Policy Document

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Author:	J Speed
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Sign-off by CEO

Statement of purpose: This policy sets out the arrangements for Health and Safety management.

Policy Statement

The Health and Safety at Work etc. Act 1974 imposes a statutory duty on employers to ensure in so far as is reasonably practicable the health and safety of employees at work. This duty also extends to others who may be affected by that work, including patients, visitors, members of the public and contractors.

The hospital's managers aim to provide employees with a safe and healthy working environment. The management acknowledge their responsibility for providing safe plant and equipment, safe systems of work, adequate supervision, safety training and safety information. Management will discharge this responsibility by taking a systematic approach to risk assessment and the elimination of hazards.

Although the hospital's managers have a primary responsibility for health and safety, the maintenance of high standards of health and safety requires the continuous co-operation of all employees. The development of a safe and healthy environment and the promotion of safety in general are seen as a joint endeavour of management and employees. The attainment of high standards of health and safety is considered to be a positive contribution to the overall performance of the organisation.

The Management Team will routinely monitor the implementation of this policy and, following risk assessment, will ensure the allocation of appropriate resources to promote high standards by training, implementation of good working practices, effective management control, purchase of appropriate equipment and effective preventative maintenance programmes.

The Policy is updated annually to take account of changing circumstances.

2. Organisation for Carrying out the Policy

2.1 Role of Management Team and Chief Executive

The Management Team has responsibility for the day-to-day management of all aspects of the hospital. It reviews the health and safety implications of all decisions and allocates resources for effective health and safety management.

2.2 The Health and Safety Committee

The Health and Safety committee is chaired by the CEO and meets 4 times per year. The committee is made up of Departmental managers. At each meeting managers are required to bring reports containing information about audits and inspections that have been carried out, details of accidents and incidents, any hazards reported, Risk assessments that have been reviewed and any other relevant health and safety information. A rolling programme of topics for review is managed by the General Manager who sends out notifications about areas for review to all managers prior to the meeting.

2.3 Departmental Managers

- Carrying out departmental Risk assessments, keeping these reviewed and updated
    - Ensuring all tasks and equipment have been assessed
    - Ensuring all risk assessments are signed off by Competent person before they are formally adopted
    - Arranging for any control measures to be actioned
    - Providing details of update and review to safety committee
    - Ensuring risk assessments are reviewed regularly, at least annually or following an incident
- Representing employees in consultation with employer
- Investigating potential hazards and dangerous occurrences
- Investigating causes of accidents and arranging for control measures, remedial action to be put in place. Informing competent person on completion or liaising with competent person for assistance
- Investigating complaints about health, safety or welfare matters
- Carrying out inspections and audits including weekly safety check, six monthly inspections, and audits on a rolling programme. Providing a report at health and safety committee meeting
- Receiving information and passing it to departmental staff
- Attending health and safety committee meetings
- Ensuring all staff have attended safety training (such as Fire, Manual Handling, Risk assessment training)

2.4 Responsibilities of employees

Specific responsibilities of members of staff are set out in job descriptions. Employees are generally responsible for attending training and following instructions, for reporting hazards, accidents and potentially dangerous occurrences and for behaving in a way that contributes to their own welfare and

that of all others in the workplace. Some rules relating to health and safety are set out in the Disciplinary Policy. (See Policy Book or Staff Handbook)

2.5. Competent Person

A competent person is appointed to help managers comply with their duties under health and safety law. Regulations require that managers have access to expertise to help them fulfil the legal requirements. The Competent person acts in an advisory capacity and does not assume responsibility in law for Health and Safety matters. The responsibility always remains with the line managers and cannot be delegated to any adviser whether inside or outside the organisation

The General Manager acts as the Hospital's competent person. A competent person is someone who has sufficient experience and knowledge to allow them to assist with Health and Safety queries. The General Manager will give health and safety advice to anyone that needs it and will prepare an annual report for consideration by Management Team and Advisory Committee.

The General Manager assists the Chair of the Health and safety Committee in ensuring that there are clearly defined departmental health and safety standards and a system for safety inspections and audits throughout the hospital.

OTHER ARRANGEMENTS

3.1 Staff Training

The hospital's managers acknowledge that training of all employees in health and safety is an essential part of implementing the policy. It is the responsibility of the manager to ensure that adequate training is given to every employee on appointment and whenever new working arrangements require it. Routine training is provided in clinical waste disposal procedures, infection control, food safety, manual handling, fire procedure, risk assessment and conflict management.

3.2 Fire Safety- Refer to Fire Policy and Procedure

3.3 Manual Handling

In the hospital's caring work, there are many situations in which employees are at risk of injury if careful attention is not given to correct moving and handling procedures. There has been considerable progress in eliminating lifting from routine work practice. It is the policy to continue to develop practice towards minimising manual handling. Managers will ensure that risk assessments are carried out systematically as part of the preparation of care plans and that all carers are aware of the results of such assessments. The hospital will provide training in manual handling and will encourage the use of equipment in all appropriate circumstances. (See Manual Handling policy)

3.4 Accident Reporting Procedure

Holy Cross Hospital has a duty under *the Reporting of injuries, diseases and dangerous occurrences regulations 1995* to report certain accidents, diseases and dangerous occurrences to the Health and Safety Executive. There is also a requirement under the Social Security (claims and repayments) regulations 1979 (regulation 25) to keep a record of all accidents that occur on the premises. Both regulators and NHS purchasers may require reports of accidents or potentially serious incidents. Managers are required to investigate the cause of all accidents.

It is recognised that serious accidents can often be prevented if there is a good reporting system in place for reporting near miss accidents. The reporting of all incidents, near misses and dangerous occurrences is actively encouraged so root causes can be investigated and changes made to procedures or improvements to premises in order to prevent an injury occurring. Staff are given training on the importance of reporting incidents and accidents on induction.

In order to make reporting simple there is a single form for reporting all accidents, incidents, near misses, breaches of security incidents. This form is the *Incident report form* (see procedure attached).

Any instance of an omission to report damage by the person/s most directly involved in damage occurring will be regarded as a disciplinary offence. If the person or persons who witnessed the damage as it occurred are not readily identifiable, the relevant team leader or manager or the person who was in charge at the time of the incident will be held responsible for the omission of the report. If there is doubt about the shift when the incident occurred both the persons in charge on the earlier and the later shifts will be deemed responsible.

If an incident report is given by person/s directly involved at the time of the incident, then no further action will be taken aside from retraining unless there is evidence of negligence or wilful damage on the person/s part.

3.5 First Aid

Under the *Health and Safety (First Aid) Regulations 1981* Management has the duty to make adequate and appropriate provision of equipment and facilities so that First aid can be rendered to employees who become ill or are injured whilst at work. (See attached procedures)

3.6 Occupational Health and Health Surveillance

The Hospital contracts with a provider of Occupational Health Services to make provision for pre-employment screening, health advice for employees about work issues and advice for management on Occupational Health issues. The Human Resources Manager makes arrangements for pre-employment screening and makes referrals to the Occupational Health Service. An Occupational Health Adviser visits the hospital or is available to be seen at the Service's premises. A referral by a senior manager is required for access to the service.

3.7 Consultation

The General Manager convenes the Health and Safety Committee quarterly to consult with representatives of employees on all aspects of Health and Safety and to make reports as necessary to the Chief Executive. The General Manager will also arrange for employees to be consulted through staff newsletter and intranet, noticeboards and via direct contact.

3.8 Smoking, Consumption of Alcohol and Drugs

To enable employees to work in a smoke-free environment and to comply with the legal requirement to create a smoke-free workplace, the Hospital's grounds and buildings are designated "no smoking". Smoking is prohibited in all Hospital buildings and grounds at all times with the exception of the "smoking shelter" which is provided in the rear carpark for any staff and visitors who wish to smoke.

The prohibition on smoking applies also to visitors to the workplace and to all forms of tobacco, other substances and "e-cigarettes".

Failure to comply with the above rules is a disciplinary offence and will be dealt with in accordance with the disciplinary procedure. Where the smoking creates a clear health and safety hazard, then such behaviour constitutes potential gross misconduct.

The consumption of alcohol is not allowed within working hours. All employees are prohibited from taking or selling illegal drugs or working whilst under the influence of medication that could impair their normal functions (refer to disciplinary policy and staff handbook)

3.9 Restricted Access

There are restrictions applying to the following specialised locations:

Plant Rooms, Workshop, Oxygen store, Electrical Service Rooms, Lift Motor Rooms and Duct Cupboards Access is restricted to General Manager, Caretakers, Information Services Manager and authorised contractors.

Laundry and Stores Access is restricted to those employed to work in these areas. No other staff or visitors should enter these rooms unless authorised by a senior member of staff.

Catering Department This area is covered by special arrangements to ensure food hygiene. Access is restricted to Catering staff only. Other visitors are required to wear protective clothing that is supplied by the Catering Department

Medicine Storage Cupboards Special rules apply to the storage and issue of medicinal products. The appropriate procedures are defined in the Clinical Manual.

3.10 Waste Disposal

All employees are required to comply with the procedures for the disposal of waste. Employees must wear personal protective clothing when handling clinical waste. Particular care is to be given to the disposal of "sharps" used in patient treatment. (See Waste Disposal Policy)

3.11 Control of Substances Hazardous to Health

Managers recognise the importance of controlling the purchase, storage, use and disposal of any substance that is potentially hazardous to health. It is the intention to use only non-hazardous products as far as possible. Specific policy arrangements are set out separately. (See Dangerous Substances Policy)

3.12 Personal Protective Clothing and Similar Equipment

Managers are responsible for assessing the need of individual employees for personal protective equipment for specific tasks and ensuring that it is used correctly when provided. All employees are required to co-operate fully in this.

3.13 Work Equipment (PUWER)

A list of work equipment is maintained by the General Manager who will ensure that a risk assessment is completed prior to the equipment being put into use.

3.14 Electricity

Management recognises the importance of ensuring safe electrical installations and their safe maintenance. Competent persons carry out regular inspections of the installations and appliances and carry out all repairs and alterations to the fixed installation. Employees are trained in issues concerning electrical safety. Managers must ensure that all new electrical equipment is tested by a caretaker, a qualified electrician prior to being brought into service (see Electrical safety policy).

3.15 Display Screen Equipment

The health and safety (display screen equipment) regulations govern the safe use of computers used at work. The regulations define 'users' as employees who regularly use display screen equipment for a significant part of their normal work. Under the regulation the hospital is required to carry out Risk Assessments of the workstations and the 'users' in order to identify risks and reduce them to the lowest extent reasonably practicable.

Under the regulations all users are entitled to a free eye test and if found that it is necessary to wear spectacles for Display screen work the cost of the frame and single vision lens will be reimbursed by the hospital (see procedures)

3.16 Travel, Trips and Excursions (by patients)

All travel whether for social or medical purposes using our vehicles is carefully planned in advance-routes, timings and staffing. A travel form is completed by ward staff for each patient on every occasion. Due to the nature of our patient medical conditions we do not routinely undertake journeys of over 60 minute duration each way. All patients are routinely taken for an initial assessment drive to ensure their suitability for travel.

All our volunteer drivers are trained to MIDAS standards and receive their regular refresher training. All drivers fill in a Drivers registration form.

Our vehicles are checked weekly by our maintenance staff, and regularly serviced and MOT tested

3.17 Disabled workers

All applicants complete a confidential pre-employment health questionnaire provided by Occupational Health and where necessary, a risk assessment may be undertaken before any disabled person begins work. Where genuine and legitimate doubts exist over a disabled person's ability to perform the full duties of the job concerned, a trial period may be offered after consultation with Occupational Health and Human Resources. A copy of the risk assessment will be kept on the employee's file. Where adaptation of premises is required to enable a disabled person to take up employment, the matter should be discussed with the HR department who may liaise with the Disablement Advisory Service (www.delni.gov.uk), the General Manager/Health & Safety Competent Person and Occupational Health, where appropriate.

When an employee becomes disabled in the course of their employment, reasonable steps will be taken to accommodate their disability by considering adjustments to working practices and arrangements, or by considering redeployment and appropriate retraining to enable them to remain in employment with the Hospital wherever reasonably possible.

3.18 Lone Workers

The Health and Safety Executive (HSE) defines lone workers as "those who work by themselves without close or direct supervision". Lone workers are isolated from the normal support mechanisms that other fixed-based employees enjoy. Lone working may be for all or part of the working day. Some may experience lone working for short periods of their working days, eg office staff interviewing a potential employee or meeting a client, or a surveyor carrying out an inspection alone on-site.

Lone workers and the potential risks they are likely to be exposed to need to be identified. A risk assessment will identify risks based on:

- people — those lone workers are likely to come into contact with
- environment — the location employees will be working in
- task — the job task they have to perform.

A risk assessment will also define the level of risk — low, medium or high — and take into account the existing measures in place to mitigate risk.

3.19 Workplace stress

The Hospital aims to deal with workplace stress by removing or controlling the causes of stress at work by identifying the causes of the pressures at work which may include:

a. poor working environments, eg unsuitable noise, temperature and ventilation levels
b. organisational issues, eg lack of job security or unclear communication
c. job design, eg too much or too little work or unrealistic targets
d. relationship problems, including bullying, harassment, discrimination and work-home conflicts.

If a person has been identified as or makes the Hospital aware they are likely to be subject to or a currently subject to any of the above or actually suffering from workplace stress, they will put measures in place to reduce the cause/s, where possible. Assistance may be sought from the Occupational Health provider, who can also offer counselling support.

3.20 Pressure Systems

A written scheme of examination has been drawn up by our competent person and that written scheme is held in a location readily accessible to the plant. Examination and testing is carried out by Engineers appointed by our insurers in accordance with the written scheme. The caretakers carry out daily checks of the systems and document any issues. Paine Manwarring Limited are engaged as our competent person competent person and they carry out the planned preventative maintenance schedule.
Appropriate emergency response procedures have been devised. Records are retained of all inspections, testing, examinations and maintenance which takes place and of any other correspondence or report relating to the system.

3.21 Working at Height – see slips, trips and falls policy

4. Allocation of Resources

The Management Team will review under the following headings the need for expenditure:

- Staff and training
- Equipment and servicing arrangements
- Consultancy and advice

Expenditure will be summarised yearly in a Report to the Advisory Committee.

5. Goal Setting

The Health and Safety Committee will establish goals for achievement up to a year ahead and keep progress under review. Goals may be added at any time following a review of an incident report

6. Review and Authority

The Chief Executive will review this Policy within a year of the signature. Any matters requiring amendment will be brought to the attention of the Advisory Committee and if approved will be made known to all employees and others affected such as contractors.

This policy has been reviewed for overt or implied discrimination within the scope of the Hospital's policies on equality and diversity and none was found.

Procedures

1. Procedure for reporting Accidents, Incidents and Clinical Incidents

- It is the responsibility of the manager or senior member of staff on duty within the department to ensure that any accident or incident is documented on an *Accident and Incident report form*

The forms are obtainable from Stores and supplies are kept in the wards and departments.
This form should be completed as soon after the incident/accident as possible so that recollection of the surrounding events is clear, and any witness(es) can make a written supporting statement if necessary which should be attached to the form.
If a patient, member of staff or visitor reports that an incident/accident has occurred at some time previously, and there were no witnesses, this must still be recorded as stated by the person concerned.
Should a member of staff or visitor decline medical attention, this must be clearly recorded on *accident/incident or concern report form* (O:Template/Report about an accident, incident or concern*)*
If any equipment is involved in an incident/accident, and is suspected of being faulty or dangerous in any way, it should be removed from use immediately, pending further investigation by the appropriate authority. A label should be securely attached to warn that it should not be used.

The procedure is as follows:

All completed forms are given to the Line Manager or Receptionist (for visitors, outpatients etc.) If Reception receive a form they will forward it to the most suitable Manager to deal with it. After they have been completed. The Line Manager is responsible for ensuring that causes of the event have been investigated. The Line Manager should identify control measures that should be put in place to prevent a reoccurrence Once the Line Manager is has concluded the investigation the form should be passed to the appropriate senior manager.

Higher Level Investigation will take place if:

1. There have been more than 2 occurrences within 6 months of related incidents (e.g. same person or same place) that had the potential to cause harm.
2. Any incident that caused RIDDOR injury or had clear potential to do so (a near miss).
3. An audit that highlights 2 or more significant weaknesses in the area under investigation.

Once the investigation has taken place and any remedial action has been taken the form along with any back up information is logged by the senior manager, a scanned copy is placed on M: Health and Safety/accident forms. The form is then forwarded to the General Manager (H&S competent person) for review.

2. Procedure for reporting an accident or incident to the HSE is as follows

Serious accidents and incidents and some diseases are reportable under the RIDDOR regulations.
A Member of Management Team must be informed immediately of any incident or accident that may be reportable under the regulations.

They will take the decision about whether the incident is reportable to the Health and Safety Executive by consulting http://www.hse.gov.uk/riddor/reportable-incidents.htm
The report can be completed on line by going to http://www.hse.gov.uk/riddor/report.htm and following links to report an incident. A copy of the F2508 form should be saved to M: Health and Safety/accident forms
The HSE will decide what further action is required.

In addition to the HSE other external organisations who may be informed of accidents and incidents are MHRA if the incident is connected with Medical Equipment and Care Quality Commission.
The Hospital also has a Duty to ensure that all relevant information is volunteered to persons who have been or may have been harmed by the provision of services regardless of whether they have made a request for this information, this is known as our Duty of Candour.

2.1 Storage of documentation

All completed forms are securely stored to comply with the General Data Protection Regulation and any other relevant legislation. The log of reports is stored on the M: drive of the Hospital Computer network so names of injured parties and those who have completed the reports are not freely available.
All documentation relating to incidents/accidents will be retained in a secure location.

Line Managers *are Ward Sisters and Senior Staff Nurses, Reception Team Leader, Head Chefs*

Senior Managers *are Chief Executive, Director of Clinical Services, Director of Nursing Services, General Manager, HR Manager, Finance Manager and Information Services Manager*

2.2 Investigating

Every accident, incident, security issue or near miss must be investigated to determine the cause and prevent a reoccurrence. The Line Manager should conduct an investigation and record on the form action that has been taken to prevent a reoccurrence. They may use an investigation form to record details of the investigation O: templates/incident investigation form
See appendix II for investigation process

3. Carrying out Risk Assessments

By law Employers have to make an "adequate and suitable" assessment of risks to their employees and others. Risk assessments should be recorded on The Hospital Risk assessment form which can be found on O:Templates RISK ASSESSMENT. The completed risk assessment should be filed in the following location O:Health and Safety/RISK ASSESSMENT. There are folders set up for each department and the risk assessment should be placed in the correct location. Details including the subject and the date of the risk assessment should then be emailed to the Information Services Manager so that it can be recorded on the policy database. The Risk Assessment must be sent to the General Manager for review and approval. A copy of the risk assessment should be printed off and kept in the department where it is accessible to all staff. See Appendix I

3.1 Risk assessments for High Risk Groups

The Management of Health and Safety at Work Regulations 1999 (MHSWR) requires specific additional risk assessments to consider the risks to Young Persons and Women of Child-bearing age, these being two groups of staff whose circumstances or status place them at a higher than usual level of risk.

Holy Cross does not employ staff that are under 18 years of age but will ensure that a person specific assessment of risk is put in place for any young persons who may be on site for work experience.

It is considered unlikely that Young persons and children aged under 18 years and Women of childbearing age who may be pregnant, including those who are as yet unaware of their pregnancy will be adversely affected by work carried out at Holy Cross Hospital. The universal arrangements in place to protect workers generally will be adequate to protect these individuals.

There is a separate procedure to assess risks and make necessary adjustments to work load for new and expectant mothers. As soon as either the department manager or Human Resources Manager is advised that a member of staff is pregnant, a risk assessment will be carried out and this risk assessment will be kept under review for the duration of the pregnancy. Mothers returning to work after their baby is born will also be subject to a risk assessment to ensure that any additional needs are met (such as a suitable place for them to express milk) Risk assessment format is found in the following location. O:\Health & Safety_RISK ASSESSMENT_CURRENT RISK ASSESSMENTS_HUMAN RESOURCES\New and expectant Mothers RA and supporting Documents\NEW AND EXPECTANT MOTHERS AT WORK RA.doc

4. Procedure for provision of Eye sights tests

Staff members who routinely use a Display Screen for part of their daily duties will be entitled to reimbursement of eye and eyesight test fees.
Employees must have prior authorisation from the Chief Executive before claiming a free eye test.
Employees are required to arrange their own eye and eyesight test either with a registered ophthalmic optician or a registered medical practitioner with suitable qualifications, Employees will be reimbursed by the Hospital for the cost of this test
If it is found that Spectacles are required for Display Screen work the hospital will pay for a reasonably priced frame with a single vision lens.
Employees must produce the relevant receipts and complete an expense claim form which should be countersigned by the Chief Executive.

5. First Aid Procedures

Health and Safety (First-Aid) Regulations 1981 places a duty on the Management to provide equipment and facilities to render first aid to its employees.
The main First Aid Box is located in Patients' Activities and further boxes are located in the Catering Department, Laundry and Maintenance Department. There are two eye wash stations (Maintenance Workshop and Kitchen).
All Registered nurses are qualified to administer first aid. This means that there is a person on duty at all times who is able to administer first aid
To obtain first aid assistance The Bleep Holder should be paged and she or he will arrange for first aid to be administered
Following any First aid provision an Incident Form must be completed and the first aid box must be restocked.

6. Responsibilities:

Below is a table showing the main areas to be considered with regards to the Health and safety regulations and who, within the organisation, is responsible for them

Area to be considered	Who is Responsible?
Instituting and ensuring adherence to overall Health and Safety policies within the hospital. The Chief Executive appoints Managers of Departments as Safety Representatives and they are responsible for attending meetings of a Health and Safety Committee and taking an active role in the management of Health and Safety	Chief Executive
Maintaining contact with the various external sources of advice	General Manager

Reporting to the Advisory Committee and Regulators on the implementation of the Policy	Chief Executive & General Manager
Arrange for the statutory examinations of plant and equipment to be carried out and adequate records kept	General manager
Monitor all contractors working within the hospital to ensure their compliance with Health & safety regulations	General Manager
Carry out Fire Risk assessments annually and arrange fire procedure practice drills regularly	General Manager
Report accidents and incidents to HSE as required	Any Senior manager
Manual Handling	Senior Clinical Managers
Provide health and safety training, Fire policy and procedure Training, Manual handling training for all employees at Induction and periodically thereafter	General Manager
Ensure COSHH regulations are adhered to, compile lists of substances held and ensure a thorough assessment is completed and held along with manufacturers date sheets	Managers or an appropriate member of departmental employees
Carry out Risk Assessments across the range of departmental activities and work place	Managers
Ensure Personal Protective clothing is available and used when necessary	Managers
Ensure that all Incidents/Accidents and near misses are reported	Managers
Ensure that all electrical equipment used on site is tested prior to use	Managers, Caretaker
Management of potential violence arising out of work related situations	Senior Clinical Managers

For the purpose of this policy "Managers" are deemed to include those that have management or supervisory responsibility and include the following (senior managers as marked):

- Chief Executive
- Finance Manager
- Director of Clinical Services
- Director of Nursing Services
- Human Resources Manager
- Information Services Manager
- Reception Team Leader

- General Manager
- Ward and Night Sisters
- Registered Nurses in charge of the Wards
- Catering Team Leader

This audit is designed to check the employees understanding of the policy. Other audits are conducted on aspects of Health and Safety Management as part of the Hospital's rolling programme of review

	General Health and safety	Complies	Does not comply	Comments
1	Is the Statutory "Health and Safety what you need to know" poster displayed?			
2	Is everyone aware of their responsibilities regarding Health and Safety?			
3	Do all staff have access to the Health and safety policy			
4	Are arrangements made to inform all new staff of health and safety procedures?			
5	Has all staff attended induction training?			
6	Staff aware of the accident and incident reporting procedure?			
7	Staff aware of the procedure to be followed if First Aid is required?			
8	Staff know who their Health and safety Representative is on the Health and Safety committee			
9	Staff are aware of the manual handing policy and where to find it			
10	Staff have been trained on manual handling prior to starting work?			
11	Staff know what PPE has been issued to them and it is safely stored.			
12	Staff have an understanding of the hazards presented by electrical equipment			
13	Staff are aware of the Waste Disposal Policy and have received training on the correct procedures for the disposal of waste			
14	Staff are aware of how to raise concerns about health and safety			

Appendix 1

Risk assessment Guidance

Definitions- A hazard is something with the potential to cause harm. Risk is the likelihood of that potential being realised.

Why Do We Risk Assess?

Risk assessments are very important as they form an integral part of a good occupational health and safety management plan. They help to:

Create awareness of hazards and risks. Identify who may be at risk

Determine if existing control measures are adequate or if more should be done.

Prevent injuries or illnesses when done at the design or planning stage.

Prioritize hazards and control measure

Any new equipment, new work processes or new activities should be assessed before being rolled out. Doing this enables us to make sure that we are not introducing any significant hazards into the work place. It's vital that risk assessments are revisited regularly to assess that they are still working and that reviews are carried out after an incidents or accidents.

Risk assessments should be carried out by following the Health and safety executive "Five steps to risk assessment" Using a hazard checklist can be useful. There is a General Hazard list in O:Health and Safety/_RISK ASSESSMENT/_GENERAL HAZARD LIST

Remember

The purpose of risk assessment is to confirm that risks have either been eliminated or are being adequately controlled. If you think it's just a form filling exercise, you've missed the point!

Step 1: Identify hazards, i.e. anything that may cause harm

Employers have a duty to assess the health and safety risks faced by their workers. It is important to systematically check for possible physical, mental, chemical and biological hazards.

This is one common classification of hazards:

- Physical: e.g. lifting, awkward postures, slips and trips, noise, dust, machinery, computer equipment, etc.
- Mental: e.g. excess workload, long hours, working with high-need patients, bullying, etc. These are also called 'psychosocial' hazards, affecting mental health and occurring within working relationships.
- Chemical: e.g. asbestos, cleaning fluids, aerosols, etc.
- Biological: including tuberculosis, hepatitis and other infectious diseases faced by healthcare workers.

Step 2: Decide who may be harmed, and how.

Identifying who is at risk starts with employees. But should also include must also assess risks faced by agency staff, visitors, patients and other members of the public on the premises.

Employers must review work routines in all the different locations and situations where their staff are employed. For example:

Special considerations should be given towards the health and safety of young workers, disabled employees, night workers, women of child bearing age and pregnant or new mothers.

Step 3: Assess the risks and take action.

Consider how likely it is that each hazard could cause harm. This will determine whether or not your employer should reduce the level of risk. Even after all precautions have been taken, some risk usually remains. Decide for each remaining hazard whether the risk remains high, medium or low.

Step 4: Make a record of the findings.

Employers with five or more staff are required to record in writing the main findings of the risk assessment. This record should include details of any hazards noted in the risk assessment, and action taken to reduce or eliminate risk.

This record provides proof that the assessment was carried out, and is used as the basis for a later review of working practices. The risk assessment is a working document. You should be able to read it. It should not be locked away in a cupboard.

Step 5: Review the risk assessment.

A risk assessment must be kept under review in order to:

- ensure that agreed safe working practices continue to be applied (e.g. that management's safety instructions are respected by supervisors and line managers); and
- Take account of any new working practices OR new machinery

Monitor and Review process

Review your assessments at least once a year (or sooner if things change) to check that the risk controls area adequate. It is important to learn from experience to ensure that all sources of foreseeable harm to your workforce and/or the public are addressed - and that all ‘reasonably practicable' steps to prevent it happening are being taken

When to carry out a Risk assessment

- With all new equipment and new processes
- Whenever a new job brings in significant new hazards. If there is high staff turnover, then the way new staff do their work should be checked against the risk assessment, and training provided in safe working practices if necessary;
- whenever something happens to alert the employer or manager to the presence of a hazard – for example, an unusual volume of sickness absence, complaints of stress and bullying, or unusually high staff turnover;
- in response to particular changes to the level of risk to individual employees – for example, where an employee returns to work after a period of long-term sickness absence; or

- Where an employee is pregnant or breastfeeding and her work might involve a risk to her or her unborn child's health and safety. (Regulation 16, Management of Health and Safety at Work Regulations 1999).

Hierarchy of risk control

The Management of Health and Safety at Work Regulations 1999 set out safety management guidance for employers for tackling risks, which you can find in schedule 1 (General Principles of Prevention). The basic approach is also known as a 'hierarchy of control' because it sets out the order in which employers must approach risk management:

- Substitution (i.e. try a risk-free or less risky option). In simple terms is this process or equipment necessary?
- Prevention (e.g. erect a machine guard, or add a non-slip surface to a pathway).
- Reorganise work to reduce exposure to a risk. A basic rule is to adapt the work to the worker. In an office, ensure chairs and display screen equipment (DSE) are adjustable to the individual, and plan all work involving a computer to include regular breaks. For monotonous or routine work, introduce work variety and greater control over work..
- As a last resort, issue personal protective equipment (PPE) to all staff at risk, and make sure they are trained in when and how to use this equipment, such as appropriate eye protection, gloves, special clothing, footwear.
- Provide training in safe working systems.
- Provide information on likely hazards and how to avoid them.
- Provide social and welfare facilities, such as washing facilities for the removal of contamination, or a rest room.

Common workplace Hazards

You can find a fuller list with some suggested control measures on the "General Hazards list"

- Slipping, tripping hazards
- Working at height
- Flammable gases
- Electricity
- Noise
- Biological hazards
- Violence
- Stress
- Machinery/work equipment
- Hand tools
- Work Station Design
- Transport
- Pressure systems
- Manual handling
- Chemicals
- Dust and Fume
- Confined spaces
- Repetitive manual work
- Temperature
- Lifting Plant
- DSE
- Seating

Appendix II

Investigating an accident, incident or concern

Every accident, incident, security issue or near miss must be investigated to determine the cause and prevent a reoccurrence. The Line Manager should review the form and make recommendations for improvements.

Legal reasons for investigating

- To ensure you are operating your organisation within the law.
- The Management of Health and Safety at Work Regulations 1999, regulation 5, requires employers to plan, organise, control, monitor and review their health and safety arrangements. Health and safety investigations form an essential part of this process

Information and insights gained from an investigation

- An understanding of how and why things went wrong.
- An understanding of the ways people can be exposed to substances or conditions that may affect their health.
- A true snapshot of what really happens and how work is really done. (Employees may find short cuts to make their work easier or quicker and may ignore rules. You need to be aware of this.)
- Identifying deficiencies in your risk control management, which will enable you to improve your management of risk in the future and to learn lessons which will be applicable to other parts of the organisation.

Benefits arising from an investigation

- The prevention of further similar adverse events. If there is a serious accident, the regulatory authorities will take a firm line if you have ignored previous warnings.
- The prevention of business losses due to disruption, stoppage and the costs of criminal and civil legal actions.
- An improvement in employee morale and attitude towards health and safety. Employees will be more cooperative in implementing new safety precautions if they were involved in the decision and they can see that problems are dealt with.
- The development of managerial skills which can be readily applied to other areas of the organisation

Line Managers should take a systematic approach to investigating the event with a view to preventing another similar event.

What was the immediate cause?

For example:

- Slip or Trip on the level
- Fall from Height
- Fall of Materials
- Manual Handling Heavy Loads
- Contact with Moving Machinery
- Site Transport
- Electricity
- Flammable substances
- Other cause

What were the underlying causes?

For example:

- Controls absent or inadequate
- Poor planning
- Poor supervision
- Lack of competence
- Lack of information
- Poor control of operations
- Poor communication
- Other

How could it have been prevented?

For example:

- Better Policies, Procedures or safe systems of work
- Proper risk assessment
- Training
- Use of personal protective equipment
- More information
- Health and Safety Management system Review

Documents that should be reviewed

- Risk assessment- it is good practice to record on the Risk assessment that a review has taken place due to an incident even if no changes have resulted
- Employee training record- any gaps in training should be addressed

Making Recommendations to prevent a reoccurrence

The Line Manager should make recommendations for action that needs to be taken to prevent a reoccurrence. If possible they should implement any control measures that can be done immediately such as briefing or retraining staff. If more serious control measures are required they should discuss these with their Senior Manager. A clear audit trail of all action taken should be kept and scanned along with the form.

The Line Manager with their Senior Manager are responsible for ensuring that the control measures are implemented and lessons learned are documented for discussion at the Health and Safety Committee meeting

Guidance can always be obtained from The General Manager who acts as the Hospital's competent person