bring to the attention of all staff all statutory Health and Safety notices or other information which the staff need to know to ensure Health and Safety at work.
- Be responsible for ensuring that risk assessments are updated and reviewed at the required frequency or when an assessment becomes invalid.
- Ensure that Health and Safety training is identified, it is carried out and recorded.
- Ensure staff are identified and trained to carry out risk assessments.

5.7 Supervisors and Designated Persons in Charge

It is the responsibility of Supervisors and Designated Persons in Charge to:

- Familiarise themselves with the Trust's Health and Safety policy and Health and Safety procedures and consider the implications to their area of control.
- Continually develop and maintain safe practices to ensure maximum safety for all staff, patients and visitors within their area of control.
- Contribute, when required to develop the local Health and Safety policies/procedures within their area of control.
- Ensure that all persons are adequately trained and fully aware of any hazards and risk assessments in their respective areas of work.
- Ensure that all employees are fully competent to safely undertake the tasks that they are required to undertake.
- Ensure that all safety devices are fitted, properly adjusted and maintained.
- Maintain good housekeeping at all times.

- Regularly check, i.e. daily, their work areas and equipment for hazards.
- Report to the Departmental Managers any representations concerning health and safety from employees and ensure that these comments are recorded, together with the details of action taken.
- Investigate and record (using Trust Incident Reporting System) all accidents/incidents promptly, whether injury results or not, to discover their causes and try to prevent recurrence. All accidents/incidents must be reported in accordance with the Trust reporting procedure.
- Ensure staff are aware of all relevant emergency procedures and their personal roles and responsibilities in implementing these.

5.8 Employees

It is an employee's duty to:

- Take reasonable care of their own health and safety and that of anyone else, who may be affected by their acts or omissions at work.
- Co-operate with management to enable the employer to carry out his legal duties or any requirement that may be imposed.
- Abide by Trust policies in relation to health and safety.
- Undergo health and safety training which is applicable to their work.
- Wear any Personal Protective Equipment supplied and not to interfere with or damage anything provided in the interest of health, safety or welfare.
- Keep their workplace clean and tidy.
- Report any hazards that they should be reasonably aware of unless they have already been reported.
- Report all accidents, incidents near misses and property damage through the Trust's incident reporting systems.
- Take part in any health surveillance programme as identified through a risk assessment.
- Report to their Supervisor or Manager any work situation that they consider to be an immediate and serious threat to health and safety.
- Follow all safety rules, instructions and safe systems of work.

5.9 Safety Representatives

- Investigate hazards and dangerous occurrences in the workplace and to assist in the formal investigations of accidents.
- Investigate complaints made by any employee that they may represent relating to that employee's Health, Safety and Welfare at Work.

- Make general representation to Senior Officers, Managers and Supervisors on general matters affecting Health and Safety.
- Attend meetings of the Health and Safety Committee in their capacity as Safety Representatives.
- Speak on behalf of employees that they were appointed to represent in consultations in the workplace with Inspectors of the Health and Safety Executive or any other enforcing agency.
- Receive information from Inspectors in accordance with the Health and Safety at Work, etc. Act 1974 – Section 28(8).
- Undertake planned routine inspections of the workplace providing written records with recommended actions and follow up visits within three months of the date of inspection.
- Suggest priorities for policy development or amendments.
- Attend such training as required in their function as a Safety Representative which is identified as reasonable in the circumstances that will equip them to perform those functions, as required under the Safety Representatives and Safety Committee Regulations 1997.

SPECIALIST FUNCTIONS AND RESPONSIBILITIES

5.10 Head of Assurance and Compliance

The Head of Assurance and Compliance is responsible to the Senior Associate Director of Assurance and Compliance. The Head of Assurance and Compliance will:

- Ensure any breaches of this policy are brought to the attention of the relevant manager and if appropriate the Senior Associate Director of Assurance and Compliance.
- Ensure that all health and safety risks identified through assessments, audits, complaints, litigation and analysis of the Trust's accident/incident reporting systems are brought to the attention of the relevant managers for action.
- With the assistance of professional advice and support, advise on the implementation and interpretation of the various statutory provisions embraced by the Health and Safety at Work, etc. Act and any other relevant regulations, guidelines, etc., as they apply to hospitals and health care premises.
- Produce an annual report on the Trust's Health and Safety Performance to the Senior Associate Director of Assurance and Compliance.
- Act as the initial point of contact within the Trust for the Health and Safety Executive and their Inspectorate.
- In conjunction with the Senior Associate Director of Assurance and Compliance, liaise with the Trust's legal representative on matters arising from statutory requirements, enforcement action, possible litigation, personal and property claim for compensation.

- In conjunction with the Patient Safety Lead jointly facilitate the receipt, distribution and closure of all literature via the Central Alert Systems (CAS).
- Issue and review as necessary, guidance notes for Managers on reporting of incidents, dangerous occurrences and diseases and the investigation procedure to be followed.
- Where necessary instigate an independent investigation of accidents/incidents involving employees and non-employees and report the results to the appropriate managers.
- Inform relevant Directors of accidents/incidents reported throughout the Trust.
- Report any action taken to reduce significant risks to the Senior Associate Director of Assurance and Compliance.
- Ensure the provision of an appropriate programme of training for management and staff on the requirements of the HASWA.
- Liaise with Directors, Medical and Nursing Director, Managers, Heads of Departments, Staff Health & Wellbeing and Infection Control on the management of the Health and Safety function within their areas of responsibility.
- Ensure monitoring audits of wards/departments risk assessments are carried out and monitored at the Trust Health and Safety Committee. Where shortfalls are identified the actions are reported to the Trust Health and Safety Committee.

5.11 The Health and Safety Team

The Trust's Health and Safety Team are responsible to the Head of Assurance and Compliance. The Team will carry out the following:

- The Team will facilitate and support the work of the Health and Safety Committee.
- The Fire/Health and Safety Advisor will attend the Health and Safety Committee.
- Ensure all Health and Safety Policies are updated and reflect current legislation. Ensuring that all Trust Health and Safety documentation complies with legal requirements and to monitor Safety Documentation and Policies.
- Manage, report and investigate Reports of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- Advise on all Environment and Health and Safety proposed schemes including new buildings, upgrades or changes of use of departments or buildings.
- Compile Health and Safety reports within the Trust.
- Develop, co-ordinate and deliver training programmes for all grades of staff on Health and Safety issues and advise on specialist training.
- Ensure that Trust Health and Safety arrangements comply with current Legislation. This will include ensuring that effective planning, organisation, control, monitoring and review procedures are in place in accordance with current Health and Safety

Executive Standards. Assisting Trust Managers to take forward and evaluate Health and Safety policies, risk assessments and best practice.

- Act as liaison with Staff Health & Wellbeing in the follow up and investigation of reported accidents and incidents.
- Ensure suitable training is identified, available and is delivered to comply with Health and Safety Legislation.
- Communicate and co-ordinate Health and Safety matters with other bodies whose chief function is to provide core services to the Trust, CDD Services and PFI partners.
- Liaise with outside agencies and statutory bodies to ensure the Trust fulfils its obligation under Health and Safety legislation.
- Assist with the compilation of the Health and Safety initiatives.
- Ensure that a positive Health and Safety culture will be promoted throughout the Trust through a combination of leadership, example and technical expertise.
- Advise when Safe Systems of Work are required and assist in their preparation if necessary.
- Ensure that Health and Safety information is effectively communicated to management and employees throughout the Trust and that senior managers are kept informed of legislative changes which have an influence on the Trust's Health and Safety arrangements.
- Establish statistical analysis and reactive and proactive measurements of Health and Safety, analyse trends and make the information available to all employees.
- Provide data for directors and managers for compilation of reports to NHS bodies.
- Co-ordinate and monitor all health and safety accident and incident reporting and ensure that thorough investigations are conducted and suitable recommendations are made to prevent a recurrence.
- Ensure audits of wards/departments risk assessments are carried out and monitoring information is shared with the Care Groups and at the Trust Health and Safety Committee. Where shortfalls are identified the actions are reported to the Trust Health and Safety Committee.

5.12 Fire Safety Advisor

The Trust obtains fire safety services from CDD Services via a SLA. It is the responsibility of the CDD Services' Fire Safety Advisor to:

- Ensure the effective implementation of the Fire Policy across the Trust.
- Advise the Trust as necessary on a clearly defined Fire Safety Policy and Fire Safety Measures at each location and inform Managers and the local Fire Authority accordingly.
- Ensure legislation, and official guidance on fire safety is disseminated and advising the Senior Associate Director of Assurance and Compliance and the Trust's

Fire/Health & Safety Advisor of any implications for the Trust in respect of any changes in the legislation and Codes of Practice.

- Advise on the implementation of Firecode and the Regulatory Reform Order (Fire Safety) Order 2005 to the Trust Board, Senior Associate Director of Assurance and Compliance, Care Group management, managers, Heads of Departments and the Trust's Fire/Health & Safety Advisor.
- Liaise with the Trust's Fire/Health & Safety Advisor to maintain and amend the Trust's Fire Policy in line with fire legislation and Codes of Practice.
- Ensure activities are co-ordinated in relation to fire legislating requirements, advising the Senior Associate Director of Assurance and Compliance as appropriate.
- Investigate and report all fire outbreaks. Advise the Senior Associate Director of Assurance and Compliance, Care Group Managers, Heads of Departments and the Trust's Fire/Health & Safety Advisor about means of preventing similar hazards in the future.
- Ensure that Fire Safety audits are co-ordinated and reports are prepared for the Senior Associate Director of Assurance and Compliance and the Health & Safety Committee.
- Survey and report on the Standards of Fire Safety within the Trust premises, advising on Fire Precaution Measures generally and recommending orders of priority.
- Ensure that Fire Risk Assessments for all the Trust's premises, and parts thereof, are completed and documented and updated on at least an annual basis. Fire Risk Assessments are to be forwarded to Department/Ward Managers for implementation. Significant risks to be highlighted to the Senior Associate Director of Assurance and Compliance.
- Advise the Trust Management on fire safety needs including providing comprehensive fire prevention and fire safety advice.
- Ensure liaison is maintained between CDD Services staff, project managers, local building control and Fire Authorities with regard to fire precautions in new or modified premises, as well as existing buildings forming part of the Trust's properties.
- Advise on all Fire Precautions in all proposed schemes including new building extensions, upgrading, changing of use and new buildings.
- Advise on the provision, siting and required maintenance of all fire alarms, automatic fire detectors, emergency lights, first aid fire fighting equipment, fire safety signs and notices. Servicing of the fire fighting equipment, fire alarms and emergency lighting is the responsibility of CDD Services, except on sites where the building is provided by our PFI partners. In such buildings, our PFI Partners take on this responsibility. Any fire fighting equipment which has been used or which is past its service date should be brought to the attention of management.
- Ensuring that records in relation to fire incidents are established, and fires occurring in suspicious circumstances are investigated in liaison with local Police and Fire Authorities ensuring that fire incident reports are prepared.

- Ensuring that monitoring of unwanted fire signals is carried out and necessary action taken to prevent re-occurrence and reduce the number of incidents in conjunction with the Trust's Fire/Health & Safety Advisor.
- Ensuring staff are aware of the possibility of arson on Trust premises and any necessary action is taken to try to reduce the possibility of occurrence and mitigation of effects.
- Advise regarding fire precautions during maintenance and construction activities, monitoring such activities and, where necessary ensuring effective steps are taken to ensure fire precautions are not subverted.
- Ensure that fire evacuation procedures are prepared and documented to cover all reasonably foreseeable fire incidents, in liaison with appropriate managers.
- Liaise with the Trust's Fire/Health & Safety Advisor to identify training needs and carrying out training to all Trust staff as necessary.
- Liaise with the Trust's Fire/Health & Safety Advisor to ensure that fire safety training programmes, including fire drills, are prepared for all staff and other relevant groups, and carried out on a regular basis.
- Carry out Annual Regulatory Compliance Survey and report on findings to the Senior Associate Director of Assurance and Compliance to enable the annual return.
- Prepare an Annual Report on Fire Training Statistics and relevant fire safety matters, i.e. Firecode progress, for the Chief Executive through the Senior Associate Director of Assurance and Compliance for presentation to the Executive Team and Trust Board.
- Develop Personal Emergency Evacuation Plans where required.
- Liaise with the Senior Associate Director of Assurance and Compliance on all Fire Initiatives.

5.13 Staff Health and Wellbeing (Occupational Health)

Staff Health & Wellbeing is an impartial confidential medical advisory service and provides:

- Advice to both managers and employees regarding fitness for work.
- Pre-employment screening based upon the managers risk assessment of the proposed employees role to advise on suitability to carry out the tasks as specified in their job descriptions and to advise the organisation regarding any adjustments that may be required in accordance with Equality Act 2010.
- Ensures that when employees are referred to Health and Wellbeing in line with the Trust's Management of Attendance Procedure advice is provided based upon the questions asked by managers in the referral regarding rehabilitation and fitness for work.
- Liaises with Infection Control regarding action for staff regarding outbreaks of infection or communicable disease.

- Undertakes programs of Health Surveillance based upon legislative requirements appropriate to COSHH and Risk Assessments. Reportable diseases under RIDDOR must be reported to the Health and Safety Team for reporting to the HSE.
- Carries out programs of immunisation for groups of staff as advised by the Department of Health and supported by Trust Policy.
- Provides advice regarding the reporting under RIDDOR of relevant health conditions.

5.14 Back Care Advisors

The Back Care Advisors are responsible to the Head of Infection Control for the effective implementation of the Trust's Manual Handling Policy. In particular:

- Assessing and advising on the ergonomics of the working environment and specific Manual Handling tasks.
- Developing and providing training in safe handling techniques/equipment and back care.
- Advising on areas or risk regarding Manual Handling operations.
- Following up any accident/incident or near miss reports involving manual handling.
- Providing advice and guidance to the CDD Services on all aspects of all new building and alterations.
- Providing advice and guidance to Department Managers on the purchase of manual handling equipment and specialist furnishings where identified.
- Reporting all accidents/RIDDORs.

5.15 Infection Control

It is the responsibility of the Infection Control Doctor (Consultant Microbiologist) and the Senior Nurse of Infection Control to:

- Promptly identify, investigate and monitor infection or hazardous procedures and recommend remedial actions.
- Immediately respond to and co-ordinate outbreaks or suspected outbreaks of infection/ infectious disease following agreed Policies.
- Be aware of all new Developments and Procedures relating to Infection Control and disseminate this information to all appropriate sectors of the Trust.
- Produce and monitor standardised Policies and Procedures for the effective control of infection and minimisation of spread.
- Be readily available to provide consistent advice/information to staff, patients and relatives.
- Educate all Health Care Workers in all aspects of Infection Control.

5.16 Human Resources and Organisational Development

- The Human Resources and Organisational Development aims to promote good employment practices and quality of working life and to provide an accessible source of expertise to Managers and staff.
- The Department is available to help staff on many issues including Training, Employment Policies, Terms and Conditions of Service, Staff Welfare, Management of Sickness Absence, Maternity Leave, Stress Management and dealing with harassment and bullying.

5.17 Doctors and Health Care Workers

Doctors and Health Care Professionals have a responsibility for their own acts and omissions and the safety of those who may be affected by what they may or may not do. This is in addition to their responsibilities and duty of care for patients.

5.18 Legal Services

It is the responsibility of the Legal Services department to:

- Keep the Health and Safety Team informed of all claims received.
- Ensure the Health and Safety Team are involved in information gathering for claims where relevant.
- Communicate any lessons learnt appropriately.

5.19 Local Security Management Specialist

The Trust obtains local security management specialist services from CDD Services via an SLA. It is the responsibility of the Local Security Management Specialist to:

- Keep the Health and Safety Team informed of relevant security incidents.
- Ensure the Health and Safety Team is informed of the outcome of information gathering and management of security incidents.
- Provide reports to the Health and Safety Committee and Trust Security Group.
- Communicate any lessons learnt appropriately.
- Liaise with the nominated Director on security management work as appropriate.
- Complete and update the Trust's Site Risk Profiles along with security reviews and risk assessments in conjunction with the Health and Safety Team.
- Liaise with local authority and police to ensure staff wellbeing whilst at work.

6 ARRANGEMENTS FOR MANAGING HEALTH AND SAFETY

6.1 This section of the Policy outlines the Trust's arrangements for managing and implementing Health and Safety.

- 6.2 All employees have a legal responsibility to bring to the attention of management any shortcomings in these arrangements.
- 6.3 Health and Safety Legislation and HSE Guidance have been used as the foundation of these arrangements, any changes in the legislation or guidance that affects the arrangements will result in amendments to them.

6.4 Co-operation and Co-ordination – Shared Premises or Workplaces

The Trust acknowledges shared services across the Organisation (PFI, CDD Services, NHSPS, Local Authorities, etc.) and will co-operate and co-ordinate Health and Safety across all shared premises. The Trust will also communicate the content and responsibilities within this policy to all relevant officers.

The Trust will take all reasonable steps to co-ordinate the measures to comply with the requirements and prohibitions imposed upon them and their consortium partners by or under any relevant statutory provisions.

6.5 Accident, Incident, Near Miss and Property Damage

- All accidents, regardless of the outcome, must be reported to an immediate superior and details of the accident recorded on the Trust's Incident Reporting System.
- Any near miss incident where there is the potential for harm to be caused or incident where property damage occurs must be reported to an immediate superior and details of the incident recorded on the Trust's Incident Reporting System.
- Any case of industrial disease must be reported to the department manager, Staff Health & Wellbeing and Health and Safety Team as soon as possible after it has been diagnosed by a doctor. The Health and Safety Team will report any instances to the HSE in consultation with the Head of Assurance & Compliance.
- The Trust's Incident Reporting System will be used to provide statistical analysis of accidents and incidents causation. This will also indicate any trends that are occurring and enable resources to be correctly allocated to reduce accidents and incidents.
- Accident/incident investigation will be carried out for all fatalities, major injuries and minor injuries (**including slips, trips and falls and working at height**) where there is the potential for more serious harm to have occurred. Near miss incidents and property damage will also be investigated to prevent recurrence of these types of incidents.
- Training for accident, incident, near miss and property damage investigation will be given to all ward and department managers and an agreed format for reports introduced. Employee representatives will be encouraged to participate in the investigation of accidents/incidents.
- There is a legal requirement for reporting accidents/incidents under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). The Health and Safety Team will ensure that all injuries resulting in absence from work due to the work related injury, major injuries, fatalities, dangerous occurrences and cases of industrial diseases are reported to the Health and Safety Executive on the appropriate RIDDOR form.
- All accident, incident, near miss and property damage reports will be circulated to all departments on a regular basis to ensure that they are adequately communicated in

an attempt to prevent recurrence. Each department will be encouraged to discuss these reports with members of their staff.

- Incident reporting should be in line with the Trust's Incident Management Policy.

6.6 Agency, Temporary, Bank and Locum Staff

- The Health and Safety at Work, etc. Act 1974 requires the employer to ensure, so far as is reasonably practicable, a safe system of work for its employees. The definition of employees for the Trust includes agency, temporary, bank or locum staff using the premises as a place of work.
- All employees, including agency, temporary, bank or locum should attend Trust induction training.
- Each departmental manager must provide staff in these categories with basic information on the risks to their health and safety, safe systems or work and policies and procedures relating to their work.
- Agency staff required to handle food as part of their duties should have a food hygiene certificate, checked by the person in charge, before they are permitted to commence work.

6.7 Audit Review

- A self-assessment system is in place for all ward/departments. This will check on how well safety is being managed within the ward/department. The results of the self-assessment will be audited and will be compared with the results of previous audits to enable conclusions to be drawn on whether actions are being met.
- Areas/departments will be audited by Health and Safety Team and graded from green/amber/red (RAG) rating according to the local documentation of these areas.

Criteria for auditing is based on the compliance with the local documentation, accuracy and effectiveness of written assessments.

The Health and Safety Team will maintain a programme of audits; the frequency is based on present and previous RAG ratings and two monthly reports discussed at the Health and Safety Committee.

Departments who achieve two consecutive green audit results or amber then green audit results will be audited two yearly.

Where departments achieve two consecutive amber grades, this audit will automatically be graded red and the department will be re-audited after 3 months.

Departments who obtain an initial red grading will be re-audited after 3 months.

Departments who continue to be graded as red will be reported to the Trust Health and Safety Committee and be escalated to Integrated Quality and Assurance Committee (IQAC).

Any department obtaining an amber rating will be asked to complete an action plan to be sent to the Health and Safety Team within 6 months to confirm all actions are completed. The Health and Safety Team will then carry out a further audit 12 months after that date.

The following departments will be audited on an annual basis:

- Theatres
 - A&E Departments
 - Radiology
 - Medical Physics
 - Pathology
- The Health and Safety Team will monitor the progress on corrective actions.
 - The Health and Safety Team will carry out adhoc and planned monitoring visits to wards/departments.
 - The Health and Safety policy will be reviewed within three years of the date of issue.

6.8 Asbestos

The Trust obtains estates services from CDD Services via an SLA. It is the responsibility of CDD Services, on behalf of the Trust, to manage asbestos and any work where asbestos is identified.

- Asbestos is a substance which is used in many buildings built before 2000 for its fire resistance and insulating properties. There is a requirement under law to manage asbestos in any buildings and to maintain a register of where it is located. The health effects of asbestos are well documented. Unless there are free fibres being released from the asbestos, it does not have to be removed.
- The Trust's Asbestos Policy must be consulted as required in all instances involving asbestos work.
- Any member of staff who discovers loose lagging or suspects the presence of asbestos in a potentially hazardous condition or situation must report the matter immediately to:
 - The Operations and Maintenance Manager of CDD Services; or
 - The Health and Safety Team for onward reporting to CDD Services.

Such findings may be reportable under current legislation.

- CDD Services are responsible for ensuring that properly trained and licensed contractors are employed to rectify the situation.
- Contractors working on Trust premises in an area containing asbestos to have access to the Asbestos Register held by CDD Services and provide a method statement to the CDD Services Estates Department before commencing work.
- All cases where asbestos is discovered at work will be discussed at the Health and Safety Committee. CDD Services will provide all necessary reports and arrange for a representative to attend the Trust's Health and Safety Committee.

6.9 Biological Hazards

- The control of biological hazards is covered in the infection control policies. Copies of this manual can be found on the Intranet.

- Advice on infection control may be obtained from the Infection Control Nurses.
- Where work related tasks involve the contact or use of biological agents, these will be dealt with under COSHH and risk assessments carried out accordingly.

6.10 Building and Plant, Equipment and Other Medical/Non-Medical Supplies

- Trust and Non-Trust (PFI) Buildings, Plant and Equipment must be maintained in efficient working order and good repair through the use of a Planned Preventative Maintenance Programme carried out by CDD Services.
- In selecting work equipment managers are required to consider the working conditions and the Health and Safety of people in the areas where the equipment will be used.
- Where the use of work equipment is likely to involve specific risks to Health and Safety, managers are responsible for ensuring that only designated, trained staff operate the machinery. Where appropriate, warning signs should be used which comply with the Health and Safety (Signs and Signals) Regulations 1996.
- It is essential that all defects are reported. The purpose is to ensure that a properly co-ordinated approach is taken, which will prevent risks to patients, staff.
- Electrical extension leads may only be used following a full risk assessment and must be included in the routine Portable Appliance Testing by a qualified competent person.
- On locating a safety defect, staff are required to report the matter to their manager/immediate supervisor and label the defect in such a way as to ensure it will not be used.
- Any equipment or product which contributes to a reportable or potentially reportable accident/incident must be retained, whenever possible, and left in situ, pending investigation.
- In the event of an accident/incident, a report must be made following the Trust's Incident Management Policy.
- New equipment should be ordered through the Trust's procurement mechanism to ensure compliance with current safety legislation and quality standards.
- In the event of new equipment or supplies being found to be unsafe, the manager of the Trust's supplies organisation must be informed immediately and the defective item removed from possible use.
- As appropriate, CDD Services should be consulted concerning new equipment, electrical, plumbing and ventilation needs, loading alterations and maintenance requirements.
- Equipment may only be used following proper acceptance testing procedures.
- Equipment, particularly electrical equipment, brought onto Trust premises by patients, residents or employees must be checked by CDD Services.

- It is the responsibility of the ward manager, residential accommodation manager, or other persons in charge to ensure the equipment is not used until the appropriate checks have been carried out by the works department.
- It is the responsibility of the manager to ensure that:
 - Faulty equipment (not contaminated) should be removed from service, correctly labelled and repairs/removal instigated immediately.
 - Faulty equipment, which may have been contaminated, is properly decontaminated prior to collection for repair. A Certificate of Decontamination must be fixed to the equipment.

6.11 Committees

- The Trust has a number of Committees and Groups which consider Health and Safety.
- Specialist Committees and Groups exist to consider risk and health and safety matters:
 - Safety Committee
 - Integrated Quality and Assurance Committee
 - Health & Safety Committee
 - Infection Control Committee
 - Radiation Protection Committee
 - Security Group
 - Hospital Watch Committee(s)
 - Model Employers Group
 - Falls Group
 - Decontamination Committee
 - Medial Devices Committee
 - Risk Management Committee.

6.12 Control of Contractors

- Contractors are defined as any non-employee contracted to carry out work in Trust premises. The Trust has a duty in law to ensure, so far as reasonably practicable, that any work contractors or their sub-contractors undertake is carried out safely and without risk to health. The arrangements for ensuring that this is done are detailed in CDD Services' Health and Safety Procedure and Rules for Contractors.
- Contractors can be either employed by the Trust or PFI and CDD Services, irrespective of who employs the contractors, a co-ordinated approach is necessary to ensure that the health and safety of any member of staff, patient or visitor is not jeopardised by the work being carried out.
- CDD Services should liaise with relevant Heads of Department to agree the necessary arrangements with them and arrange formal pre-start meetings as necessary.
- Department managers who arrange for contractors to carry out work on Trust premises must take responsibility for the contractors activities and where necessary, liaise with CDD Services.

- The systems utilised by our PFI/CDD Services should be scrutinised routinely during audits to ensure that they are suitable and sufficient and are being utilised in all cases.
- CDD Services use the Contractors Handbook as a standard to control the entry and work of Contractors on site.
- Contractors to follow arrangements for community properties.

6.13 Co-operation and Co-ordination

- Certain services within the Trust are administered by our PFI/CDD Services providers, it is essential that health and safety information is shared in order that any work carried out within the Trust does not impinge upon the health, safety or welfare of Trust or PFI/CDD Service employees.
- A copy of this policy will be given to our PFI/CDD Services providers and kept up to date. Copies of the procedures supplied by our PFI/CDD Services providers will be maintained by the Trust's PFI Manager and the nominated manager monitoring the SLAs with CDD Services.
- External stakeholders are represented at the Trust's Health and Safety Committee Meeting and reciprocal arrangements should exist for representation of the Trust at external stakeholders Health and Safety Meeting.
- Any other channels of communication which are deemed necessary to improve the working relationship between the Trust and our PFI/CDD Services provider, for Health and Safety, will be established and documented in this section.
- Any risks notified to the Trust via our PFI/CDD Service provider will be brought to the attention of all Trust employees who may be affected by them. This will be through the normal communication channels unless there is a risk of serious and imminent danger. In the case of serious and imminent danger, employees would be notified by the quickest route possible.

6.14 COSHH (Control of Substances Hazardous to Health)

- The Trust's COSHH Policy should be consulted where appropriate regarding substances (hazardous) are used in the workplace.
- It is the responsibility of departmental managers or other persons in charge to ensure that the receipt, storage, handling, transport, use and disposal of any substances defined under COSHH are properly controlled, assessed using the COSHH risk assessment proforma and documented. Assessments will be audited by Health and Safety Team.
- Most work places use substances which can have a detrimental effect on human health, but it is the manner in which they are used and the control measures that are implemented which makes the substances safe to use.
- In line with current legislation all hazardous substances used within the Trust will have a risk assessment carried out on them before the substance is first used and significant findings will be documented and kept in the COSHH file of the department where the substance is used.

- It is vitally important that substances are used in accordance with instruction and training given to ensure that the substances are safe when used. If any information is required on a substance reference to the COSHH Assessment should be made. Similarly, if any substance is spilled or released into the atmosphere the COSHH Assessment or Material Data Sheet should be consulted to determine what action is necessary. *Do not attempt to clean up any spillage or contain any release of a substance until the correct Procedure is established.*
- Training for COSHH risk assessments will be carried out by the Health and Safety Team as required.
- All hazardous substances or products containing dangerous substances must be appropriately labelled with the suppliers label. Where a substance has been decanted from its original container an appropriate label must be attached which clearly identifies the substance and the hazards posed by it.
- Departments using substances which have a workplace exposure limited (WEL) not appropriately controlled must ensure that environmental monitoring is carried out to determine whether existing controls are preventing these limits from being exceeded. If any workplace exposure limits are exceeded this will be brought to the attention of all employees through the Health and Safety Committee and the Health and Safety Team.
- Ward/department managers or other persons in charge are responsible for ensuring that their staff are informed of the hazards of any substances that they use and that they follow safe systems of work and use any protective equipment provided.
- Staff Health and Wellbeing, in liaison with the Health and Safety Team, supported by suitable COSHH or other risk assessments will provide advice on Health Surveillance.
- All First Aiders should be familiar with the location of the COSHH file for the particular area in which they work so that they are aware of where to get information on treating any injuries arising out of contact with substances.
- When purchasing substances, etc., the Procurement Department of CDD Services will request that COSHH information is supplied with all new purchases.

6.15 Display Screen Equipment (DSE)

- Increasingly in the workplace DSE (Computers, VDUs, etc.) are becoming an essential everyday tool. There are hazards associated with poor posture and incorrectly set up workstations, but a risk assessment can normally address these issues.
- Anyone who uses DSE regularly can request through their manager that a risk assessment is carried out on their workstation. This risk assessment is in the form of a self assessment questionnaire with a trained DSE Assessor reviewing the questionnaire and examining the workstation. The final assessment will be documented and retained within the department by the assessor.
- All departments should have or have access to a DSE Assessor who can be trained by the Health and Safety Team to carry out the department's DSE assessments.
- Eyesight tests are carried out when a DSE assessment has been completed by a trained assessor and the assessment shows that the employee is a 'USER' as

defined by the Display Screen Equipment Regulations 1992 (DSE). The department manager is responsible for costs where the regulations indicate that the user is entitled to corrective lenses. Refer to the Trust's DSE Policy.

6.16 Emergency Preparedness

- An Major Incident and Emergency Response Plan will be prepared that covers all reasonably foreseeable causes of serious and imminent danger. The plan will detail individual responsibilities and evacuation procedures (Fire Procedures).
- The plan will be prepared in consultation with our PFI/CDD Service providers to ensure that there will only be one plan for everyone should serious or imminent danger arise.
- Once the plan has been prepared all employees will be made aware of its existence, where copies of the plan are located and the duties of employees under the plan. Our PFI/CDD Service providers will be responsible for communication of the plan within their workforce.
- Training will be provided for those employees who have specific duties allocated in the plan.
- Emergency services/fire safety advisors from CDD Services and the Trust's Health & Safety Team will be invited to have an input into the plan at the draft stage and involvement in practice evacuations.

6.17 Equipment

- Equipment, particularly electrical equipment, brought into the Trust premises by patients, residents or employees must be tested in line with the Trust's Portable Appliance Testing Procedures. It is the responsibility of the manager or other person in charge to ensure the equipment is not used until the appropriate checks have been carried out.
- In the event of new equipment or supplies being found to be unsafe the Procurement Department of CDD Services must be informed immediately and the defective item removed from possible use.
- The relevant manager should ensure that faulty equipment (not contaminated) is removed from service, correctly labelled and repairs/removal instigated immediately and faulty equipment which may have been contaminated is properly decontaminated prior to collection for repair. A certificate of decontamination must be fixed to the equipment.

6.18 Fire

- The Fire Policy is a trust wide document which specifies the provision and maintenance of fire precautions at all trust sites. Each site has a fire procedure which gives details of how the policy will be implemented at each site, with specific information including fire alarms and escape procedures.
- Detailed fire procedures for each Hospital Site are available on the Trust's Intranet site. Each ward/department are advised for their area of the procedure in the event of fire and how the evacuation procedure needs to be instigated.

- The fire procedure was written in consultation with our PFI/CDD Service providers and is the only document to be used for this purpose.
- Servicing of the fire fighting equipment, fire alarms and emergency lighting is the responsibility of CDD Services, except on sites where the building is provided by our PFI partners. In such buildings, our PFI Partners take on this responsibility. Any fire fighting equipment which has been used or which is past its service date should be brought to the attention of management.
- Fire alarms should be tested on a quarterly basis or in line with the requirements of the Fire Certificate or CDD Services' PPM. A record of tests must be maintained.

6.19 Fire Wardens – (Community Sites)

Fire Wardens should:

- Act as focal point on fire safety issues for local staff.
- Organise and assist in the fire safety regime within local areas.
- Raise issues regarding local area fire safety with line management.
- Assist with co-ordination of the response to an incident within the immediate vicinity.
- Be responsible for roll-call during an incident.
- Be trained to tackle fire first aid fire-fighting apparatus where appropriate.
- Support Line Managers and the responsible person on fire safety issues.

6.20 First Aid

The Health & Safety (First Aid) Regulations 1981 require the employer to provide first aid facilities and first aid trained persons in the workplace. Therefore an assessment of need must be carried out within each area to ascertain the appropriate level of first aid need in each work area.

In accordance with these regulations an assessment should be carried out that prioritises areas who should have a trained first aid person.

Regulation 3, paragraph 70 of the Health & Safety (First Aid) Regulations 1981 (below) indicates the level of first aid provided by doctors and nursing staff which qualify them to administer first aid.

“The training and experience of:

- Qualified medical doctors registered with the General Medical Council; and
- Nurses whose names are registered in parts 12, 13, 14 and 15 of the Single Professional Register maintained by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting qualify them to administer first aid. Where such doctors and nurses are employed the employer may take into account in determining first aid provision and in particular the need for appointed first aiders”.

First Aiders should:

- Hold a current First Aid at Work Certificate.
- Provide emergency aid to any member of staff when required and summon medical assistance if necessary.
- Record all treatment.
- Ensure their First Aid at Work Certificate remains valid at all times.
- Ensure First Aid container is re-stocked after each use, out of use items are removed and replenished and contents are appropriate.

6.21 Food Handling Hygiene

- The Trust requires a high standard of hygiene from all staff involved with food handling. All staff involved in the preparation and cooking of food are required to have appropriate training with regular refresher courses.
- It is the responsibility of the departmental manager or other person in charge to ensure that training is arranged and attended. To ensure good hygiene, patients, visitors and other members of the public are not permitted in ward kitchens.
- Any staff that have symptoms of diarrhoea and/or vomiting are required to leave hospital premises having reported their symptoms to their line manager. The Trust policy for the management of gastro intestinal infections should be followed. Advice regarding return to work can be accessed through Staff Health and Wellbeing.

6.22 Gases – Storage and Use

As defined in the Medical Gas Policy:

- the Pharmacy Department has responsibility for the procurement of oxygen cylinders and other medical gases.
- the responsibility of the Estates Department at each hospital (QEF, Engie or ISS) to ensure the safe operation of the medical gas pipeline system (MGPS).
- responsibility for the training and appointment of medical gas porters lies with the Facilities organisation whilst the responsibility for the training of nurses and designated nurse officers (DNO) lies with the Trust.
- Piped medical gases (PMGs) consist of gases such as Oxygen, Nitrous Oxide, Medical Air, Medical Vacuum and Entonox.
- Installation and alterations must only be undertaken by specialist companies and under a “Permit to Work” system operated and approved by the QEF Estates Department.
- All full and empty cylinders must be transported using a purpose designed trolley only. Staff involved in handling gas cylinders must attend a suitable Training Course in Safe Manual Handling Techniques.
- All staff are required to ensure that requests for new cylinders are made in advance to ensure adequate safe transportation of cylinders from Store to Department.

- Department/ward managers are responsible for ensuring that full or empty gas cylinders are stored securely in an upright position in their areas of responsibility.
- It is not permitted to store gas cylinders in main entrances or exits or in corridors. Cylinders must be safely stored away from all public areas and when stored in a room other than for use a designated gas bottle sign placed on the door.
- Where gas cylinders are used/transported within the community, a detailed risk assessment should be carried out and shared with all staff. This risk assessment should include the hazards associated with the gas, any control measures that should be taken including the use of any personal protective clothing and any emergency procedures that should be followed.
- Liquid Petroleum Gas (LPG) will not be used or stored above the first floor.

6.23 General Risk Assessments (Process)

- Care Group managers/Heads of Departments are responsible for ensuring appropriate risk assessments are carried out and are reviewed on an annual basis using the general risk assessment proforma.
- Matrons/ward managers/senior managers (ward sisters, charge nurses, etc.) are responsible for ensuring risk assessments are carried out, updated (annually) and staff are aware of hazards and risks in their area.
- The purpose of a risk assessment is to identify the hazards and risks associated with a particular workplace activity, piece of equipment or substance and any control measures including the need for health surveillance that is required to protect everyone from them.
- The process of carrying out a risk assessment is shown in Appendix A.
- Once a risk assessment is completed significant findings must be documented on the assessment and the ward/department take ownership for managing the actions.
- Risk assessments must be kept in a location where they are readily accessible to any person who may need to refer to it. They should also form part of the Induction Training for new starters who can be informed of any risks before they commence work.
- All risk assessments must have a review date that is commensurate with the risks and at least annually. The Risk Assessments must be reviewed by this date or sooner if changes in the workplace, task or process would render the risk assessment no longer valid.
- Examples of areas that may require risk assessments to be carried out are as follows:
 - Workplace
 - COSHH
 - Security – Property and Assets
 - Display Screen Equipment
 - Manual Handling
 - Violence & Abuse
 - Lone Workers
 - Provision and Use of Work Equipment

- Slips, Trips and Falls
 - Fire
 - Working at Height
- The Health and Safety Team will provide the risk assessment training as appropriate.
 - Risks that are assessed as significant should be discussed within the service and Care Group for inclusion on the risk register.
 - The general risk assessment form can be found on the Trust Intranet.
 - **Risk Assessment Definition (HSE – ALARP)** – a risk assessment should follow the concept of reasonably practicable where the hazard and likelihood of occurrence in weighing the risk against the time, trouble and money to provide controls ‘As Low As Reasonably Practicable’ (ALARP).

6.24 Hazards and Hazard Reporting (Potential to Cause Injury)

- A Hazard Reporting System is a means of stimulating a greater involvement and interest of Trust employees towards Health and Safety within their working environment. It also provides a method of communicating hazards and unsafe conditions, together with a method for recording such details and any remedial action taken.
- Anyone who spots a hazard or unsafe condition within their workplace should report it to the manager and complete an incident form on the Trust’s incident reporting system. Simply describe the hazard or unsafe condition and potential of an incident or accident.

6.25 Health and Safety Committee

- The Health and Safety Committee is made up of representatives from all areas of the Trust, our PFI/CDD Services providers and Union appointed Health and Safety Representative.
- The Health and Safety Committee meets on a 3 monthly basis, meeting minutes are circulated to all members of the Health and Safety Committee.
- The Health and Safety Committee has links to other groups including Radiation Protection, Pathology Health and Safety Committee, Safety Committee and Integrated Quality and Assurance Committee.
- The Health and Safety Committee has agreed Terms of Reference. Minutes from the Health and Safety meetings will be sent to the Trust Integrated Quality and Assurance Committee who are tasked with monitoring the Committee.

6.26 Health and Safety Information

- Health and safety information is available on many subjects and this is documented in the Arrangements Section under various headings, i.e. significant findings of a risk assessment, statistical analysis results, health and safety training, etc.
- Other health and safety information such as guidance or legislation may be obtained from any of the following:

- Health and Safety Team
 - Staff Health and Wellbeing
 - The Trust Library
 - Health and Safety Executive
 - Trade Union Representatives.
- Hazard Notices (CAS), Circulars and Memos on Health and Safety issues will be circulated to managers for dissemination to staff.
 - Health and safety issues are regularly promoted by the use of:
 - Specific health and safety presentations
 - Health and Safety Committee
 - Safety Committee
 - Team briefings
 - Health awareness days
 - Local notices/newsletters
 - Trust Bulletins
 - MHRA One Liners

6.27 Health and Safety Training

- Health and Safety training can take many forms and cover many subjects. All new starters receive an Introduction to Health and Safety at the Induction Stage and this is supplemented with mandatory training further health and safety training packages which are available through Organisational Development.
- Induction training should be given as soon as possible after a new starter arrives and is the responsibility of the manager.
- Department Heads/Care Group Managers/Ward Managers are responsible for identifying training needs for their own areas. Staff Health and Wellbeing may identify some training needs and individuals can also request to have health and safety training that relates to their work.
- Many areas of health and safety training need to have refresher training to ensure that levels of competence are maintained and that employees are informed of changes in legislation of best practice. This training will be identified through Organisational Development.
- Attendance at essential training is recorded by Organisational Development and entered onto the Trust Training Management System, OLM. Monitoring of non-attendance will be in line with the Training Needs Analysis, Monitoring and Evaluation Policy and carried out by Organisational Development. Please refer to this policy for detailed information.

6.28 Health Surveillance

- Health surveillance is carried out by the Staff Health and Wellbeing where risk assessments have identified a likelihood of residual risk to health which can be detected at an early stage with the result that intervention can prevent further harm.
- The Control of Substances Hazardous to Health (COSHH) Regulations also specifies health surveillance for certain substances. A COSHH risk assessment may also specify that health surveillance is required because of substances used, the manner in which they are used or the quantities used.

- Records of health surveillance will be maintained in employees in confidential Occupational Health records and retained for the period specified in current legislation.

6.29 Housekeeping/Waste Disposal

- All employees have a duty to keep their work area tidy and to dispose of waste in the correct receptacle. Any areas which are untidy or have materials or equipment inappropriately stored should be reported to the manager.
- Keeping the workplace tidy reduces the risk of slips, trips and falls which is a very common cause of accidents.
- Waste disposal is covered in the Waste Policy and Waste Procedures for the Safety Disposal of Waste. A copy of this policy and procedure can be found on the Intranet.

6.30 Lasers

- The Laser Protection Advisor/Radiation Protection Advisor (RPA) is responsible for giving guidance and advice for all lasers.
- The Advisor must be informed of all Class 3R, 3B or 4 lasers on the hospital premises and must be consulted prior to the purchase of any lasers.
- The Advisor provides advice on the safe use of lasers and local rules are issued which authorise specific staff to use the laser equipment.

6.31 Legionella

- The maintenance and management of hot and cold water systems to control Legionella Pneumophilia are carried out in accordance with current Codes of Practice by the Estates Department (CDD Services), PFI or partners nominated officer.
- The nominated officer supplies a written statement after routine checks. The statement includes:
 - Advice/information on the legal compliance of the system
 - Remedial action
 - Frequency of planned preventative maintenance
 - The accuracy of procedures carried out.
- Maintenance – premises and Non-Medical Equipment.
- The Trust, PFI and CDD Services are responsible for ensuring that regular inspection, maintenance, testing and examination is undertaken and records maintained for:
 - Engineering equipment (i.e. Lifts, Boilers)
 - Piped systems (i.e. Water, Gas, Steam)
 - Distribution systems
 - Electrical systems
 - Portable electrical equipment
 - Fire alarm systems
 - Buildings

- Gardens, roads and paths.
(List is not exhaustive)

Planned Maintenance

- A Planned Preventative Maintenance (PPM) Programme ensures that buildings and equipment are maintained to a safe standard.
- All portable electrical equipment, including privately owned equipment from any source – staff, patients, relatives, etc., operating at voltage greater than 25 volts will be inspected by a competent person appointed by the Estates Department of CDD Services, PFI, Maintenance Provider.
- Examination frequencies are decided on the types and/or use of the equipment which will be marked with the date of the next inspection.
- It is the responsibility of the person in charge of the equipment to ensure that it is not used after the indicated inspection date.
- It is the responsibility of the person purchasing any new machinery, plant and equipment to ensure that it complies with UK Legislation, EC Standards (CE Mark) and where appropriate, British Standards, particularly those British Standards adopted as approved Standards under EC Directives. All new machinery, plant and equipment will be inspected by a competent person to ensure it complies with this Policy before being used.
- It is the responsibility of the person in charge of any machine, plant or equipment to identify the training requirement of employees required to operate it and to arrange a suitable programme of training where necessary. Medical equipment must also comply with the Safety standards set by the Department of Health, prior to any purchase. Medical equipment must also carry a CE Mark.

6.32 Local Safety Document

The Local Safety Document is the risk management framework document for wards/departments to meet compliance with the Trust's Health and Safety Policy.

6.33 Lone Workers

All ward managers and heads of departments are required to have arrangements to ensure the safety of lone workers and where appropriate carry out a written risk assessment using the Lone Worker Risk Assessment proforma on the risks staff face whilst working in isolation away from their base. Please refer to the Managing Violence & Aggression and Lone Worker Policy.

6.34 Manual Handling

- Manual handling is a common cause of accidents in the workplace and in severe cases this can lead to disability. In order to minimise the risks it is important that all guidance and training is utilised every time a manual handling task is undertaken.
- The Trust has a Manual Handling Policy that deals with manual handling tasks encountered in the workplace. Copies of the policy and procedure can be found on the Trust Intranet.
- Training for moving and handling is provided at induction and repeated in accordance with the Trust's training schedule.

- The system of risk assessment of manual handling is covered in the Manual Handling Policy.

6.35 Memorandum of Understanding (MOU)

In the event of an unexpected death of serious untoward harm incident all investigations must follow the MOU. The MOU is a protocol that requires investigation by:

- The Police
- Health and Safety Executive (HSE)
- Trust (NHS).

All decisions to report incidents to the Police or HSE under the above criteria must be made or communicated to the Chief Executive or an Executive Director.

The incident will be investigated following the DOH guidelines on the MOU. An Executive Lead will have responsibility as sole line of communication to the external agencies, and incident co-ordination group with Trust agencies will be set up, chaired by the Executive Lead to investigate the incident.

6.36 Mercury

- Mercury vapours can have a serious affect to health; the Trust has systematically stopped replacing equipment containing mercury. Small spillages within an enclosed atmosphere can pose a serious risk to health and rooms should therefore be evacuated and entry prevented until the spillage has been cleared and the area well ventilated.
- Spillages of mercury must be cleared away with care using the mercury spillage kits which are held at agreed locations. It is not permissible to:
 - Flush mercury into the sewers
 - Use vacuum cleaners to clean up spillages.
- Mercury and spillage waste must not be disposed of in yellow clinical waste bags or any other container which will be incinerated.
- Clean-up of mercury spillage must be in accordance with the Mercury Spillage and Disposal Procedure in the COSHH Generic Assessment.

6.37 New and Expectant Mothers

- The Management of Health and Safety at Work Regulations stipulates that a risk assessment should be carried out for new or expectant mothers, details of these guidelines can be found in the document "New and Expectant Mothers at Work". This is the responsibility of local managers.
- Women of child bearing age should also be considered when carrying out any risk assessment and identify the preventative and protective measures that are required.

6.38 Noise

- Acceptable noise levels at work are prescribed in The Control of Noise at Work Regulations 2005.

- If any employee feels that noise levels in the area that they work are unacceptably high they should request, through their manager that a noise check is carried out.
- Initially contact the Health and Safety Team or the Audiology Department for advice.
- If a Noise Survey Report stipulates hearing protection is required for any work area then a choice of hearing protection will be provided and training in its use will be carried out. A programme of Audiometry Health Surveillance will be undertaken by Staff Health and Wellbeing if there is a legislative requirement supported by appropriate risk assessment and proof of noise levels with support risk assessment and documented.

6.39 Personal Protective Equipment (PPE)

- If PPE is specified as necessary (following a risk assessment) for a person to carry out their work it will only be as a last resort when all other control measures have been considered and cannot adequately control the risk. It is essential that PPE is worn every time it is needed.
- PPE is always issued free of charge. Replacement of PPE is issued when required; all PPE provided will bear the “CE” mark to ensure basic performance requirements.
- Whenever PPE is first issued or a new employee is required to wear PPE, training will be given on how to use the PPE and the correct method of storage.
- A Latex Free Policy is in force and this will need to be considered for all items of PPE. A copy of the Latex Free Policy can be found on the Intranet.
- The specification of PPE whether existing or new, will be determined by the Health and Safety Team in conjunction with the users and Staff Health and Wellbeing. Staff Health and Wellbeing may advise on cases where the individual's health impacts on the choice.
- All PPE should fit the wearer correctly, be suitable for use and not impede the use of any other PPE. If it does not comply then consult your manager.
- All Respiratory Protective Equipment (RPE) should be examined at the correct intervals as required by the COSHH Regulations unless the RPE is disposable. Records of examination must be maintained.
- All RPE must fit the individual and face fit tests may be required, RPE be suitable for the purpose and not interfere with other PPE when in use.
- Staff must ensure that clothing, jewellery and hairstyles worn do not expose themselves or others to risk.

6.40 Policies and Procedures

- Health and Safety Policies and Procedures may be written by Trust employees or adopted from CDD Services and our PFI providers, but in all cases must be ratified by the Integrated Quality and Assurance Committee before issue.
- The format for such policies must follow the Trust's Policy for Policies format.

- In cases where the policy or procedure could affect both the Trust, CDD Services and/or the PFI providers employees it must be agreed and signed by both parties prior to issue.

6.41 Portable Appliance Testing

- Testing of portable electrical appliances will be carried out in accordance with the Maintenance Providers Policy of CDD Estates. The purpose of this testing is to ensure that portable electrical appliances are safe to use and once tested an adhesive label will be fixed to the portable electrical appliance to confirm that it has been tested.
- Portable electrical appliances which do not have a test label in or where the existing test status has expired should be brought to the attention of a manager.
- All portable electrical appliances should be examined before use to check for obvious damage or signs of wear. Any items that are damaged should not be used and a report made to a manager.

6.42 Radiation

- County Durham and Darlington NHS Foundation Trust has a Radiation Protection Advisor who gives advice to the Trust on radiation safety, which is subject to legislative control.
- Radiation Protection Supervisors are appointed in each department in the Trust where Ionising radiation is used. The Radiation Protection Supervisor has responsibility for ensuring that all sources of ionising radiation in their department are used safely in accordance with the Local Rules.
- Safe operation and use of sources of ionising radiation is documented in local rules. Guidance is also given relating to the maintenance of equipment by Contractors. Copies of local rules are held in the respective departments which control their use.
- All equipment involving the use of ionising radiation is subject to regular maintenance. Staff using such equipment are responsible for reporting any defects identified to the Radiation Protection Supervisor or Head of Department.
- All staff working within areas where there are significant hazards from ionising radiation are monitored to ensure that their exposure levels are within prescribed safety limits. Records of staff exposure levels are held by the RPA and RPS.
- Medical staff who clinically supervise the exposure of patients to ionising radiation receive appropriate training in the use and hazards associated with it.
- There is a Radiation Safety Committee for the Trust whose role is principally to discuss all matters relating to radiation safety.
- All aspects of radiation safety are dealt with under the Radiation Protection Policy which can be found on the Intranet.
- All incidents involving known or suspected exposure to radiation should be reported to the Radiation Protection Advisor as soon as possible after the incident occurs.

6.43 Safe Systems of Work

- A Safe System of work is a formal procedure which results from a systematic examination of a task in order to identify all the hazards and assess the risks and which identifies Safe Methods of Work to ensure that the hazards are eliminated or the remaining risks are minimised.
- Safe Systems of Work can be written or verbal, written Systems of Work being used when the task is to be carried out is complex or high risk.
- Safe Systems of Work should be devised by the Manager of each area with input from those persons who are expected to carry out the task, to ensure that assumptions about methods of work are not confounded by reality. The Health and Safety Team should have an input, before the Safe System of Work is put into practice to ensure that it meets the requirements of all Health and Safety Legislation.
- The Safe System should be fully communicated to all employees who are expected to work with it. Training should be carried out and this recorded on the training records. The Safe System should be maintained by managers/supervisors and revised where necessary to take into account changed conditions or accident experience.
- Part of every Safe System of Work should be the requirement to stop work when a problem appears which is not covered by the System and not to resume until a safe solution has been found and agreed with the manager/supervisor.
- Regular checks should be carried out to ensure that the System is still appropriate for the needs of the task and that it is being fully complied with.
- Consideration should be given when establishing a Safe System of Work to other persons not employed by the Trust and how they could be affected by it.
- If employees of CDD Services/PFI providers are involved within the Safe System of Work then it will have to be agreed with them prior to issue. If this involves a written Safe System of Work then a representative from CDD Services/PFI providers will have to approve it and sign it prior to issue.

6.44 Scalds

The Trust should refer to the Prevention of Scalds Policy.

- Thermostatic mixer valves, radiator and hot pipe guards are fitted in all patient areas and should be monitored.

6.45 Security

- The Trust obtains Local Security Management Specialist services from CDD Services via a SLA.
- It is important that all security incidents are reported using the Trust's Incident Reporting system.

- Staff must wear ID Badges which show their status as Trust employees. Departments have a responsibility to ensure their staff have ID Badges which are worn at all times.
- The last person to leave the department/area is responsible for ensuring that all windows are shut, all doors are locked and all valuable items are locked away and that the area is secure.
- Access to buildings outside of published normal working hours for individuals is only with the prior agreement of the Director/Manager.
- Keys must be controlled by departments and should always be held with the person responsible for them or in an appropriate Key Locker. Keys must not be labelled according to use and authorisation must be obtained before additional keys may be cut. Other instructions for security arrangements are detailed in:
 - Standing Financial Arrangements
 - Patients Property Policy
 - Security Policy.

6.46 Sharps/Contamination Injuries

- These are covered in the Blood Borne Virus Policy which is available on the Intranet and should be available in all departments.
- It is the responsibility of all managers to ensure that all staff (including Agency) handling sharps are instructed, trained and familiar with the Trust's Blood Borne Virus Policy and that sufficient number of sharps boxes are provided to ensure safe disposal.
- All sharps must be discarded immediately at the point of use into a designated sharps container. The person using the sharps maintains responsibility of it up to and including its disposal. Re-sheathing needles manually is not permitted.
- All sharps injury incidents must be reported on the Trust's Incident Reporting system and all staff must follow the Blood Borne Virus Policy.
- Broken glass must be disposed of carefully. Small quantities such as broken ampoules may be disposed of in sharps boxes.

6.47 Slips, Trips and Falls

Care Group Managers/Heads of Departments are responsible for ensuring appropriate risk assessments are carried out and are reviewed on an annual basis.

Matrons/Ward Managers/Senior Managers (Ward Sisters, Charge Nurses, etc.) are responsible for ensuring risk assessments are carried out, updated (annually) and staff are aware of hazards and risks in their area.

Appropriate risk assessments from slips, trips and falls including falls from height that reduces the risk so far as is reasonably practicable are recorded on the departments Non-Patient Falls Risk Assessment and where significant risks are identified appropriate actions and dates to rectify are put in place.

The Non-Patient Falls risk assessment proforma can be found on the Trust Intranet.

Risk Assessment Definition (HSE – ALARP) – a risk assessment should follow the concept of reasonably practicable where the hazard and likelihood of occurrence in weighing the risk against the time, trouble and money to provide controls ‘As Low As Reasonably Practicable’ (ALARP).

All staff should be vigilant and report all slip/trip hazards or near misses to their Line Managers. On discovery of a spillage use appropriate signage (cones) to warn of the hazard and notify or arrange for a clean up of the spillage.

Complete an Incident Report form for all incidents or near misses and report any defects or damage of floors or surfaces.

Wear suitable footwear as appropriate for the work place.

Slips, trips and falls awareness training for staff is provided at induction and essential training.

6.48 Smoking

- The Trust operates a ‘No Smoking Policy’ on all sites, this includes ‘e cigarettes’ and charging units.
- Staff must abide by the policy and assist in ensuring that patients and visitors abide by the policy. Managers are responsible for ensuring that the ‘No Smoking Policy’ is complied with.

6.49 Specimens

- Originators of pathology specimens are responsible for ensuring that containers and associated Request Forms are clearly and correctly labelled, securely fastened and inserted in the special bags provided.
- Always examine a sample container for cracks before using it.
- Vacutainer Tube Stoppers, must not be removed to add blood from a syringe. Take extra care when transporting these samples. The air tube system should not be used.
- Double wrap any samples requiring an ice pack to prevent leakage out of the bag as melted ice is often contaminated with blood.
- Needles must be removed from blood gas samples before transportation.
- Staff responsible for carrying specimens must use the designated carriers and are also responsible for ensuring that spillages are cleaned away according to the Trust’s Spillages Procedure in the Infection Control documentation.
- Specimens for transfer through the post must be packaged in approved containers that comply with current Legislation relating to the transport of such specimens.

6.50 Spillages

- Staff involved in spillages are responsible for ensuring that people are advised to keep away from the area and that the spillage is dealt with promptly and safely.

- Spillages of liquids such as water, etc., should be mopped up immediately to prevent accidents and maintain hygiene standards. In a ward based situation the member of staff finding the spillage, or to whom it was reported, should clear it up. In all other areas, it should be reported to the Head of Domestic Services of CDD Services or responsible person and the area made safe with appropriate Warning Signs in order to prevent the risk of slips and falls.
- In the case of a large chemical spillage, evacuate the areas affected by the spill and then contact the Health and Safety Team, or out of hours, Silver Command and the senior person with Site responsibility. They will decide whether to call the Fire Service in the event of a major chemical spillage.
- Small spillages should be cleared utilising the Emergency Spill Procedure from the COSHH Policy for that chemical and the appropriate spillage kit.
- Body Fluid spillages must be cleaned away according to the Policy for Infection Control. The material waste created in cleaning up the spillage must be disposed of as clinical waste.

6.51 Staff Working in Several Departments (including Junior Doctors)

- Staff whose work takes them into several departments may be particularly exposed to risk. The managers of all the departments responsible for these staff and the departments in which they work should liaise to ensure that risks are identified, controlled and documented in their Local Safety Policies.

6.52 Stress

- The Trust Management of Stress in the Workplace Policy can be found on the Intranet.

6.53 Violence at Work

- This is covered in the Managing Violence & Aggression and Lone Worker Policy and can be found on the Intranet.

6.54 Visitors

- Current Legislation places a common duty of care on occupiers to ensure that the premises are reasonably safe for the purpose for which the visitor has been allowed entry. This legislation requires the occupier of the premises to be prepared for children to be less careful than adults.
- The duty of care also extends to persons other than visitors in that the occupier should take such care as is reasonable for the safety of persons if the occupier is aware of the danger and knows the person may come within the vicinity of the danger. This duty may be discharged by giving warning of the danger or discouraging people from putting themselves at risk by making it more difficult for persons to enter the premises.

6.55 Volunteers

- Ward/department managers together with Voluntary Services Co-ordinator should ensure that volunteers are informed of any hazards and that the scope of their duties is made clear, where required will attend appropriate training.

6.56 Washroom and Toilet Facilities

Facilities will be:

- Adequately ventilated and lit.
- Cleaned and waste bins emptied daily.

Washing facilities will:

- Be provided in the immediate vicinity of every sanitary convenience.
- Be of sufficient size to enable the washing of face, hands and forearms.
- Include a supply of hot and cold or warm water.
- Include soap or other suitable means of cleaning.
- Include towels or other suitable means of drying.

6.57 Welfare Facilities

- A means for obtaining a hot drink will be available at each premises.
- Where provided, eating facilities should include a facility for preparing or obtaining a hot drink. Where hot food cannot be obtained in or reasonably near to the workplace, workers may need to be provided with a means of heating their own food (e.g. microwave oven).
- Areas where food is consumed should be clean and tidy.
- Suitable rest facilities should be provided for pregnant women and nursing mothers. They should be near to sanitary facilities and where necessary include the facility to lie down. (The Pregnancy Risk Assessment should detail any alternative arrangements where this is not possible).

6.58 Working at Height

- Ensure that no work is done at height where the risk of fall is liable to cause personal injury without appropriate measures in place so the work is safe and it is reasonably practicable to carry out the work. Risk assessments should be carried out as appropriate to the risk or likelihood of an accident.
- The Working at Height Regulations 2005/2007 apply to staff where there is a risk of a fall liable to cause injury. Managers must risk assess the task to ensure the work method and access equipment has been assessed, is a safe system and is suitable.
- Step ladders (Definition: self-supporting foldable portable ladder, non-adjustable length with handrails(s) to the side) must be checked by the user for obvious signs of wear or damage and appropriate training given.
- Ladders (Definition: single or double consisting of pair(s) of side rails connected together by cleats, rungs or steps). All staff using ladders must be trained and supervised with an inspection regime in place for access equipment.

- Care Group Managers/Heads of Departments are responsible for ensuring appropriate Risk Assessments are carried out and are reviewed on an annual basis.
- Matrons/Ward Managers/Senior Managers (Ward Sisters, Charge Nurses, etc.) are responsible for ensuring risk assessments are carried out, updated (annually) and staff are aware of hazards and risks in their area.
- Risk assessments for working at height should be carried out following the HSE Guidance in ensuring staff have three points of contact (both Feet + Hand hold), this should be recorded on the falls assessment form.
- Complex working at height in large or significant working at height (projects/maintenance, etc.) requires a more detailed assessment and the Trust's General Risk Assessment Form should be used.
- Both risk assessment forms are located on the Intranet site along with an example Working at Height Assessment for guidance.
- All ladders issued should be clearly identified, inspected on a yearly basis and maintained.
- Records should be made to identify each ladder and log each inspection.
- Appropriate information and training should be provided to employees who use ladders including additional information and training where the ladder is used in a high risk environment or in a way which increases the risks involved.
- Ladders should be stored in a way that does not lead to warping, defects or reduction in strength.
- Any concerns, problems risks or defects encountered while using ladders should be reported immediately and the appropriate action taken.
- The timber in steps and ladders must not be painted or treated in any manner which prevents defects being easily seen.
- Ladders must be used on a firm, level base, supported on each side and prevented from sagging or swaying.
- Ladders must be securely fixed or leashed near their upper resting place or if this is not possible, near their lower end.
- Footing of ladders is only permissible if they are less than 5m and cannot be fixed.
- Ladders must extend at least 1.05m above the landing place unless some other suitable handhold is available and must be placed so that there is space behind each rung for a proper foothold.
- Ladders should be set at the correct angle (75°, i.e. one metre out at the base for every four metres in height).
- **Risk Assessment Definition (HSE – ALARP)** – a risk assessment should follow the concept of reasonably practicable where the hazard and likelihood of occurrence in weighing the risk against the time, trouble and money to provide controls 'As Low as Reasonably Practicable' (ALARP).

6.59 Working Time Regulations

- The Working Time Regulations provide basic rights and protections to all staff. There is a limit of hours per week which staff can be required to work.
- Further information on the Working Time Regulations is available from the Human Resources/Organisational Development.

6.60 Young Workers

- Young workers (under 18) are particularly vulnerable to risk within the workplace due to inexperience, absence or awareness of existing or potential risks or the fact that they have not fully matured.
- Before any child (below Compulsory School Leaving Age) is put into a Work Experience Programme a risk assessment must be carried out by the Line Manager and any significant findings and the control measures must be provided for the parents or guardians of that child.
- The types of work that must be avoided by young workers are:
 - Anything which is beyond their physical or psychological capacity.
 - Involving harmful exposure to agents which are toxic or carcinogenic, cause heritable genetic damage or harm to the unborn child or which in any other way chronically affect human health.
 - Involving harmful exposure of radiation.
 - Involving the risk of accidents which it may reasonably be assumed cannot be recognised or avoided by your persons owing to their insufficient attention to safety or lack of training.
 - Where there is a risk to health from extreme heat or cold, noise or vibration.
 - Specific departments or services in the Trust where dignity or confidentiality breaches may arise.
- A young worker above the compulsory school leaving age cannot do the above unless:
 - It is necessary for his/her training
 - He/she is supervised by a competent person
 - The risk will be reduced to the lowest level reasonably practicable.
- Young people up to and over the age of 18 will be given the opportunity to work within the Trust in a safe and secure environment. It has been agreed that the following areas are not suitable placements for students. The list is an indication and should not be seen as exhaustive:
 - A&E department
 - Coronary Care Unit
 - Family Planning
 - Genito-Urinary Medicine
 - Intensive Care Unit
 - The Mortuary
 - Mental Health

- Maternity
- Theatres
- MRI Scan Room
- Fertility Clinics
- Paediatric Wards/Clinics
- Surgical Procedures.

7 DISSEMINATION ARRANGEMENTS

It is a requirement for all Trust staff to read this policy. The policy is located on the Trust Policy and Procedures intranet site.

8 MONITORING

8.1 Key Performance Indicators

Performance is monitored by Health & Safety audits, incidents and accidents, these are discussed at Health & Safety meetings on a three monthly basis.

8.2 Compliance and Effectiveness Monitoring

Monitoring Criterion	
Who will perform the monitoring?	The Health and Safety Team
What are you monitoring?	Incidents and Trends, near misses, risk assessments and Local Safety Documentation
When will the monitoring be performed?	All Health & Safety incidents trends – two monthly Health and Safety Team will carry out throughout the year departmental audits on risk assessments with regular updates on progress and action plans to the Health & Safety Committee.
How are you going to monitor?	Carry out departmental audits on risk assessments and documentation. Monitor actions plans from the risk assessments. Monitor for incident trends.
What will happen if any shortfalls are identified?	Shortfalls once identified to Health and Safety Team will be discussed with the appropriate department and an action plan along with timescales identified and reported to the Health & Safety Committee.
Where will the results of the monitoring be reported?	Reports from audits and risk assessments with action logs are monitored by the Health & Safety Committee. Trends monitored by Health & Safety Committee.
How will the resulting action plan be progressed and monitored?	Action plans will be monitored by Health and Safety Team and the Health & Safety Committee and progressed with the appropriate departments.
How will learning take place?	Outcomes will be discussed at the Health & Safety Committee and any appropriate changes or awareness will be raised with the department or managers. Dissemination to other departments if appropriate.

9 ASSOCIATED DOCUMENTATION

Control of Noise at Work Regulations 2005

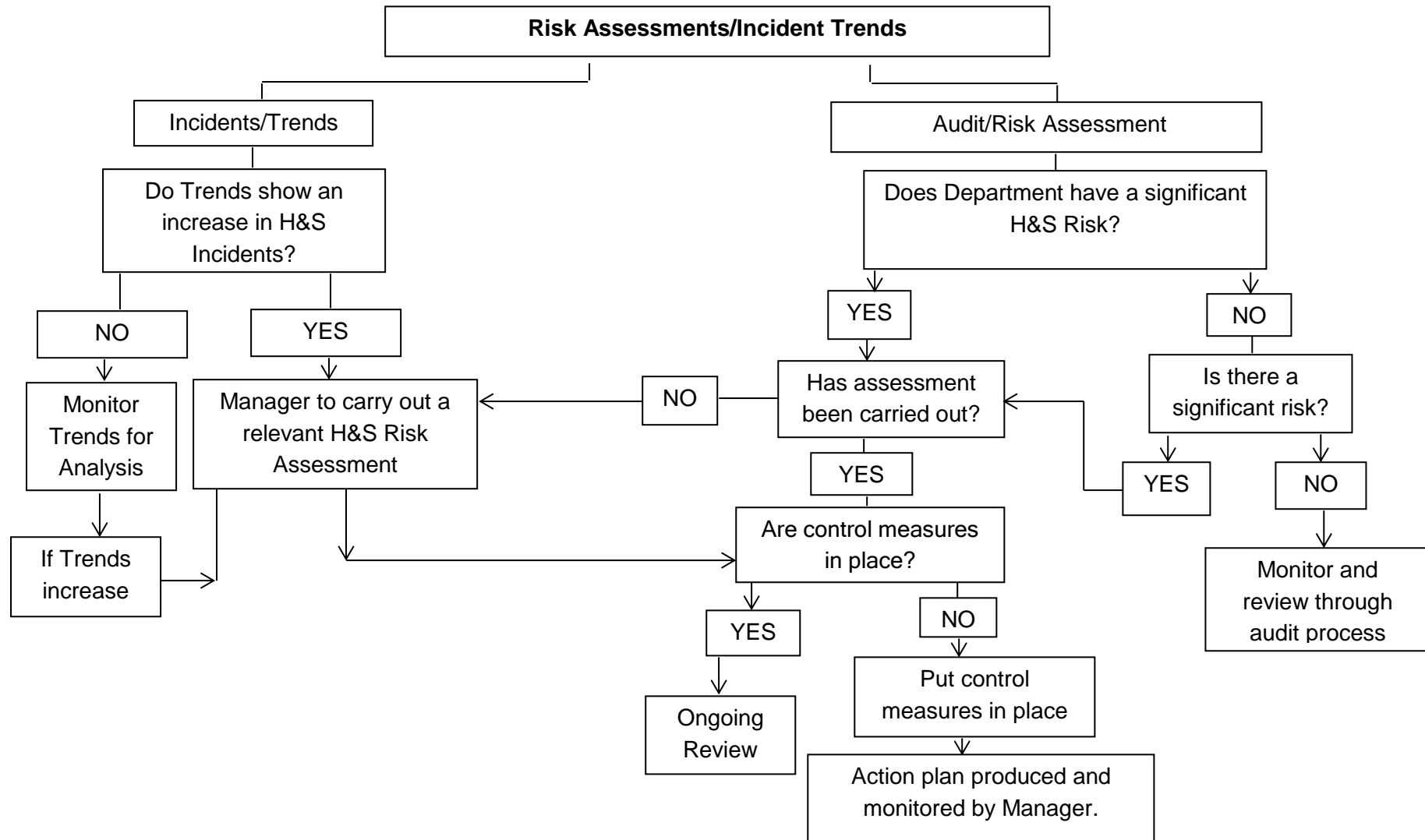
Control of Substances Hazardous to Health (COSHH) 2002 & 2007
 Corporate Manslaughter and Corporate Homicide Act 2007
 DOH Guidance for NHS (MOU) 2006
 Firecode & Regulatory Reform Order 2005
 Health & Safety at Work Act (1974)
 Health & Safety (First Aid) Regulations 1981
 Health & Safety (Signs & Signals) Regulations 1996
 HSE Guidance 'New and Expectant Mothers at Work'
 Management of Health & Safety at Work Regulations 1999
 Memorandum of Understanding (MOU) 2006
 RIDDOR Regulations 2013
 Safety Representatives & Safety Committee Regulations 1997
 Working at Height Regulations 2005/2007
 Working Time Regulations

Asbestos Policy
 Blood Borne Virus Policy
 Clinical Audit Policy
 Contractors Handbook
 COSHH Policy
 Display Screen Equipment (DSE) Policy
 Falls Policy
 Fire Policy
 Fire Procedure & Risk Assessments
 Incident Management Policy
 Infection Control Manual
 Latex Free Policy
 Local Safety Documentation
 Management of Stress Policy
 Managing Violence & Aggression and Lone Worker Policy
 Manual Handling Policy
 Medical Gas Policy
 No Smoking Policy
 Patient Property Policy
 Policy for Policies
 Policy for the Management of Gastro Intestinal Infections
 Prevention of Scalds Policy
 Radiation Protection Policy
 Risk Management Operational Procedures
 Risk Management Strategy
 Risk Register Procedure
 Security Policy
 Sharps Disposal Policy
 Spillage Procedure
 Staff Induction Policy & Procedure
 Standing Financial Instructions
 Testing of Portable Electrical Appliances Policy
 Training Needs Analysis, Monitoring and Evaluation Policy
 Volunteers Policy
 Waste Policy
 Waste Procedure

10 APPENDICES

Appendix A – Risk Assessments/Incident Trends Flow Chart
 Appendix B - Equality Impact Assessment

Appendix A: Risk Assessments/Incident Trends



Appendix B: Equality Impact Assessment

Equality Analysis / Impact Assessment

EIA Assessment Form

v3/2013

Division/Department:

Assurance, Risk and Compliance

Title of policy, procedure, decision, project, function or service:

Health & Safety Policy

Lead person responsible:

Head of Assurance and Compliance

People involved with completing this:

The Fire Health and Safety Advisor
Health and Safety Advisor
Health and Safety Secretary

Type of policy, procedure, decision, project, function or service:

- Existing
- New/proposed
- Changed

Date Completed:

August 2017



Step 1 – Scoping your analysis

What is the aim of your policy, procedure, project, decision, function or service and how does it relate to equality?

To ensure staff are aware of their responsibilities regarding health and safety.

Who is the policy, procedure, project, decision, function or service going to benefit and how?

Staff, Patients, visitors and contractors

What barriers are there to achieving these outcomes?

Not adhering to policies and guidelines and not attending training

How will you put your policy, procedure, project, decision, function or service into practice?

Monitoring incidents and visiting departments when incidents have occurred and stressing the importance of following correct procedures and attending training

Does this policy link, align or conflict with any other policy, procedure, project, decision, function or service?

Risk Management Strategy, Risk Register Procedure, DSE Policy, COSHH Policy, Waste Policy/Procedure, Violence & Abuse Policy, Security Policy, Fire Policy

Step 2 – Collecting your information

What existing information / data do you have?

Trends, audit results, action logs

Who have you consulted with?

Health & Safety Representatives

What are the gaps and how do you plan to collect what is missing?

N/A

Step 3 – What is the impact?

Using the information from Step 2 explain if there is an impact or potential for impact on staff or people in the community with characteristics protected under the Equality Act 2010?

Ethnicity or Race

No

Sex/Gender

No

Age

No

Disability

No

Religion or Belief

No

Sexual Orientation

No

Marriage and Civil Partnership (applies to workforce issues only)

No

Pregnancy and Maternity

No

Gender Reassignment

No

Other socially excluded groups or communities e.g. rural community, socially excluded, carers, areas of deprivation, low literacy skills etc.

No

Step 4 – What are the differences?

Are any groups affected in a different way to others as a result of the policy, procedure, project, decision, function or service?

No

Does your policy, procedure, project, decision, function or service discriminate against anyone with characteristics protected under the Equality Act 2010?

No

If yes, explain the justification for this. If it cannot be justified, how are you going to change it to remove or mitigate the affect?

N/A

Step 5 – Make a decision based on steps 2 - 4

If you are in a position to introduce the policy, procedure, project, decision, function or service? Clearly show how this has been decided.

Agreed at Health & Safety Committee and approved at the Quality & Healthcare Governance Committee

If you are in a position to introduce the policy, procedure, project, decision, function or service, but still have information to collect, changes to make or actions to complete to ensure all people affected have been covered please list:

N/A

How are you going to monitor this policy, procedure, project or service, how often and who will be responsible?

Monitoring will be carried via investigation of incidents, trends and audits

Step 6 – Completion and central collation

Once completed this Equality Analysis form must be forwarded to Jillian Wilkins, Equality and Diversity Lead. jillian.wilkins@cddft.nhs.uk and must be attached to any documentation to which it relates.