

# **HEALTH AND SAFETY POLICY**

START DATE:		September 2012		NEXT REVIEW:	July 2013		
COMMITTEE APPROVAL:		Trust Board		AIR'S SIGNATURE:			
		DATE:	6	and open Edward			
		27 September 2012					
		ENDORSED BY: Health, Safety & Fire Cor	nmitt	DATE: ee June 2012			
DISTRIBUTION:		Trustwide					
LOCATION:		Intranet: Trustwide Policies and Procedures					
RELATED DOCUMENTS:		Trust Risk Management Strategy, Trust Incident Reporting Policy, Risk Management Strategy, Trust Fire Policy, Moving & Handling Policy, Infection Control Policy, Security Policy, First Aid Policy, Control of Contactors Policy, Smoke Free Policy, COSHH Policy, Stress Policy, Management and Prevention of Body Fluid Exposure Policies, Slips Trips & Falls Policy, Violence and Aggression Policy, Lone Working Policy, Display Screen Equipment Policy, Waste Policy, Latex Policy and New & Expectant Mothers Policy					
AUTHOR / FURTHER INFORMATION:		Thérèse Davis, Chief Nurse and Director of Patient Experience and Flow					
		Kevin Ray, Health & Safety Consultant					
STAKEHOLDERS INVOLVED:		Health & Safety Committee members					
DOCUMENT REVIEW HISTORY:							
Date	Version	Responsibility		Comments			
February 2005	1	Health & Safety Consultant		Review			
February 2007	2	Health & Safety Consultant		Review			
August 2008	3	Health & Safety Consultant		Review			
November 2009	4	Health & Safety Consultant		Review			
January 2010	5	Health & Safety Consultant		Review			
February 2011	6	Health & Safety Consultant		Organisational change	9		
August 2012	7	Health & Safety Consultant	Organisational changes reflecting Divisional structure. RIDDOR changes for reporting absence of more than 7 days.				
DATE EXPIRED:		June 2013					

# Contents

		_				
		Р	age			
1.	Policy Statement					
2.	Introduc	ction	4			
3.	. Organisation and Responsibilities					
	3.1	The Trust Board				
	3.2	Executive Board				
	3.3	Risk Management Committee				
	3.4	Health, Safety & Fire Committee				
	3.5	The Role of the Chief Executive				
	3.6	The Role of the Chief Nurse and Director of Patient Experience and F	low			
	3.7	The Role of the Health & Safety Consultants				
	3.8	The Role of the Trust Executive Directors				
	3.9	The Role of Clinical Directors and General Managers				
	3.10	The Role of Managers and Supervisors				
	3.11	The Role of the HR and Training & Development Departments				
	3.12	The Role of the Safety Coordinators				
	3.13	The Role of Safety Representatives				
	3.14	The Role of Every Member of Staff				
	3.15	Contractors				
	3.16	Occupational Health Department				
	3.17	Infection Control Team				
	3.18	Risk Managers				
	3.19	Manual Handling Advisor				
	3.20	The Radiation Protection Advisor				
	3.21	The Radiation Protection Supervisor				
	3.22	Clinical Engineering Department				
	3.23	Estates and Facilities Directorate				
	3.24	Security Manager				
	3.25	Health & Safety Organisation Structure				
4.	Health 8	& Safety Arrangements	16			
	4.1	Policies, Procedures and Codes of Practice				
	4.2	Identifying Hazards and Assessing, Controlling and Monitoring Risks				
	4.3	Accident, Incident and Hazard Reporting				
	4.4	RIDDOR				
	4.5	Training and Information				
	4.6	First Aid				
	4.7	Emergency Procedures				
	4.8	Monitoring this Policy				

# 1. Policy Statement

The Chief Executive and Board of the Chelsea and Westminster Hospital NHS Foundation Trust are committed to providing and maintaining, so far as reasonably practicable, a safe and healthy environment for all employees, contractors, patients, visitors and those who may be affected by work related activities. The Trust regards the promotion and progressive improvement of health, safety and welfare at work as a mutual objective for management and employees at all levels. The Trust recognises that the only effective approach to the prevention of injury and loss is the systematic identification and control of risk through the Trust's risk assessment process, the adoption of best practice in health and safety management and the allocation of necessary resources.

The Health and Safety Policy is intended to confirm the management arrangements which are designed to ensure the health and safety of anyone who could be adversely affected by the activities of the Trust. In recognition of the obligations imposed under the Health and Safety at Work Act, the following policy has been prepared. The policy will be reviewed annually or when legislation, codes of practice and official guidance dictate.

The executive responsibility management of health and safety for the Trust has been delegated by the Chief Executive to the Chief Nurse and Director of Patient Flow and Patient Experience, with advice and support from the Trust's Health and Safety Consultants, Occupational Health Services Manager, Infection Control, Risk Managers, Fire Consultant and the Head of Estates & Facilities. However, the Trust regards the promotion of health, safety and welfare at work as a mutual objective for management and employees at all levels.

To maintain and promote the implementation of this policy and enable employees to function efficiently with regard to health and safety; information, instruction, training and supervision will be provided in accordance with identified needs.

The Trust has a Health, Safety & Fire Committee which comprises both management, trade union staff representatives and site partners to ensure good and effective communication.

Whilst overall responsibility to provide and maintain safe and healthy working conditions, equipment and systems of work rests at the highest level of management, every individual has a responsibility to prevent personal injury and damage to property and to protect everyone from foreseeable work hazards, including the public insofar as they come into contact with Trust premises and services.

This policy is endorsed by the Trust Board

Signed: Date: 23 October 2012

**Chief Executive** 

On behalf of the Chelsea and Westminster Hospital NHS Foundation Trust

# 2. Introduction

The Trust will manage health and safety using the process of risk management which includes the identification of hazards, assessment of risks and introduction of control measures. To ensure this the Trust will:

- Adopt a systematic approach to safety. This includes following any standards published by the Health & Safety Executive, NHS or Department of Health which identify priorities and set objectives whereby risks are eliminated or minimised by the correct selection and design of facilities, equipment and processes;
- Provide and maintain safe and healthy working conditions, adequate welfare facilities, safe means of access and egress and take account of all statutory requirements;
- Provide information, operational policies and procedures, training, instruction and supervision to enable employees to perform their work safely and efficiently;
- Make available all necessary safety devices and protective equipment and provide instruction in their use;
- Maintain a constant and continuing interest in health, safety and welfare matters by consulting and involving employees or their representatives;
- Liaise with other employers upon its sites insofar as the activities of these employers affect
  the health, safety and welfare of the Trust's staff, students visitors and patients; and where
  the activities of the Trust may affect the activities of the other employers;
- Carry out a risk assessment when planning new developments, systems of work and when purchasing new equipment;
- Keep and maintain accurate records of accidents, incidents and injuries;
- Evaluate the application of Trust Health & Safety related policies and procedures.

# 3. Organisation and Responsibilities

# **Boards and Committees**

#### 3.1 The Trust Board

In the context of effective corporate governance, management of health and safety risks is a key issue for the Board, who have a collective role in providing committed leadership in the continuous improvement of health and safety performance. The Board will ensure that their actions and decisions always reinforce this commitment, and that they will review the effectiveness of the health and safety management system and performance, at least annually via the Assurance Committee which is a sub committee of the Board.

The Board has a specific responsibility under the Health and Safety at Work etc Act, to prepare a General Policy statement and all staff are expected to comply with this policy, as outlined in the statement.

The Board has a monitoring, review and policy setting role in health and safety.

#### 3.2 Assurance Committee

This is a sub committee of the Board and its aim is to seek assurance on systems, processes and outcomes relating to quality (patient safety, effectiveness and patient experience), staff satisfaction and safety and the environment, and assuring compliance with the Care Quality Commission Standards. It is responsible for assuring the Board that there are effective systems in place for health and safety. It receives a monthly report on health and safety and provides a monthly report on all areas considered to the Board.

### 3.3 Risk Management Committee

The Risk Management Committee is responsible for ensuring that proactive, progressive and continuous improvement in the Trust's approach to risk management is achieved. This includes overseeing the development and maintenance of a risk register and associated risk management processes.

### 3.4 Health, Safety & Fire Committee

The Health, Safety & Fire Committee is responsible for ensuring the development and implementation of a Health & Safety Policy and safety management systems for dealing with safety risk issues, and for encouraging and fostering greater awareness of safety risk management throughout the Trust at all levels. The Health, Safety & Fire Committee will receive regular reports from the safety sub-groups (Sustainability Group, Medical Gas Committee and Security Group).

Health and safety issues are also addressed within clinical areas under the auspices of the Trust's Quality Committee arrangements and these include clinical risk management and control of infection.

# **Individual Post Holders**

#### 3.5 The Role of the Chief Executive

The Chief Executive has prime overall responsibility for Health and Safety. The duty to implement Health and Safety Regulations has been delegated to the Chief Nurse. The Chief Executive will ensure:

- Appropriate management arrangements exist for the Trust to comply with the requirements of health and safety legislation in maintaining and implementing this policy;
- That so far as is reasonably practicable adequate resources will be provided to meet the requirements;
- All managers identified within this policy understand and discharge their specific health and safety responsibilities.

#### 3.6 The Role of the Chief Nurse and Director of Patient Experience and Flow

The Chief Nurse will:

- Chair the Health, Safety & Fire Committee
- Ensure that the Health & Safety policy is reviewed annually or earlier as appropriate;
- Promote a healthy, safe environment by effective communication and coordination on matters of health and safety;
- Ensure that health and safety is given a sufficiently high profile to maintain a culture which encourages effective health and safety management;
- Support the Chief Executive in relation to corporate health and safety responsibilities.
- Ensure that staff have access to fire safety advice as part of their induction and to a range of health and safety related training as required to undertake their roles.

#### 3.7 The Role of the Head of Estates and Facilities

The Head of Estates and Facilities reports to the Chief Nurse on health and safety and ensures competent health, safety & fire advice is available to the Trust.

# 3.8 Health and Safety Consultants

Health and Safety Consultants have been appointed to provide advice on general Health and Safety and to support Trust management and monitor and advise on safety performance. The Health and Safety Consultants have a co-ordinating role in relation to general safety issues including delivering health and safety training, review of risk assessments and audit of the Trust Safety Management System.

The duties and responsibilities are:

on a day-to-day basis to assist the Trust in ensuring, as far as is possible, that
activities comply with the necessary legislation and to advise the management
on safety matters, to ensure that the Trust's procedures for caring for the health,

safety and welfare of its staff and students are of the highest standard and that the health, safety and welfare of the general public is not adversely affected by the Trust's activities:

- to act as the Fire Safety Advisor as required by the NHS Firecode to support the Fire Safety Manager;
- to act as the secretary of the Health, Safety & Fire Committee and follow up any recommendations made:
- to provide on behalf of the Fire Safety Manager training and instruction of staff and students in respect of safety and fire prevention, and to keep them conscious of the problems of safety, and of their responsibility for the safety of those with whom they work;
- to carry out audits of each department at appropriate intervals and provide a report to department managers and safety committees;
- to obtain, where appropriate, expert external advice to ensure that the safety procedures in operation are of the highest necessary standard;
- to act directly as advisor to managers and members of staff on safety matters and, where necessary, to obtain expert advice on their behalf;
- to liaise on behalf of the Trust with the enforcing authorities on all safety & fire issues.
- to support the Trust in achieving NHSLA level 3. In particular to lead on the slips trips and falls standard for staff and others.

The Safety Consultants can be contacted by telephone on 58656 or by email at <a href="mailto:Safety.officer@chelwest.nhs.uk">Safety.officer@chelwest.nhs.uk</a>

#### 3.8 The Role of the Trust Executive Directors

The Trust Executive Directors will be accountable to the Chief Executive for ensuring safe and healthy working conditions. Executive Directors will provide appropriate support to managers within their Divisions to meet their responsibilities for health and safety.

#### 3.9 The Role of Divisional Medical Directors and Divisional Operational Directors

Medical Directors and Operational Directors will implement this policy within their Divisions by operating a safety culture and ensuring adequate communication, training and assessment and monitoring of risks. In particular, this will include:

- Identifying staff within their Division to carry out the roles of Safety Coordinator, Fire Marshall and Radiation Protection Supervisors, as appropriate. The Safety Consultant maintains the list of nominated individuals who have attended the relevant training sessions.
- Ensuring that annual health and safety objectives are defined with key indicators and success criteria established to monitor performance.
- Ensuring that annual budget reviews identify adequate resources and facilities to enable achievement of these objectives.

- Ensuring that mandatory training identified in the Trust training needs analysis is undertaken in the Division.
- Obtaining commitment from their managers to the health and safety risk management system and encouraging them to foster health and safety consciousness, including developing local health and safety policies and procedures within the overall General Statement of Policy published by the Trust.
- Developing, maintaining and reviewing annual Comprehensive Risk Reviews as set out in the Trust's Risk Management Strategy, which reflect local risks and other issues. This should detail the organisation and arrangement for identifying, assessment, preventing and controlling risks and the arrangement for the health and safety training of managers and supervisors. Not sure it does this but another matter
- Ensuring that all incidents, whether injury is sustained or not, are reported and fully investigated, that immediate and underlying causes are identified and recorded, and that appropriate remedial action and lessons are learned and longer-term objectives relating to health and safety are introduced.
- Ensuring that reports from the HSE and other similar sources relating to their Division receive prompt attention and appropriate action.

#### 3.10 The Role of Managers and Supervisors

- To undertake a health and safety audit (comprehensive risk review) once a year, ideally in consultation with the local health and safety representative, prioritising risks identified and developing risk treatment plans to eliminate or minimise exposure. Where risks cannot be eliminated, developing written safe systems of work and ensuring that staff are aware of them through training and supervision. Maintaining a local Risk Register to record assessment outcomes.
- Nominate a Safety Coordinator and sufficient Fire Marshalls for each ward/department. To support the Coordinator/Marshall and ensure they are trained.
- Identify potential occupational health and safety hazards involved in their operations and the precautions to be taken and record those precautions.
- Identify actual and potential hazards at work and ensure either their removal, where possible, or that risk is minimised.
- Produce and update appropriate local Health and Safety Policies, Procedures and assessments.
- Ensure that all relevant policies, procedures and assessments are brought to the attention of, and made available to, staff under their control, and that appropriate warning notices and all instructions are prominently displayed.
- Ensure that staff comply with mandatory health and safety training identified in the Trust training needs analysis.
- Ensure that local induction, and refresher training on health and safety issues is provided, covering policies/procedures, safe systems of work and safe operation of equipment.

- Ensure that all staff are made aware of Trust and Departmental safety policies and procedures, hazards and any other safety information, which they require in order to perform their duties safely.
- Ensure that all appropriate health and safety equipment, protective clothing etc is always available, properly maintained and used.
- Ensure that all supervisors understand instructions regarding health and safety, monitoring staff compliance.
- Investigate and record all accidents/dangerous incidents within their area of control and ensure that any remedial action is implemented as soon as possible reporting to their Director/General Manager as appropriate.
- Ensure that equipment used in the department is safe and adequate for the purpose for which it is intended.
- Ensure that faulty equipment, plant or buildings are reported promptly for repair and adequate steps are taken to put the relevant unit or area out of use in the interim should this be considered necessary.
- Provide reports to the Trust Health, Safety & Fire Committee, that advice on the implications of new legislation, incident trends, areas of concern and overall levels of performance.
- in conjunction with the Occupational Health Department, to maintain where appropriate departmental First Aid arrangements to the required standard;

# 3.11 The Role of the Human Resources and Training and Development Departments

- To ensure all job descriptions define the post holders' responsibilities in relation to health and safety
- To ensure that health and safety training is accommodated within the Trust's training programme
- To ensure that the philosophy of accident and ill health reduction by good management and working techniques is promoted throughout the Trust
- To maintain a computerised database of staff who have received mandatory training throughout the Trust – to include induction; statutory training and ad hoc health and safety courses provided by the Trust.
- To provide reports for managers on compliance against the mandatory standards described in the Trust training needs analysis.

# 3.12 The Role of the Safety Coordinators

Safety Coordinators are appointed by Ward or Department Managers. Safety Coordinators assist the Manager to meet their health and safety responsibilities.

The duties are:

 to understand and apply the Trust's Health and Safety Policy, its guidelines and procedures, as well as the Departmental Health and Safety Policy;

- to liaise with the Manager and Safety Consultant and other health & safety representatives, including representing their Department at the Health, Safety & Fire Committee as required;
- to inform and liaise with the manager to identify training needs, organise training where appropriate, and maintain training records within the department;
- to maintain the local Safety Manual, and other related policies;
- to review at regular intervals all local Health and Safety Policies and operational procedures and advise the Manager when changes are necessary;
- to monitor plant, equipment, processes, working practices, procedures and standards of housekeeping to ensure that they are safe;
- to assist the manager in the preparation of risk assessments;
- to distribute Health and Safety information and draw to the attention of staff particular areas of relevance to work procedures;
- to carry out local safety inspections and maintain records;
- to monitor the selection, use, maintenance and replacement of personal protective equipment (PPE);
- to refer promptly to the manager and the Health and Safety Consultant, any health and safety problems which cannot be resolved locally on a timescale appropriate to the risk;
- to ensure that staff, agency and visiting workers within their areas are familiar with accident procedures, fire precautions and first aid arrangements.

#### 3.13 The Role of Safety Representatives

Safety Representatives may be appointed by recognised Trade Unions and Professional Organisations in accordance with the Safety Representatives and Safety Committees Regulations as modified by the Management of Health and Safety at Work Regulations and the Health and Safety (Consultation with Employees) Regulations.

Their role and functions under the Regulations are recognised by the Trust and they will be afforded the necessary time off with pay to attend any necessary courses and meetings as laid down in the Trust's Time Off for Trade Union Duties/Activities Policy.

A list of currently recognised Trade Unions is maintained and updated as necessary by the Director of Human Resources.

#### 3.14 The Role of Every Member of Staff

All employees have a duty to themselves, colleagues, and to any person who might be affected by their actions, to work in a safe manner. In particular this will include:

 taking reasonable care for the health and safety of themselves and any other person who may be affected by their acts or omissions;

- Cooperating with managerial and supervisory staff to ensure that all relevant statutory regulations, policies and procedures are followed.
- Attending as directed, health and safety training sessions designed to further the cause of health and safety, and increase individual awareness;
- Ensuring that where required, safety equipment/devices are used as directed and appropriate protective clothing is worn.
- Reporting to their manager/supervisor all faults, hazards, unsafe practices, accidents, adverse incidents, dangerous occurrences and near misses whether injury is sustained or not;
- Ensuring that any ill health or medical condition, which may affect their ability to work safely, is reported immediately to their line manager and /or the Occupational Health Department;
- Reporting to their manager any incident of somebody intentionally interfering with, or misusing any equipment or material provided to ensure a healthy and safe environment.

#### 3.15 Contractors

All contractors engaged by the Trust (or their nominated contractors e.g. Norland Managed Services and ISS Mediclean) have a responsibility, as specified in all contract documents to carry out their work in a safe manner in respect of their own staff, sub-contractors, Trust staff and premises, patients and member of the pubic. The Trust policy Controlling Contractors provides further detail.

The Trust will ensure so far as is reasonably practicable, employment of competent contractors who are able to demonstrate that they have in place management systems for safely undertaking work for which they have been employed.

# **Specialist Advisors**

These are employees working within, or managing a department with the Trust and who have designated responsibilities for advising on and ensuring the implementation of Health and Safety measures. Managers within the Trust should refer to these advisors on matters relevant to their speciality, and for assisting in investigating adverse incidents and near misses, and identify solutions to prevent reoccurrence.

### 3.16 Occupational Health Department

The Occupational Health Service, in conjunction with managers, is responsible for promoting and helping to maintain a high standard of good health at work for all staff of the Trust. This encompasses both mental and physical health and well-being. The Occupational Health department is responsible for:

- Work Health Assessments and evaluating any implications for fitness;
- the provision of, or arrangement for, treatment of employees becoming ill or who are injured at work.
- the assessment of the needs of health surveillance programmes and provision of relevant health information on jobs or processes to protect employees health;

- advising management regarding the fitness of individuals and the suitability of working practices;
- the provision of advice on rehabilitation and help with resettlement into appropriate work;
- the provision of advice and care to employees after accidents at work and to provide a monthly report to the Health& Safety Committee to monitor risks to health from accidents;
- the investigation of outbreaks of acute ill-health affecting employees and implementing appropriate control measures and to liaise with Infection Control as appropriate;
- to liaise with others, e.g. Safety Consultants, Infection Control and the Health Safety & Fire Committee, to formulate policy and examine working practices;
- developing health promotion practices to help employees meet and address their health needs and assist employers' responsibilities;
- the implementation of relevant health care programmes, such as an immunisation service;
- the provision of a secondary counselling role and liaison with the Trust Counselling Service.

The Occupational Health Service is provided by the Royal Marsden NHS Trust under contract to Chelsea & Westminster Hospital NHS Trust. The contract is managed by the Director of Human Resources.

# 3.17 Infection Control Team

The Infection Control Team is responsible for undertaking surveillance of infection for the prevention and management of outbreaks and report to the Trust's Infection Control Committee. It will provide education in all relevant aspects of infection control and prepare policies for and give advice on infection control issues.

The Infection Control Team will keep up to date with all new developments and procedures relating to infection control, disseminating this information to all appropriate sectors of the Trust.

In addition to this advisory and monitoring role, in the event of a major infection outbreak, the Consultant Microbiologist and Infection Control Nurses have executive authority, and all managers will ensure compliance with the procedures and advice provided.

#### 3.18 Risk Managers

Risk Managers are appointed by the Clinical Governance Support Team and will work closely with nominated Risk Leads within Directorates and Departments to implement the Risk Management Strategy and policy for the Trust. In particular, the Risk Managers will:

- Support the risk management process to promote incident reporting
- Work with the Health & Safety Consultant, Occupational Health and others to provide a holistic risk management approach

- Forge links with all risk and governance activities
- Provide advice and support

# 3.19 Manual Handling Advisor

The Trust has appointed Manual Handling Advisors to advise on manual handling issues. The main duties and responsibilities are:

- To implement, audit, review and develop the Moving & Handling Policy;
- To assist managers undertake ergonomic workplace assessments;
- To advise the Trust on appropriate handling equipment to complement safe handling practice;
- To develop appropriate codes of practice for safe handling;
- To develop appropriate training programmes and deliver those programmes to Trust employees.

#### 3.20 The Radiation Protection Advisor

The Chelsea and Westminster Hospital NHS Foundation Trust has appointed Radiation Protection Advisors to provide a Radiation Protection Advice service. The role is to provide advice on all matters relating to radiation protection and radiation safety. The role includes review of working practices, advice on environmental requirements and on monitoring; liaison with enforcement bodies and ensuring maintenance of records of all acquisitions and disposals of radioactive substances.

The duties and responsibilities are:

- to assist and consult with the Divisional Medical Directors and managers in drawing up local rules for radiation work, and to ensure that these are updated as necessary in order to be always relevant to the work performed;
- to assist the Trust to comply with relevant legislation and enforcing bodies, e.g. Environment Agency, Health & Safety Executive.
- to ensure that local rules are available to all relevant staff and are applied effectively;
- to instruct individual staff on specific equipment, procedures etc;
- to report to the appropriate manager all incidents, hazards, potential problems with the radiation work, and on any new training requirements;
- to ensure that monitored staff have access to the results of routine dose monitoring;
- to liaise as necessary with the radiation protection service and other safety specialists;
- to review staff doses and investigate radiation incidents;
- to provide radiation expertise with respect to the Ionising Radiations (Medical Exposure) Regulations;

to attend safety and radiation protection committee meetings.

# 3.21 The Radiation Protection Supervisor

Radiation Protection Supervisors are appointed by managers for defined areas. The duties and responsibilities are defined in the Local Rules and include the following:

- to assist the Divisional Medical Directors, managers and the Radiation Protection Advisor in drawing up local rules for radiation work, and to ensure that these are updated as necessary in order to be always relevant to the work performed;
- to ensure that local rules are available to all relevant staff and are applied effectively;
- to instruct individual staff on specific equipment, procedures etc;
- to report to the appropriate manager all incidents, hazards, potential problems with the radiation work, and on any new training requirements;
- to ensure that monitored staff have access to the results of routine dose monitoring;
- to liaise as necessary with the radiation protection service and other safety specialists;
- in conjunction with the Divisional Medical Director or appropriate manager, to consult with the Radiation Protection Advisor on any proposals which will change existing radiation practices, or which will introduce new procedures.

### 3.22 Clinical Engineering Department

The Clinical Engineering Department is responsible for overseeing from a health and safety viewpoint, the selection and subsequent maintenance of medical equipment. In addition they receive, distribute and coordinate responses to Medical Device Agency (MDA) Safety Notices;

#### 3.23 Estates and Facilities Directorate

The Estates and Facilities Directorate is responsible for:

- Ensuring that the estate plant and non-medical equipment is maintained in a safe condition by arranging regular maintenance and inspection schedules.
- Ensuring compliance and record keeping in line with Statutory Instruments, including Health Technical Memoranda, Health Building Notes, Approved Codes of Practice and other mandatory standards, as well as the Electricity at Work Regulations, Provision and Use of Work Equipment Regulations and lifting operations and Lifting Equipment Regulations.
- Ensuring that all contractors employed on Trust sites demonstrate compliance with the Health and Safety at Work Act and associated regulations and are aware of the Trust's Health and Safety Policies and Procedures.
- Ensuring that written records are kept of the communication of health and safety requirements to contractors.

- Ensuring that a "Permit to Work" system is operated where risks to an individual or to the organisation have been identified (e.g. hot work, entry into confined spaces and work involving medical gases);
- Responsible for nominating a competent CDM Co-ordinator for certain projects as required in the Construction (Design and Management) Regulations (CDM).

# 3.24 Security Manager

The Security Manager is responsible for the day-to-day management of the Security Service and for recommending strategies for security risk management across the Trust. This will include monitoring the effectiveness of security and crime prevention measures, identifying and participating in relevant security and personal safety training and awareness sessions and for advising all levels of staff on appropriate security and crime prevention measures.

# 3.25 Health & Safety Organisation Structure

Attached at Appendix 1 is a flowchart describing the organisation arrangements for health and safety management within the Trust.

# 4. Health & Safety Arrangements

# 4.1 Policies, Procedures and Codes of Practice

All Policies, procedures and codes of practice approved by the Trust Executive Quality Committee, Risk Management Committee, the Health, Safety & Fire Committee, the Radiation Safety Committee and Control of Infection Committee are accessible at locations throughout the Trust's premises. This information will also be made available on the Trust intranet as each policy or procedure is reviewed.

Managers shall ensure that each member of staff is made aware of and understands those documents that apply to them.

# 4.2 Identifying Hazards, and Assessing, Controlling & Monitoring Risks

Each area of the Trust is inspected at regular intervals by the Safety Co-ordinator to identify hazards in the workplace. The hazards that cannot be immediately eliminated are subjected to risk assessment.

Assessments are carried out by the Safety Co-ordinator or other competent person. Assessments are recorded in a retrievable format and are produced in consultation with persons directly affected.

Risk assessments are reviewed by the Safety Consultants as part of a rolling programme of safety inspections. Reports are presented to the Safety Committee for consideration and follow up where required.

Safety audits are carried out on a 5-year programme. Executive summaries are presented to the Safety Committee for consideration and follow up where required. Follow up inspections are carried out to monitor progress in implementation of recommendations and reported back to the Safety Committee.

# 4.3 Accident, Incident and Hazard Reporting

All accidents, incidents, hazards, near misses and violent occurrences, which occur on Trust premises, are to be reported on the Trust accident/incident report forms.

Accident/incident report forms are available from Heads of Department/Safety Coordinators or the Safety Consultant. It is the responsibility of the Manager in whose area the accident occurred to ensure that an adequate report is made and followed up where appropriate. The Policy for Incident Reporting must be followed at all times.

Accidents/Incidents & serious untoward events involving clinical risk are reviewed under the auspices of the Trust's Clinical Governance arrangements.

The Safety Consultants review health & safety reports to determine the severity and the remedial actions taken to prevent the accident occurring again. Accidents that fall under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) are reported by the Safety Consultant on behalf of the Trust. Expectations of RIDDOR are set out in section 4.4 below.

# 4.4 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) – Reporting Guidance

Accidents and diseases that arise out of or in connection with work must be reported to the Health & Safety Executive (HSE). The HSE has laid down criteria for these types of accidents etc and some of these are given below.

#### Staff or Visitor Major Injuries/Death

Managers must notify the Trust's Safety Office **IMMEDIATELY** during office hours and the Clinical Site Manager out hours if there is an accident connected with work and:

- A member of staff, or a self-employed person, e.g. contractors, working on our premises dies or suffers a major injury (including as a result of physical violence); or
- A member of the public dies or
- A member of the public (including patients) sustains a major injury.

# Major injuries include:

 Fracture (except to fingers, thumbs or toes), amputation, dislocation (of shoulder, hip, knee or spine), loss of sight (temporary or permanent), chemical or hot metal burn to the eye, electric shock or any other injury leading to unconsciousness or requiring resuscitation, or any injury requiring admittance to hospital for more than 24 hours.

# Accidents That Result in Inability to Work Over 7 Days

 Any accident or incident which leads to a member of staff being unavailable for work for more than seven days.

An over-7-day injury is one which is not "major" but results in the injured person being away from work OR unable to do their full range of their normal duties for more than seven days (including non-work days).

It is this category where it is important that managers inform the Safety Office within 48 hours when they become aware that a member of staff is going to be off work or has been for more than seven days. Examples of this may include injuries as a result of a slip or fall, manual handling, physical or verbal assault etc.

It is recognised that managers may not always know how long a staff member is going to be away immediately following an accident. However, the person must be asked if they were unable to perform normal duties for more than 7 days as soon as they return to work.

#### **Diseases**

Advice must be sought from Occupational Health as soon as possible if a member of staff becomes ill at work or as a result of work.

Reportable diseases include (non-exclusive list):

- Some skin diseases such as: occupational dermatitis.
- Occupational asthma or respiratory sensitisation.
- Infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus.
- Other conditions such as: occupational cancer; certain musculoskeletal disorders including work related upper limb disorder (RSI); hand-arm vibration syndrome.

#### **Dangerous Occurrences**

Dangerous occurrences are specified events which may not result in a reportable injury, but have the potential to do significant harm.

Reportable dangerous occurrences include the following:

- The collapse, overturning or failure of load-bearing parts of lifts and lifting equipment e.g. hoist failure.
- The accidental release of a biological agent likely to cause severe human illness (a hazard group 3 or 4 pathogen) e.g. needlestick injury known to contain pathogen 3 or 4 material Hep B, HIV.
- The accidental release of any substance which may damage health.
- The explosion, collapse or bursting of any closed vessel or associated pipework.
- An electrical short circuit or overload causing fire or explosion.
- An explosion or fire causing suspension of normal work for over 24 hours.

Should any of the above occur the Safety Office should be contacted **IMMEDIATELY** on extension 58656.

## 4.5 Training and Information

Training is an indispensable ingredient of an effective health and safety system and it is essential that all grades and disciplines of staff are trained to perform their job effectively and safely.

All managers will identify the health and safety training needs of their staff as part of the personal development planning process. All staff identified as Safety Coordinators, COSHH Assessors, Fire Marshalls and Safety Representatives will attend health and safety training specific to their needs.

General health and safety awareness will be included in the Trust Induction Programme, reinforced with more specific training as part of Department induction. Additional training will be provided when staff are exposed to new or increased risks because of a change in responsibilities or place of work. Refresher training will be provided as appropriate and in line with the Trust Policy for Statutory & Mandatory Training.

Managers will ensure the maintenance of training attendance records and that inadequate attendance is rectified.

#### 4.6 First Aid

The Trust maintains suitable numbers of first aid personnel to deal with minor accidents and emergencies at the workplace. These personnel have sufficient training and qualifications in accordance with statutory requirements. Members of staff should familiarise themselves with who is their nearest first aider. Further information is contained in the Trust First Aid Policy.

# 4.7 Emergency Procedures

The Chief Executive will ensure that arrangements are in place for the development of robust plans to deal with all situations which may present serious and imminent danger to the health and safety of people. These include for example:

- Major incident and Internal Disaster Plans
- Fire Evacuation Plans
- Estates continuity plans for loss of utilities and services

- Bomb theatres
- Radiation and chemical release

Managers will ensure that all staff within their area are familiar with these arrangements and have received suitable training. Managers will also ensure that other people who are in their area are informed of an emergency and of the arrangements in place to handle it.

# 4.8 Monitoring This Policy

The Chief Nurse and Director of Patient Flow and Patient Experience will ensure that the Health, Safety & Fire Committee review this policy on an annual basis. The effectiveness of the policy and arrangements are monitored by the Health, Safety & Fire Committee by reviewing the following indicators:

- Mandatory Health & Safety training compliance
- Incidents graded yellow and above
- Risk assessments graded orange and above
- Body fluid exposure trends and patterns
- Violence and aggression trends and patterns
- Waste non-conformity
- Health & safety performance feedback from Divisions.

Any changes made by the Trust Executive and/or Trust Board which have an impact on the arrangements set out in this policy will be brought to the attention of the Health, Safety & Fire Committee and amendments proposed to the policy, as necessary.

#### APPENDIX 1: SAFETY MANAGEMENT STRUCTURE

