

# Corporate Health and Safety Policy

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# Corporate Health and Safety Policy

## Version Control Sheet

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| 1       |                         |  | 2007          | T Patrick    |
| 2       |                         | Slips Included   | 2009          | T Patrick    |
| 3       |                         | Review incorporated falls from height                  | 2010          | T Patrick    |
| 4       |                         | Review complete policy                                 | Jan 2012      | M Smith      |
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| 7       | All                     | Change from BU Managers and addition of document links | Oct 2016      | John Pricor  |
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# Lincolnshire Community Health Services NHS Trust

## Corporate Health and Safety Policy

|                             |  |
|-----------------------------|--|
| <b>Background</b>           | This policy has been developed in accordance with the general requirements of Section 2(3) of the Health & Safety at Work Act 1974.  |
| <b>Statement</b>            | A detailed statement of intent is a feature of this Policy   |
| <b>Responsibilities</b>     | General organisational responsibilities are a feature of this Policy   |
| <b>Training</b>             | There are no specific training requirements for successful implementation of this Policy. Awareness of its existence and content are covered under the dissemination heading |
| <b>Dissemination</b>        | The Trust will ensure that this Policy is embedded throughout the organisation, the means by which will include; Trust induction, Newsletter and Local Team Brief            |
| <b>Resource implication</b> | Adequate resource will be provided to disseminate and implement the policy.  |

# Lincolnshire Community Health Services NHS Trust

## Corporate Health & Safety Policy

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# 1. HEALTH AND SAFETY – STATEMENT OF INTENT

As the Chief Executive I accept responsibility for ensuring, so far as is reasonably practicable, the health, safety and welfare of the Trust employees and other persons who may be affected by its acts or omissions. The Trust will take steps to ensure compliance with the relevant statutory provisions and good practice requirements.

I believe it is the responsibility of management to lead by example and encourage employees to actively participate in the development and maintenance of an open and transparent culture that acknowledges individual accountability for health, safety and wellbeing performance.

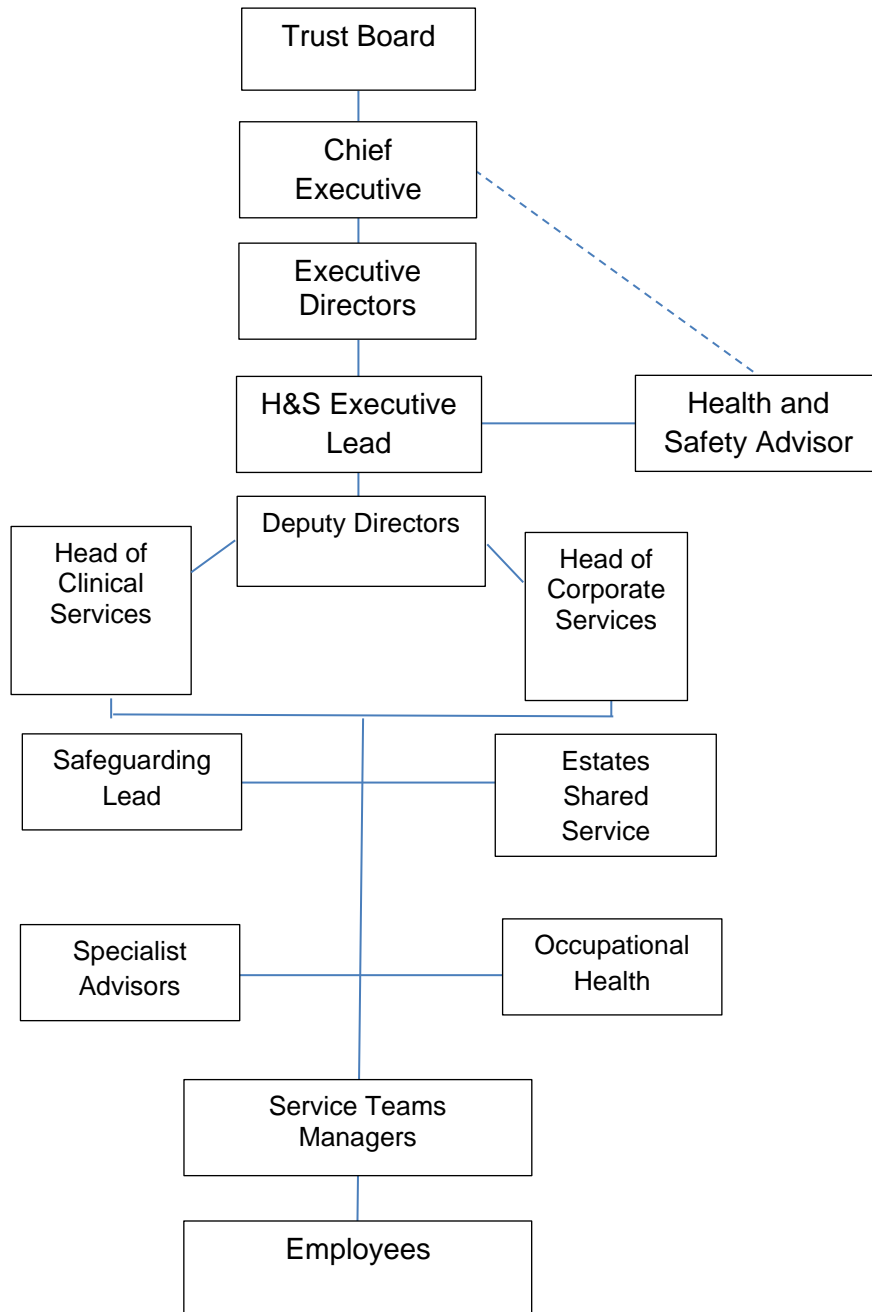
The Trust is committed to;

- Providing and maintaining adequate resource to develop, implement, monitor and review its management arrangements for health, safety and wellbeing
- Providing and maintaining safe places of work, environments, equipment and systems of work for all of our employees, at least to the standards required by relevant statutory provisions, approved codes of practice and recognised good working practices
- Delivering a robust sustainable risk assessment process to identify work related hazards which will provide the Trust with the ability to devise and implement effective preventative and protective measures
- Ensuring employees are provided with adequate information, instruction, training and supervision to enable them to work safely.
- Ensuring robust monitoring of its management arrangements for health, safety and wellbeing
- Identifying and applying continual improvement to its management arrangements for health, safety and wellbeing
- The provision of timely and effective communication and consultation with employees in respect of health, safety and wellbeing.
- Encouraging employees to cooperate with each other on matters relating to health, safety and wellbeing
- Monitor, audit and regularly review this Policy and measure safety performance

Any revision to this Policy or its management arrangements will be publicised and communicated to all employees.

Maz Fosh  
Chief Executive  
Lincolnshire Community Health Services NHS Trust  
Dated: .....

## 2. ORGANISATIONAL CHART FOR HEALTH, SAFETY AND WELLBEING



### 3. SCOPE OF THIS POLICY

This is a Trust-wide Policy and is relevant to all members of Lincolnshire Community Health Service (LCHS) staff, non-LCHS employees, students, contractors and visitors.

### 4. PURPOSE OF THIS POLICY

The purpose of this Policy is to demonstrate the Trust's commitment to comply with the general requirements of the Health and Safety at Work etc. Act 1974, other statutory provisions. To manage workplace hazards and provide an approved systematic approach and guidance to enable staff to effectively manage risk. More specifically policy details include:

- **The Statement of intent** – made by the Chief Executive commits to striving for high standards of Health and Safety in the Trust
- **Organisation and responsibilities** (people and their duties). This part outlines the management structure and health and safety responsibilities of managers and employees
- **Arrangements** (systems and procedures) includes the significant findings of risk assessments in working instructions and practices (arrangements for ensuring that people work safely).

### 5. DEFINITIONS

Hazard - A hazard can be defined as anything with the potential to cause harm, loss or suffering and can relate to all kinds of situations including clinical treatments and the financial position as well as the traditional health and safety issues.

**Risk** – The threat or possibility that an action or event will adversely or beneficially affect the Trust's ability to achieve its objectives. It is measured in terms of likelihood and consequence..

**Risk Register** – The tool for recording identified risks and monitoring actions and plans to mitigate and reduce risks.

**Risk Management** - 'All the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate and anticipate them, and monitoring and reviewing progress'.

### 6. ORGANISATIONAL RESPONSIBILITIES

Health and Safety is a management function and the responsibilities for it are delegated down through the management structure.

Chief Executive



The Chief Executive is responsible for;

- Ensuring that robust Health & safety policy is produced, and management arrangements are established.
- Providing assurance to the Trust board that robust monitoring of its management arrangements for health, safety and wellbeing is on-going and continual improvement remains a primary objective
- Securing and maintaining adequate resource to develop, implement, monitor and review its management arrangements for health, safety and welfare
- Leading by example for development of a Trust culture which expects individual accountability for health, safety and wellbeing

#### Executive lead for health, safety and wellbeing

The executive lead for health, safety and wellbeing will be responsible for;

- Ensuring that health & safety management arrangements are implemented.
- Providing assurance to the Chief Executive that robust monitoring is on-going and continual improvement remains a primary objective
- Advising the Chief Executive of the level of resource required to develop, implement, monitor and review its management arrangements for health, safety and wellbeing
- Submitting health and safety reports to the Trust board
- Representing the Chief Executive as executive lead for health, safety and wellbeing with external stakeholder organisations
- Ensuring effective and timely consultation is maintained with employees in relation to any organisational or activity changes that may impact upon health, safety or wellbeing
- Collaborating with the Trust's Health and Safety Advisor to develop robust management and performance monitoring arrangements for health, safety and wellbeing.
- The role of chairperson for the Trust's Health and Safety Committee
- Leading by example for development of a Trust culture which accepts individual accountability for health, safety and wellbeing

#### Senior management (Service Leads)

Senior management will be responsible for;

- Supporting the chief executive and executive lead for health, safety and wellbeing by ensuring all related policies and management arrangements are effectively implemented and monitored in their area of responsibility
- Devising, publicising, managing and reporting upon health, safety and wellbeing plans
- Being supportive of line management to implement and monitor related policies and management arrangements in their area of responsibility
- Ensuring health, safety and wellbeing is an agenda item and reported upon at meetings
- Being supportive of the management self-assessment process
- Monitoring the progress and outcomes of devised corrective action plans, ensuring significant identified issues which cannot be rectified within the Service are escalated to the corporate risk register
- Ensuring adequate and related health, safety and wellbeing information, instruction, training and supervision is on-going in their area of responsibility.

- Supporting the function, role and responsibilities of the Trust's health, safety and wellbeing committees by regularly attending and submitting reports
- Consulting in a timely manner with employees in relation to any organisational or activity changes that may impact upon health, safety or wellbeing
- Maintaining personal knowledge and understanding of health, safety and wellbeing commensurate with their individual role and responsibilities
- Leading by example for development

#### Line Management

Line management will be responsible for;

- Supporting senior management and their immediate line manager by ensuring all related policies and management arrangements are effectively implemented and monitored in all areas of their organisational responsibilities
- Ensuring that the personnel they manage are competent in their duties.
- Being fully supportive of any health, safety and wellbeing performance monitoring process
- Ensuring the management self-assessment process is completed in a timely manner and corrective action plans are devised and progressed as necessary
- Progressing actions to the desired outcome which are highlighted within corrective action plans, ensuring significant identified issues which cannot be rectified within their area of responsibility are escalated to senior management
- Implementation of suitable and sufficient risk assessment processes in all areas within scope of their organisational responsibilities
- Ensuring adequate and related health, safety and wellbeing information, instruction, training and supervision is on-going within in their area of responsibility
- Consulting in a timely manner with employees in relation to any organisational or activity changes that may impact upon health, safety or wellbeing
- Maintaining personal knowledge and understanding of health, safety and wellbeing commensurate with their individual role and responsibilities
- Leading by example

#### Health & Safety Advisor

The Health and Safety Advisor will be responsible for;

- Providing a consistent, pro-active and competent advisory service to the Trust
- Devising and progressing to Trust ratification health, safety and wellbeing policies and procedures
- Supporting senior management to devise annual health, safety and wellbeing plans and monitor progress against agreed timeframes
- Supporting senior management and line management teams to implement a management self-assessment process in areas that fall within their operational responsibility
- Supporting senior management and their line management teams to implement and monitor all related policies and management arrangements in their area of responsibility
- Representing the Trust as the primary lead and initial contact for health, safety and wellbeing with external stakeholders
- Collaborating with the organisational development team to develop and present health and safety training
- Monitor, review progress and report upon annual health, safety and wellbeing plans and any subsequent corrective action plan

- Monitor, review progress and report upon management self-assessments and any subsequent corrective action plans
- Support the investigation process for adverse incidents
- Liaise with, and support as necessary the clinical services to progress health, safety and wellbeing in their area of responsibility
- Submit reports to the executive lead for health, safety and wellbeing

#### Employees

All employees will be responsible for;

- Supporting the Trust to safeguard the health, safety and wellbeing of employees and others who may be affected by its undertaking.
- Taking reasonable care of their own health, safety and wellbeing, and that of other people who could be affected by their actions
- Cooperating with any reasonable Trust health, safety or wellbeing related instruction
- Ensuring they do not misuse anything provided for health, safety or wellbeing purposes
- Wearing and taking reasonable care of any Personal Protective Equipment (PPE) that is issued in pursuance of safeguarding the individual's health, safety and wellbeing
- Reporting adverse incidents
- Reporting to their manager any health and safety matter they cannot or do not feel competent to deal with themselves and any perceived failings in the health and safety arrangements.

#### Health and Safety Committee

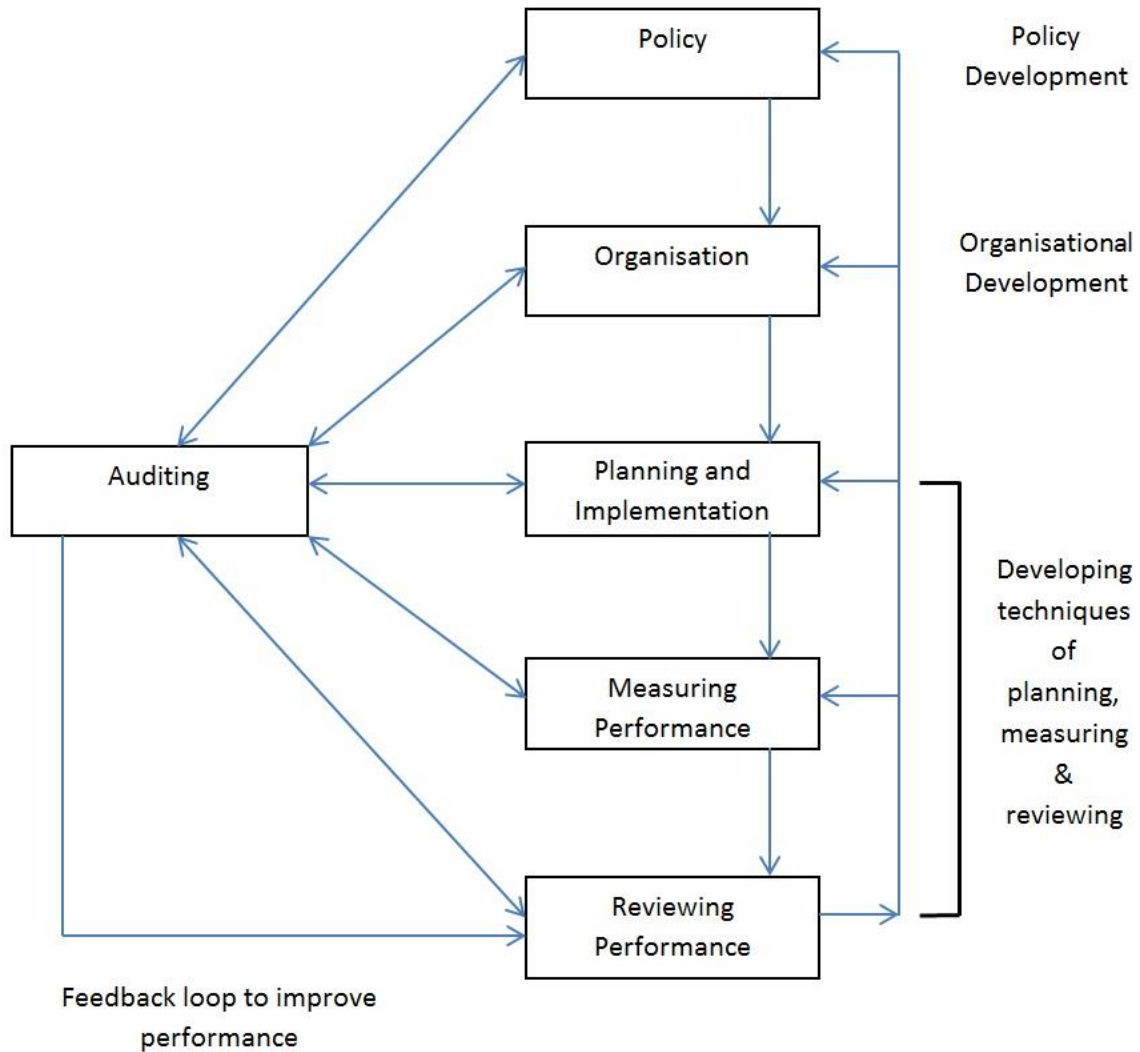
The Trust's Health and Safety Committee will on behalf of the Trust Board;

- Maintain awareness of regulatory changes, approve code of practices' and healthcare guidance
- Actively support continual improvement in all aspects of health and safety compliance
- Promote change to meet compliance with current legislation and good practice
- Promote shared learning post incident through an effective lessons learned process
- Monitor and report upon health and safety performance

## 7. MANAGEMENT ARRANGEMENTS

The Trust will implement a systematic approach to the management of health, safety and wellbeing.

The Key elements model



## Policies and Procedures

This policy provides an umbrella framework for specific policies and procedures developed within scope of the Trust's management arrangements. Prior to implementation individual policies and procedures pass through a structured consultation, approval and ratification process.

The consistent and effective application of policies and procedures will be actively reviewed and monitored through a management self-assessment and audit process.

Policies and procedures will be revised to meet and reflect both legislative and operational change or identified best practice. Any such revisions will be re-issued and disseminated in strict accordance with existing Trust procedures.

Policies and procedures will remain current under a strictly controlled version control process.

The following provides an overview of the general arrangements. For further details you should refer to the specific documents where referenced.

## **8. GENERAL ARRANGEMENTS**

### **8.1 Risk Assessment and Risk Management**

The Trust will apply systematic risk management processes to identify and understand Health and Safety hazards encountered through our activities and introduce procedures to reduce the associated risks.

This is achieved by:

- 1 Managers undertaking reviews of their activities (Risk Assessments using the forms and examples provided) and then actioning the control measures identified at local level establishing and where necessary also recording work instructions and procedures
- 2 Operationally through staff following safe systems of work. This will typically include adhering to standard operating procedures (SOPS) and adopting good clinical practice.
- 3 Where necessary staff will undertake dynamic risk assessments and adapt their own working practices and the way they follow SOPS to best safeguard and suit the needs of the patient.

Managers will ensure that:

- 1 They and the staff under their control follow Safe Working Practices, Identifying and removing hazards, assessing risks and taking steps to safeguard themselves as a routine integral part of their daily activities.
- 2 Where new tasks or a change in working methods require a more methodical and detailed approach then they will undertake a risk assessment using the risk assessment process and form.

3 Where possible they will implement any actions to remove or control the risks identified through the assessment. Where this is not possible the issue must be reported to their line manager.

4 The controls are reasonable and the remaining risk is low

Employees will:

1 Work in accordance with procedures and instructions from their Managers on the steps they must take to minimise risks.

2 Take responsibility for themselves and others around them, adopting working practices that identify and remove hazards or put into place actions to minimise risks.

*For further guidance the relevant procedure is located on the Trust side website under Patient Safety, Health & Safety*

- *Health & Safety Management System, Section 8 example risk assessments*
- *Health & Safety Management System, Section 6 H&S forms*

## **8.2 Health and Safety Inspections**

Health and safety inspections are an invaluable way of identifying potential workplace hazards before they cause a health and safety problem.

To facilitate effective inspections the Trust has produced inspection checklists. The health and safety checklist can also be used to assist with the hazard identification as part of the risk assessment process.

Managers are responsible to ensure health and safety related inspections of the areas under their control are carried out;

*For further guidance the relevant procedure is located on the Trust side website under Patient Safety, Health & Safety*

- *Health & Safety Management System, Section 4 Safe working procedures*
- *Health & Safety Management System, Section 6 H&S forms*

## **8.3 Working at Height**

The Trust will comply with the requirements of the Working at Height Regulations. Working arrangements will aim to avoid working at height and undertake tasks at ground level. Where this cannot be achieved then we will ensure control measures are implemented to safeguard all those involved.

Staff will be provided with kick stools and small stepladders to access items stored on shelves and cabinets as required. Technical staff may use larger stepladders and extension ladders. These will be inspected prior to each use and used in accordance with HSE advice (see below) and any training given.

Lone workers are prohibited from working above a height of 1 metre (typically higher than kick stools and small steps)

### Step Ladders

The use of step ladders in an office environment is working at height. Therefore, before considering the use of steps to access items which may be stored in high places priority must be given to relocating items where steps are not required, this may be on lower shelves. Only when it is reasonably practicable not to achieve this then the use of height access equipment may be considered.

All step ladders must meet the British Standards of BS 2037 or BSEN 131 Class 1 Industrial and all kick stools must meet the British Standards of BS 7377 or BSEN 131. Staff whose role involves the use of stepladders should ensure that they are in good condition prior to each use, are fully opened and sited so as to face the direction of working.

Further guidance on the safe use of stepladders is available online from Health and Safety Executive website see:-

- Safe Use of Ladders and Step Ladders INDG 402
- Top Tips for Ladder and Step Ladder Safety INDG 405

The H&S adviser can provide advice and training if required

### Kick Stool Safety

Likewise the kick stools can provide a means of access to high shelves and should only be used when other methods of control have been exhausted. Before using a kick stool for the first time the user must familiarise themselves with how it works. They should also inspect a kick stool each before use

Managers will ensure that:

1. Working at height is avoided whenever possible
2. Where not possible it is undertaken safely by staff who are competent using the correct equipment.

Employees will ensure that they:

- 1 Avoid working at height wherever possible
- 2 Use the control measures and equipment provided to allow safe work at height in accordance with the instruction and training given
- 3 Inform their line manager if they are unsure as to the safe procedure

*For further guidance the relevant procedure is located on the Trust side website under Patient Safety, Health & Safety*

- *Health & Safety Management System, Section 4*

## **8.4 Prevention of Blood Borne Virus Infection**

Individuals whose work involves potential contact with the blood or body fluids of an infected person are at risk of being infected with blood borne viruses (BBVs). The

commonest BBVs of relevance are Human Immunodeficiency Virus (HIV), Hepatitis -B (HBV) and Hepatitis -C (HCV).

Blood and body fluids of ALL people should be considered to be potentially hazardous; Urine, faeces, saliva, sputum, tears, sweat and vomit present minimal risk of blood borne infections, unless contaminated with blood, although there may be other hazardous components present.

The Trust has a duty of care to protect staff, who must take precautions to protect themselves and others from blood or body fluid contact. In particular prevention of needle stick or similar injuries i.e. injuries with needles or sharp objects that have had contact with blood, splashing onto eyes, nose, mouth or when a human bite breaks the skin: when the dermal layer is breached.

For further more detailed guidance and information can be sort from Infection Prevention Team or the Occupational Health Service provider.

## **8.5 Fire Prevention and Management**

The Trust will take steps to safeguard its personnel, premises and assets from the threat of fire.

### **Managers will ensure that:**

- A Fire Risk Assessment has been carried out for their premises and the significant findings recorded locally
- The Fire Safety arrangements identified by the above are implemented
- Fire procedures have been drawn up and notices are displayed in convenient positions where persons can read them.
- Employees are familiar with the fire procedure
- Sufficient employees are nominated and trained as fire marshals
- Corridors and stairwells are kept clear and not used for storage
- Waste materials are prevented from accumulating and removed regularly.

### **Employees will ensure that they:**

- Do not allow files, paper and other combustibles to accumulate around electrical equipment
- Pay particular attention to checking work areas before leaving to ensure nothing has been left which could lead to a fire developing
- Ensure that all electrical equipment that need not be left on (such as, desk fans, computers, photocopiers and kettles) is switched off at the socket outlet
- Keep electrical equipment that must be left on, clear of combustible materials



- Keep corridors and stairwells clear and not use them for the storage of equipment and waste materials
- Follow the procedures in the event of discovering a fire or hearing the fire alarm.

*For further guidance the relevant Policy is located on the Trusts public side website under Health & Safety*

- *P\_HS\_16 Fire Safety Policy*

## **8.6 Manual Handling / Musculoskeletal Disorders (MSDs)**

The Trust will endeavour to avoid the need for hazardous manual handling. Where it cannot be avoided the risks of injury will be assessed and control measures put in place to reduce those risks.

All staff will receive manual handling training at induction and then as defined in the Trust's formal and mandatory training. Additional training can be provided if a risk assessment has identified it as being required

Bespoke training is also available for new lifting and emergency evacuation equipment on request to the Moving and handling coordinator

Managers will ensure that:

- 1 Manual handling operations involving significant lifting, carrying, pushing or pulling are avoided where reasonably practicable
- 2 Where the above is not achievable, the risks are assessed, and measures implemented to reduce the risk of injury to both staff and patients. Refer to MH policy and Guidance
- 3 Employees are not required to carry out manual handling operations beyond their individual capacity.
- 4 The significant findings of assessments are implemented into work practices, monitored and reviewed and recorded where necessary.

Employees will ensure that they:

- 1 Assess risks and do not attempt to lift or move anything they consider to be too heavy or awkward for them
- 2 Adopt the control measures detailed in manual handling risk assessments and procedures
- 3 Seek help where necessary
- 4 Use the correct moving and handling techniques to minimise the risk of injury
- 5 Report to their manager any task which they feel is beyond their capability

*For further guidance the relevant Policy is located on the Trusts public side website under Health & Safety*

- *P\_HS\_04 Manual Handling Operations (MHO)*

## **8.7 Slips, Trips and Falls**

Slips and trips resulting in falls are the most common cause of major injuries in all workplaces. Most slips occur in wet or contaminated conditions and most trips are due to poor housekeeping. Slip, trip, fall incidents can be cut dramatically through good planning, positive management and good housekeeping.

The Trust requires all staff to be responsible to ensure their work areas are kept tidy and pedestrian routes and stairs are unobstructed with no items protruding into the walkways and to ensure all spillages are cleaned up using appropriate methods for the contaminant

*For further guidance the relevant Policy is located on the Trusts public side website under Health & Safety*

- *P\_HS\_01 - Prevention of Slip, trip and falls – Clinical*

*And for Slip, trip and falls – Non Clinical the relevant procedure is located on the Trust side website under Patient Safety, Health & Safety*

- *Health & Safety Management System, Section 15*

## **8.8 Storage and good housekeeping**

Inappropriate storage of items or supplies can create tripping hazards and obstructions and increase the risk of fire. Storage space is at a premium. Line managers should ensure that staff are made aware of the housekeeping requirements and that the storage of articles in their locations does not give rise to any fire or health and safety risks.

Articles must not be stored where they will block or restrict access to fire escape routes, extinguishers or obstruct gangways. Items should not be kept on top of cabinets, or in other places where they can become dislodged and fall onto persons. Where articles are kept on shelving at above shoulder height, they must not be heavy in nature or bulky and a suitable platform stepladder should be provided to allow safe access.

## **8.9 Vibration**

Hand Arm Vibration is a form of vibration that is transmitted into the hands and arms as a result of carrying out work tasks with hand held mechanical equipment. Regular and frequent exposure to HAV can lead to two forms of permanent ill health known as:

- Hand-Arm Vibration Syndrome (HAVS)
- Carpal Tunnel Syndrome

Symptoms of both may come and go, but with continued exposure to vibration they may become prolonged or permanent and cause pain, distress and sleep disturbance. This can happen after only a few months of exposure, but in most cases it will happen over a few years.

The Trust will reduce and where possible eliminate HAVS. The vibration levels of the tools used in, but not limited to, maintenance activities, podiatry and operating theatres

and the times spent using them, typically below half an hour per day, results in exposures below the exposure action value.

## **8.10 Noise**

Noise at work can cause hearing damage that is permanent and disabling. This can be hearing loss that is gradual because of exposure to noise over time, but also damage caused by sudden, extremely loud noises. The damage is disabling as it can stop people being able to understand speech, keep up with conversations or use the telephone.

Wherever possible, noise levels will be reduced to a minimum by offering distance, suppression, substitution or by adhering to the manufacturer's recommendations.

The work environment at LCHS is not generally noisy.

Where persons use noisy equipment, hearing protection will be provided for comfort.

If staff, patients or visitors are likely to be exposed to loud noise, for example that you would have to raise your voice to talk over at a distance of 2 metres, hearing protection must be provided and worn. This is the case with Estates technicians using power tools.

Where noisy works or processes are anticipated, the H&S adviser must be contacted to undertake a risk assessments to determine whether any staff, patient or visitor are at risk from exposure to noise and what action may be necessary to prevent or adequately control that exposure.

*Further advice regarding Noise, HAVS, vibration assessments and tool ratings can be obtained from the Trust Health & Safety Advisor*

## **8.11 Provision of Work Equipment**

### **Work Equipment**

Any equipment used at work e.g. medical devices, hand tools, ladders, machinery, computers, photocopiers, and motor vehicles, is work equipment.

The Trust will provide safe and suitable equipment. It will achieve this by:

- 1 Only purchasing quality items, with relevant conformity approval from quality suppliers
- 2 Undertaking adequate research and development (R&D) on new equipment. This may be through specific projects or commissioned on the Trusts behalf.
- 3 Working in partnership with others on joint procurement projects

The Trust will maintain that equipment in efficient working order and good repair.

It will achieve this by:

- 1 Recording significant items and monitoring there lifecycle through its asset management system

- 2 Staff making pre use visual checks and reporting defects
- 3 Statutory inspections through our insurers, administered, monitored and actioned as required by Estates
- 4 Contracted service and maintenance on medical devices, vehicles, core equipment and specialist items
- 5 Operating a defect reporting system

The Trust will provide information, instruction and training to ensure the safe use of work equipment. It will achieve this through:

- 1 Initial familiarisation and training
- 2 Refresh training including hands on practical use as required
- 3 Manufacturer/supplier provided training on specialist equipment with specific risks
- 4 Manuals and operating instructions available on site

*For further guidance the relevant procedure is located on the Trust side website under Patient Safety, Health & Safety*

- *Health & Safety Management System, Section 4*

## **8.12 Lifting Equipment (Including Patient Hoists)**

Lifting equipment includes any equipment used at work for lifting or lowering loads, including attachments used for anchoring, fixing or supporting it. Examples: patient hoists, passenger lifts, Mobile Elevated Working Platforms (MEWPS), vehicle tail-lifts. Items designed to lift are regulated by Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and other items by the Provision and Use of Work Equipment Regulations (PUWER).

The Trust will ensure, through its managers, that:

- All lifting equipment including hoists and slings are used are maintained in accordance with the manufacturer's instructions and a copy of these instructions are available as guidance
- All hoist and sling combinations to be compatible and appropriate for the patient and that risk assessments are repeated if the equipment combination or the patients' condition(s) changes and recorded on SystmOne for that individual patient
- Staff are trained in the specific equipment and techniques so that they have the skills and competence to carry out the handling plan and understand the risks and measures to control them

- That staff visually inspected lifting equipment and accessories including hoists and slings tags before use and are removed from service if defects are found – This must be reported on Datix IR1
- All slings are to be cleaned in accordance with the manufacturer's instructions and infection control procedures
- Disposable slings are to be for single patient designated use and must be used in concordance with manufacturers' instructions only
- Any person not trained on hoists are not to use them

An external service provider will be contracted through estates to undertake LOLER and PUWER examinations, Equipment will be marked to show it has been inspected and passed as safe to use.

Contractors needing to use their own lifting equipment will also need to provide proof of examination, appropriate risk assessments and method statements where necessary to LCHS.

Should there be any confusion regarding lifting equipment, refer to the manufacturer's instructions or LCHS Health & Safety Advisor.

*For further guidance the relevant procedure is located on the Trust side website under Patient Safety, Health & Safety*

- *Health & Safety Management System, Section 4*

### **8.13 Driving on Works Business**

All staff that drive on LCHS Trust business, whether using a fleet vehicle, lease car or private vehicle must follow the laws applicable to driving and Trust guidance and procedures provided by the Workforce Services (Formally HR).

### **8.14 Electrical Safety**

All reasonable steps will be taken to secure the health and safety of those who use, operate or maintain electrical equipment.

The head of estates is responsible for the inspection and test of all portable appliances.

All personnel will subject all electrical items to a visual inspection prior to each use. Items that are defective will not be used and the defect reported immediately to operational support. Battery power/low voltage tools (110v centre tapped earth) will be favoured over 240 volt. RCD s will be used.

In order to reduce the risks associated with electricity at work, the trust will ensure:

- that electrical installations and equipment are installed in accordance with the IEE Regulations
- that fixed installations are maintained in a safe condition by carrying out routine safety testing.
- safe systems of work for maintenance, inspection or testing are promoted and implemented.
- the only work undertaken on live equipment will be limited to diagnostic testing/fault finding using appropriately insulated/protected tools, test instrumentation/meters.

This work will only be undertaken when it is unreasonable to be able to achieve a satisfactory result working on the equipment made dead.

Engineers must not undertake any other work on live equipment. They must always isolate and prove dead before attempting to effect repair and not turn the equipment back on until it is re-assembled and electrical integrity has been restored.

- that employees who carry out electrical work are competent to do so.
- suitable personal protective equipment is provided if required to include special tools, protective clothing and insulating screening and such equipment is maintained in good condition.
- safety information is exchanged with clients and contractors.

If you believe there is a fault with an electrical appliance or installed system – do not use, isolate if safe to do so, label 'do not use' and report immediately, using Datix IR1 system.

*For further guidance the relevant procedure is located on the Trust side website under Patient Safety, Health & Safety Health & Safety Management System, Section 13*

### **8.15 Display Screen Equipment**

The Trust acknowledges that work at incorrectly adjusted workstations over long periods without regular breaks will present a risk to health. It will take steps to ensure that:

- Workstations comply with requirements of the schedule to the Regulations
- Those employees who regularly use display screen equipment are identified as “users” and afforded the rights given them by the regulations
- All personnel that use DSE are made aware of the hazards and risks involved in DSE work
- Managers are responsible for ensuring that Users complete a DSE assessment for their workstation and for reviewing that assessment.
- Users are entitled to free eye tests and corrective appliance (subject to terms and conditions within the DSE Policy)

*For further guidance the relevant procedure is located on the internet under P HS14 Display Screen Equipment Policy*

### **8.16 Work Related Stress**

Stress is the reaction people have to excessive pressures or other types of demand placed on them. Contributing factors to harmful levels of stress include the working environment, work overload/underload, working relationships (e.g. bullying or harassment), changes taking place, poor communication and organisational style.

If prolonged, the Trust recognises that work-related stress can lead to reduced staff performance, commitment, motivation, and productivity, which will increase sickness

absence and absenteeism. This may eventually lead to reducing the care provided to patients.

- Managers are responsible for identifying and managing the potential causes of stress within the workplace
- Staff have a responsibility to report to their team leader or manager when they are experiencing times of stress that will have an impact on their work, health or wellbeing
- All team leaders must deal with raised issues of stress in a sensitive and constructive manner and in accordance with the 'Managing stress at Work Policy'
- Where necessary suitable stress risk assessment must be recorded

*For further guidance the relevant Policy is located on the Trusts public side website under Health & Safety*

- *P\_HS\_09 - Managing Stress at Work Policy*

### **8.17 Security, Violence and Aggression**

The trust will not tolerate violence towards its employees at work. It seeks to minimise the vulnerability of employees to violent disturbing behaviour, including threats, intimidation, verbal abuse and bullying as well as physical assault.

Managers are responsible for ensuring that the appropriate assessments and procedures are in place and that staff have received appropriate training. All staff and managers are responsible for:

- Complying with the local arrangements and procedures designed to aid security
- Informing the appropriate team leader or manager if they have any security related concerns
- Reporting all acts of violence and aggressive behaviour to your team leader or manager and always complete the Trust's IR1
- Attending the appropriate conflict resolution training as required by mandatory training and line manager
- The LCHS Trust has an Security Management Specialist who will be available to offer specialist guidance and advice to staff and managers
- In partnership with NHS Protect, the Trust will seek to hold to account those who have committed crime against NHS organisations and NHS employees by detecting and prosecuting offenders and seeking redress where viable.

*For further guidance the relevant Policy is located on the Trusts public side website under Health & Safety*

- *P\_HS\_18 Security, Violence & Aggression Policy*

### **8.18 Lone Working**

The Trust defines a lone worker as any individual who, in the process of carrying out their duties on behalf of the Trust, may find themselves working alone or in an area isolated from colleagues. This will include:

- Health professionals on home visits
- Ancillary/ security staff working in buildings or patrolling on their own

- Staff who work from home
- Staff working out of hours or returning to the site when on-call
- Staff working separately from others
- Drivers

The Trust recognises that any member of staff may spend a limited amount of their working time 'alone', there are some circumstances where staff are required by law not to work alone. These situations are and not limited to:

- Young persons under the age of eighteen years who must be working under direct supervision of a competent person
- People who work in confined spaces
- Persons who work at or near electrical conductors

Managers are responsible for making sure that lone working is avoided if possible; there are suitable risk assessments for lone working with appropriate personal safety plans and systems before the lone worker commences. Staff who are required to lone work, make sure that you are aware of the risk assessments and personal safety plan.

*For further guidance the relevant Policy is located on the Trusts public side website under Health & Safety*

- *P\_HS\_03 Lone Working Policy*

## **8.19 Homeworking**

Under the Management of Health and Safety at Work Regulations 1999, the Trust is required to carry out a risk assessment of the work activities carried out by the home worker, with the aim of identifying hazards (factors that could cause harm) arising from the work activity and deciding whether sufficient steps have been taken to prevent harm to the employee or anyone else who may be effected by the work activity.

The type of work activities undertaken by staff working from home are likely to be restricted to computer-based work or clerical work. Therefore the main hazards arising from this type of work include:

- Poor posture
- Visual fatigue
- Environmental factors such as temperature, ventilation etc.
- Use of electrical equipment
- Stress - arising from isolation, lack of support from colleagues or managers
- Fire safety

When deciding what measures are reasonable, it is necessary to consider the amount of control the Trust has over the working environment and equipment being used, for example if the Trust provides equipment such as a computers for the home worker to use, it is well maintained and safe to use. If an employee is using their own equipment the Trust is responsible for ensuring that the employee is aware of the risks arising from use of the equipment but it is the employee's responsibility to ensure that their own equipment is maintained and is safe to use.

When a request is made to work from home, a risk assessment should be undertaken and recorded. This will need to be carried out jointly with the employee wishing to work



from home and their line manager as some of the questions can only be addressed by the employee.

Where an individual has made a request to work from home, the employee will be responsible for providing any equipment deemed necessary by the risk assessment, e.g. chair, document holder etc.

The risk assessment will need to be reviewed at regular intervals, (annually) or if circumstances change to render the original assessment invalid.

The individual line manager will be responsible for ensuring the employee has access to sufficient health and safety training to enable them to work safely from home.

Working from home may affect an individual's insurance cover; employees will be responsible for making enquiries with their own insurance providers.

*For further guidance on Home working seek advice from your manager or Health & Safety Advisor*

## **8.20 First Aid Arrangements**

The Trust will take steps to meet the requirements of the Health and Safety (First Aid) Regulations

To this end it will:

1 Provide adequate and appropriate equipment and facilities for enabling First Aid to be rendered to its employees if they become injured or become ill at work

This is achieved through:

2 First Aid Kits provided in hospitals, offices and vehicles.

3 Appointed staff being made responsible for maintaining those kits

4 Providing an adequate and appropriate number of suitable persons to render First Aid to employees who are injured or become ill at work.

Informing employees of the First Aid provisions which have been made for them via:

5 First Aid Notices provided on Notice boards and at key locations

6 Staff being made aware of the first aid arrangements on induction

### **Employees will ensure that they:**

- keep themselves familiar with the first aid arrangements
- carry or have access to a hygienic resuscitation mask
- keep their training up to date

Mandatory training for all LCHS staff is undertaken on induction and annually. Further bespoke training is given to staff dependant on the First Aid requirements.

*For further guidance the relevant procedure is located on the Trust side website under Patient Safety, Health & Safety*

- *Health & Safety Management System, Section 17*

## **8.21 Pregnant Women and Nursing Mothers**

The LCHS Trust has a legal obligation to ensure a safe and healthy work environment for their pregnant or breastfeeding employees

Whilst there are no legal requirements on employees to inform their employers that they are pregnant or a new mother they should bear in mind that the employer is not required to take any specific action until written notification has been provided.

- It is advised that pregnant employees inform their line-manager that they are pregnant - Early identification of workplace risks is beneficial as there are hazards at work which could affect a pregnant person's health
- Once an employee has informed their line manager that they are pregnant, the line manager must carry out a New and Expectant Mothers Risk Assessment, with the pregnant person, and this will be periodically reviewed
- Once the employee returns to work, a new risk assessment will be completed by the line manager to ensure that the appropriate facilities are in place to protect the health and safety of the new/ nursing mother

*Further advice can be sort from LCHS Workforce Services (Formally HR) and on the Trust side website under Patient Safety, Health & Safety*

- *Health & Safety Management System, Section 4*

## **8.22 Food Safety**

The Trust's commitment to food safety is detailed in the Food Safety Policy

It puts in place the highest level of food hygiene and safety and sets out the framework for all food handling at the Trust. It applies to the:

- Preparation
- Handling and serving of food
- Storage
- Disposal of food
- Supporting and Assisting patients
- Advice and guidance given to patients
- Transportation of Food for patients in the community
- Purchasing Food for patients in the community.

The Food Safety Policy applies to the Trusts ward kitchens, staff in patients' homes and staff kitchens either operated by Trust staff or external organisations. The Policy also applies to food brought onto the Trust premises by patients for their own consumption which includes food purchased and prepared for consumption by patients from visitors/ relatives. Nursing teams shall monitor and manage this aspect at ward level.

## **8.23 Equality, Valuing Diversity and Protecting Human Rights**

The LCHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of

gender, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, appearance, nationality or culture. It has a specific policy.

As an employer, the LCHS Trust must assess and manage the work risks to everyone, including those with disabilities. The Equality Act 2010 defines a person, "if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities".

*For further guidance the relevant policy is located on the public website under Policies and Guidelines, Human Resources*

- *P\_HR\_27 Promoting Equality, Valuing Diversity and Protecting Human Rights Policy*

## 8.24 Children and Young People

Under health and safety law, the Trust must ensure, so far as reasonably practicable, the health and safety of all their employees, irrespective of age. As part of this, there are certain considerations that need to be made for young people.

The HSE Definitions of young people and children by age:

- **A young person** is anyone under 18
- **A child** is anyone who has not yet reached the official minimum school leaving age (MSLA). Pupils will reach the MSLA in the school year in which they turn 16
- Children under 13 are generally prohibited from any form of employment

Children and young persons are more at risk from harm and are likely to be inexperienced, unaware of health and safety risks and physically or mentally immature. Therefore, the Trust will ensure that additional safeguarding arrangements are in place before their work or work experience commences.

The Trust, in liaison with the work experience organiser, will develop an agreement that will ensure:

- A plan of work for the placement
- Suitable and sufficient risk assessments are in place
- Arrangements for instruction and training before the work starts
- How the young person will be supervised and who will be responsible

Children and young persons on work experience are regarded as employees under health and safety law. However, the overall rule is that young people under 18 years old must not be allowed to do work which:

- Cannot be adapted to meet any physical or mental limitations they may have
- Exposes them to substances which are toxic or cause cancer
- Exposes them to radiation
- Involves extreme heat, noise or vibration

Working hours are not governed by health and safety law. Young people and children have different employment rights from adult workers and are subject to protections in relation to the hours they can work.

*For further guidance the relevant procedure is located on the Trust side website under Patient Safety, Health & Safety*

- *Health & Safety Management System, Section 4*

## **8.25 Contractors**

Sometimes it is necessary to allow contractors to undertake work within a premise. All parties have a legal responsibility under health and safety regulations in dealing with specific hazards - there must be co-operation and co-ordination between all the parties.

- No work is allowable on any premise unless authorised by the NHSPS (on NHSPS properties) or Shared Service Estates and Facilities team on LCHS owned or managed, and a safe system of work has been scrutinised and fit for purpose under the Construction (Design & Management) Regulations 2015. The Trust H&S Adviser can advise tel.07814 881549
- Contractors are required to comply fully with the Construction (Design & Management) Regulations 2015 and take necessary actions to ensure activities do not endanger themselves or others that can be affected by their acts or omissions
- All Contractors are expected to adhere to the relevant Trusts policies, which includes, but not restricted to, the Health and Safety Policy
- If any member of staff sees contractors working, in what looks like, an unsafe manner this must be reported to the LCHS Health and Safety Advisor and LCHS estates immediately

## **8.26 Asbestos**

Due to its mineral properties, asbestos was used in a wide range of different materials (asbestos containing materials, ACM s) in construction up until the year 2000. Currently ACMs are present in a number of buildings used by the Trust. ACMs are only a risk to health if they are damaged or disturbed and asbestos fibres are released into the air and breathed in.

Workers who carry out building maintenance and repair are particularly at risk, and those in the vicinity. The law requires those who have control of buildings to manage the ACMs in their buildings. The Trust has extremely robust systems to appropriately manage ACMs to meet the very strict legal requirements.

The Landlords and LCHS Trust are responsible:

- For ensuring the systems are in place to manage ACMs in the premises under the Trust's control
- To ensure asbestos surveys and appropriate risk assessments, management plans and registers are completed
- To ensure that annual monitoring of the condition of ACMs in the premises is undertaken by a qualified service provider
- Where ACMs are present within the buildings, they are to ensure that each location has a copy of the asbestos register indicating the location of the material
- To have robust systems in place for informing contractors or maintenance teams of the location of ACMs and agreeing the appropriate course of action before any work commences

- Ensuring only qualified persons who are registered with the HSE are employed to work with ACMs only when safe systems of work are in place and agreed with the Health & Safety Advisor or the Shared Service Estates and Facilities

No person is to disturb any known asbestos containing materials and report any defects immediately to the Health and Safety Advisor tel. 07814 881549.

*For further guidance the relevant procedure is located on the Trust side website under Patient Safety, Health & Safety*

- *Health & Safety Management System, Section 12 (Asbestos)*

## **8.27 Visitors**

Visitors can be at increased risk in LCHS premises as that may not be aware of the hazards and the controls to manage them. Therefore:

- All visitors must report to reception, sign in and follow instructions given to them at that site
- Managers are responsible to make sure that, for premises under their control, there are local arrangements for the management of visitors
- Those inviting visitors to their site, must make sure that they follow the local arrangements and are not left unaccompanied
- In the event of an evacuation visitors will need to be escorted from the building

All staff are to be aware of visitors' safety and not allow them to enter any restricted areas.

## **8.28 Smoking**

The Trust acknowledges its duty of care as an employer and the need to comply with current Health and Safety legislation, in particular:

- Health Act 2006 prohibits smoking in public places from 1 July 2007
- Health & Safety at Work Act 1974 Section 2(2)(e) to provide a working environment that is safe and without risk to health
- Management of Health and Safety at Work Regulations 1999, to assess risks to health, safety and welfare in the workplace
- Health and Safety at Work Pregnant Workers Directive (92/85/EEC), to protect employees that are pregnant, have recently given birth or who are breastfeeding

The Smoke Free Policy states that no employees, patients or visitors may smoke on the organisation's premises or grounds. The policy also gives guidance on visiting the homes of patients that smoke.

Smoking, including e-cigarettes, will not be permitted whilst on the organisation's business either within or outside Lincolnshire Community Health Services NHS Trust sites and premises. Smoking inside cars whilst parked on LCHS NHS Trust property is prohibited.

This applies to all staff, patients, visitors, contractors and other person(s) who access any LCHS NHS Trust property.

*For further guidance the relevant policy is located on the public website under Policies and Guidelines, Human Resources*

- *P\_HR\_31 Smoke Free Policy*

## **8.29 Alcohol and Drugs**

The Trust recognises the adverse effects of alcohol and substance abuse on individuals and as such, the LCHS Trust is concerned with and has a duty to protect and maintain the health, safety and welfare of its employees.

- No alcohol is allowed to be consumed on any LCHS Trust premises
- Unfitness for duty through substance abuse, including alcohol, may constitute 'gross misconduct'. Such action is considered an offence and will be dealt with by Workforce Services (Formally HR) accordingly
- Staff are permitted to bring in their personal prescribed drugs or over the counter medication on Trust premises. It is the responsibility and duty of the individual to make sure that it is suitably secured
- The Trust has a responsibility to offer help when it becomes apparent an employee has a problem with substance misuse or alcohol which may affect their work performance

*For further guidance the relevant policy is located on the public website under Policies and Guidelines, Human Resources*

- *P\_HR\_25 Substance Misuse Policy*

## **8.30 Healthcare Waste**

The Trust understands that Hazardous healthcare waste is subject to the requirements of the Hazardous Waste Regulations 2005. Therefore, the controls on the disposal of healthcare waste comes under the Environmental Protection Act 1990 and it is unlawful to deposit, recover or dispose of controlled (including clinical) waste without a waste management license, contrary to the conditions of a license or the terms of an exemption, or in a way which causes pollution of the environment or harm to human health. Contravention of waste controls is a criminal offence. Section 34 of the act, places people concerned with controlled (including clinical) waste under a duty of care to ensure that the waste is managed properly, recovered or disposed of safely and is only transferred to someone who is authorised to keep it.

### Healthcare waste produced in a private household

Hypodermic needles and other hazardous healthcare wastes should never be disposed of in the domestic waste stream.

If patients are treated in their home by a community nurse or a member LCHS, any waste produced as a result is considered to be the healthcare professional's waste. If the waste is non-hazardous, and as long as it is appropriately bagged and sealed, it is acceptable for the waste to be disposed of with household waste.

This is usually the case with sanitary towels, nappies and incontinence pads (known collectively as 'sanpro' waste) which are not considered to be hazardous when they originate from a healthy population.

If the waste is classified as hazardous, the healthcare professional should not routinely transporting hazardous wastes in their vehicles (recommended by the Royal College of Nursing). LCHS currently have the 'at home' waste collection through PHS and staff are advised that they should use caution when handling waste and ensure these are placed in approved containers (i.e. rigid, leak proof, sealed, secured etc.) ready for appropriate transportation and disposal.

If patients treat themselves in their own home, any waste produced as a result is considered to be their own. Only where a particular risk has been identified (based on medical diagnosis) does such waste need to be treated as hazardous clinical waste. Local authorities have a duty to collect household waste including healthcare waste from domestic properties. Under the controlled waste regulations, the authority may charge for the collection of specific waste streams, including clinical waste.

*Further information is located on the internal website under Policies and Guidelines, Health & Safety and Infection Control and can be obtained from the Shared Service Estates and Facilities Department*

### **8.31 Personal Protective Equipment**

Personal protective equipment will only be provided as a last resort after other measures to reduce risks have been exhausted.

Trust PPE includes lab coats and overalls, aprons, goggles, safety spectacles, face shields gloves, ear plugs/defenders and dust masks/respirators.

The trust will use PPE that has been selected and approved by considering the hazards that it is intended to protect against and selecting quality CE marked items from good reputable suppliers that will afford adequate protection and are of the right size/adjustable to fit.

Where a new piece of PPE is required the H&S adviser must be contacted to conduct a suitability assessment prior to purchase.

Employees will be instructed in the correct use, care and maintenance of PPE.

Personnel will take care of and maintain their PPE in good order, inspect it prior to each use and report to their manager when it needs repair/replacement. They will wear it as instructed and in accordance with the instruction/training given.

Defective PPE must be reported immediately to the appropriate Manager/ Supervisor responsible for the work activity, removed and replaced.

*For further guidance the relevant procedure is located on the Trust side website under Patient Safety, Health & Safety*

- *Health & Safety Management System, Section 4*

### **8.32 Use of Hazardous Substances (COSHH)**

A hazardous substance is defined in the Control of Substances Hazardous to Health Regulations 2002 (COSHH) as a substance which is either; very toxic, toxic, corrosive, harmful, irritant/sensitising or any other substance which is a hazard to health, e.g. microorganisms.

### Managers'/ Supervisors' Responsibilities

Managers responsible for specific work areas or activities must ensure that:

- A hazardous substance will only be used when there is no safer alternative substance that can be used for the work activity
- A COSHH assessment is carried out for each hazardous substance used which takes account of, in particular, the way the substance will be used in practice
- The risk assessment is carried out prior to use of the substance and that the assessment details are formally recorded
- Staff receive sufficient information, instruction and training to enable them to understand the risks to their health and the procedures to be adopted to protect their health
- Staff are issued with appropriate PPE, e.g. gloves, goggles, visors, overalls, masks, etc. as required by the assessments made
- Staff must use the PPE issued to them and carry out the work activity safely
- PPE is in good working order and well maintained

PPE must only be used as a last resort option in the absence of any more reliable or permanent means of control.

*For further guidance the relevant procedure is located on the Trust side website under Patient Safety, Health & Safety*

- *Health & Safety Management System, section 4 safe working procedures-COSHH procedure*
- *Section 7 hazard data sheets and COSHH Assessments*

### **8.33 RIDDOR**

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) place a legal duty on employers, self-employed people and people in control of premises to report serious incidents to HSE. These include:-

- Work-related deaths
- Major injuries
- Over seven day injuries
- Work-related diseases
- Dangerous occurrences (Seek Advice)
- Certain listed Near Miss incidents (Seek Advice)

The trust H&S Adviser will report injuries, diseases and dangerous occurrences to the Health and Safety Executive (HSE) in accordance with the requirements of RIDDOR. Tel.07814 881549

*For further information the relevant Guidance is located on the public website under Policies and Guidelines, Health & Safety*

- *Health & Safety Management System, Section 17 RIDDOR Reporting*



### **8.34 Uniform and Dress Code**

The LCHS organisation considers the way employees dress and their appearance is of significant importance in portraying a professional image to all users of its service, whether patients, visitors, clients or colleagues. The purpose of a dress code is to ensure a common approach to issues relating to dress. It is expected that staff appear smart and professional whilst complying with Health and Safety Regulations pertaining to infection control and manual handling regulations.

This policy applies to all staff, including outside contractors, agency workers and students when working within the organisation.

*For further guidance the relevant policy is located on the Public website under Policies and Guidelines, Health & Safety*

- *P\_HS\_15 - Uniform and Dress Code Policy*

### **8.35 Communication, Cooperation, Consultation**

The Trust considers effective communication, cooperation and consultation with staff, external service providers and other stakeholders to be an integral organisational factor for successful delivery of its publicised statement of intent and its management arrangements.

#### Communication

Communication will be provided in various ways;

- Written/ Electronic – Policies, Procedures, Guidance, Bulletins, Leaflets, and Posters
- Verbal – Meetings, one2one meetings and line manager briefings
- Visual behaviour – Managements safety tours, Executive chair of the Trust's HSC (leadership), Managers leading by example

#### Cooperation

The Trust's belief is that health, safety and wellbeing is everyone's "business" and to encourage ownership they will continually seek and promote effective cooperation between internal and external stakeholder groups and individuals alike as part of its strategy for continual improvement and accountability.

#### Consultation

The Trust recognises the benefits of timely and meaningful consultation and actively consults with employees on organisational matters that may impact upon health, safety and wellbeing.

It recognises the lawful rights of employees to be consulted and the rights of recognised trade unions to appoint safety representatives, their function, roles and responsibilities, and upon request the formation of a Health and Safety Committee.

The Trust has a Health and Safety Committee which it uses as a medium for communication, consultation and performance monitoring. The Health and Safety Committee is responsible for approval of related Trust Policies and Procedures.

#### Employee training, awareness and competence

The Trust creates employee awareness and develops individual skills (competence) by the provision of adequate information, instruction, training and supervision.

Training is provided either internally or externally that covers;

- Induction
- The Trusts statutory and mandatory
- General awareness
- Skills based training

It recognises that competence is not developed solely by the provision of training it is also a matter of applying skills and experience under supervision.

Training for health and safety within the Trust is based upon a training cycle process which;

- Is to decide if training is necessary
- Identifies training needs
- Identifies training objectives and the methods of delivery
- Delivers the training
- Evaluates the effectiveness of the training
- Incorporates a continual feedback loop to improve the process

Training is primarily provided internally by the Organisational Development team including mandatory induction, annual and bespoke courses.

### **8.36 Health, Safety and Welfare Intelligence**

The Trust will maintain a process which provides it with reliable sources of health, safety and wellbeing intelligence to ensure statutory compliance and continual improvement is on-going.

Intelligence sources will include but not be limited to;

- The Health and Safety Executive's web site and bulletin service
- Department of Health publications and communications
- NHS Employers web site
- Professional publications
- Related networking groups

### **8.37 Advisory functions**

The Trust will ensure that all staff has access to competent persons to provide consistent support, advice and guidance this will include but not be limited to the following disciplines;

- Health and Safety
- Fire prevention, protection and emergency evacuation
- Occupational health
- Infection prevention
- Moving and handling

The H&S adviser can be contacted tel. 07814 881549

### 8.38 Planning and Implementation

Proper planning is essential for the effective delivery of Trust policies and procedures which fall within scope of this umbrella framework policy. The Trust seeks to implement a consistent and coordinated approach for prevention of, or adequate control of identified risks.

Setting standards for the Trust's planning and implement of its management arrangements will include regular and systematic reviews (examples);

Where are we now?

- Is the Trust compliant with the law or NHS Litigation Authority (NHSLA) requirements?
- Are Clinical and Corporate services compliant with LCHS standards?
- Has the Trust embraced national practice?

Where do we want to be?

- Legally and NHSLA compliant?
- Corporate compliant?
- An exemplar organisation?

How can we get there?

- Suitable and sufficient risk assessment
- Action plans with realistic timescales

### 8.39 Measuring Performance

The Trust will measure its health, safety and wellbeing performance by generating information through active and reactive monitoring systems.

Levels of performance will be monitored and reviewed by Clinical and Corporate meetings and the Trust's Health and Safety Committee and reported upon to the Trust Board.

#### Monitoring

Active monitoring will include but not be limited to;

- Monitoring Clinical and Corporate progress with set objectives and action plans
- Monitoring compliance with Policy standards
- Management self-assessment
- Workplace inspection
- Records of inspection, examination and test
- Training provision and attendance
- Employee surveys

Reactive monitoring will include but not be limited to;

- Monitoring the number of reported incidents with the potential to cause harm or loss
- Monitoring reported injuries, diseases, ill health
- Monitoring sickness absence
- Received recommendations from HSE or NHSLA

Poor or non-performance will lead to an appropriate investigation to;

- Identify the reasons for the poor or sub-standard performance
- Identify any underlying system failures
- Learn from the findings
- Prevent recurrences
- Implement appropriate action to effect positive change

Lessons learned will be disseminated throughout the Trust, where appropriate liaising with Lessons Learned Group.

#### 8.40 Reviewing Performance

Performance reviews will be documented and completed on a regular and on-going basis by the Trust's Health and Safety Committee (quarterly), Clinical and Corporate management teams (quarterly) and the health and safety advisory function (annually).

Examples of the reviews will include but not be limited to;

- Whether or not LCHS objectives are being met
- Whether corrective action plans are delivering on-time improvement
- The outcome of management self-assessments
- The outcome of audits
- The quality of incident investigations

#### 8.41 Auditing

The Trust will procure the services of a competent organisation to undertake a scoped management audit of its arrangements for health and safety on a frequency of once every three years.

The Trust reserves the right to procure additional audits at Clinical and Corporate level at any time if circumstances or events suggest this would benefit the Trust's overall objective for safeguarding so far as is reasonably practicable the health and safety of its employees and other persons who may be affected during delivery of its core business services.

### 9. MONITORING

| Aspect Being Monitored | Monitoring process | Responsibility Group/Individual | Frequency | Responsibility Group/Individual | Action Plan Development | Action Plan Monitoring |
|------------------------|--------------------|---------------------------------|-----------|---------------------------------|-------------------------|------------------------|
| Arrangements           | Audit              | H&S Advisor                     | Annually  | HSC                             | H&S Advisor             | HSC                    |
|                        |                    |                                 |           |                                 |                         |                        |

## Appendix A Equality and Health Inequality Impact Assessment Tool

This tool has been developed by the Equality, Diversity and Inclusion Leads for use in the NHS Provider organisations in Lincolnshire. The tool is designed to ensure due regard is demonstrated to the Equality Act 2010, the Public Sector Equality Duty and potential health inequalities are also identified and addressed (as outlined in the Health and Social Care Act). Please complete all sections below. Instructions are in *italics*. Email for all correspondence: email to [lhnt.edifirst@nhs.net](mailto:lhnt.edifirst@nhs.net)

| <b>A. Service or Workforce Activity Details</b>   |   |
|---|---|
| 1. Description of activity  | Corporate Health and Safety Policy  |
| 2. Type of change   | Adjust existing   |
| 3. Form completed by  | <i>Dan Dring – Deputy Director of Innovation</i>  |
| 4. Date decision discussed & agreed   | <i>Date – 21/7/21</i>   |
| 5. Who is this likely to affect?  | Service users - Yes    Staff - Yes    Wider<br>Community - Yes<br><br>If you have ticked one or more of the above, please detail in section B1, in what manner you believe they will be affected. |
| <b>B. Equality Impact Assessment</b>  |   |
| <p>Complete the following to show equality impact assessment considerations of the decision making to ensure equity of access and to eliminate harm or discrimination for any of the protected characteristics: <a href="#">age</a>, <a href="#">disability</a>, <a href="#">gender reassignment</a>, <a href="#">marriage and civil partnership</a>, <a href="#">pregnancy and maternity</a>, <a href="#">race</a>, <a href="#">religion or belief</a>, <a href="#">sex</a>, <a href="#">sexual orientation</a>. Further, please consider other population groups which are at risk of health inequality and can include, but not be limited to, people who are; living in poverty / deprivation, geographically isolated (e.g. rural), carers, armed forces, migrants, homeless, asylum seekers/refugees, surviving abuse, in stigmatised occupations (e.g. sex workers), use substances etc.</p> <p>Please ensure you consider the connections (intersectionality) between the protected characteristics and population groups at risk of health inequality (e.g. it is recognised that older men from a BAME background, with one or more comorbidities and living in deprivation are more at risk of a poorer outcome if they contract CV-19).</p> |   |
| 1. How does this activity / decision impact on protected or vulnerable groups? (e. g. their ability to access services / employment and understand any changes?) Please ensure you capture expected positive and negative impacts.  | This policy does not have different impacts for protected characteristics.  |
| 2. What data has been/ do you need to consider as part of this assessment? What is this showing/ telling you?   | Datix incidents data  |
| <b>C. Risks and Mitigations</b>   |   |
| 1. What actions can be taken to reduce / mitigate any   | The sharing and advertising of the policy will ensure everyone is aware of the risks and expected outcomes.   |

|   |   |
|---|---|
| negative impacts? (If none, please state.)                                    |   |
| 2. What data / information do you have to monitor the impact of the decision? | Datix incidents data                            |
| <b>D. Decision/Accountable Persons</b>  |   |
| 1. Endorsement to proceed?  | Yes   |
| 2. Any further actions required?  | No  |
| 3. Name & job title accountable decision makers                               | Ceri Lennon – Director of People and Innovation |
| 4. Date of decision   | 21/7/21   |
| 5. Date for review  | October 2022                                    |

### **Purpose of the Equality and Health Inequality Assessment tool**

- The NHS in Lincolnshire has a legal duties under the Equality Act 2010, Public Sector Equality Duty 2011 and the Health and Social Care Act 2012 to demonstrate due regard in all decision making, for example, when making changes to services or workforce practices, to ensure access to services and workforce opportunities are equitable and to avoid harm and eliminate discrimination for each of the protected characteristics and other groups at risk of inequality.
- Within the guidance toolkit there are also some examples of decisions this tool has been used on in other organisations and the impacts they have identified.

#### Checklist

- Is the purpose of the policy change/decision clearly set out?
- Have those affected by the policy/decision been involved?
- Have potential positive and negative impacts been identified?
- Are there plans to alleviate any negative impact?
- Are there plans to monitor the actual impact of the proposal?