

# Health and Safety Policy

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# Health and Safety Policy

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## Introduction

This policy is a reference document for matters relating to Health, Safety and Security. It seeks to satisfy the requirements of Section 2(3) of the Health and Safety at Work Act 1974 and as such, will be reviewed and updated regularly.

The policy will be brought to the attention of the BrisDoc workforce via the intranet and will be discussed with all new starters at their induction. This policy details the organisational arrangements to be adopted and managers are responsible for bringing the contents of this policy to the attention of their staff and to encourage them to understand their responsibilities.

## Statement of Commitment

BrisDoc recognises its duty to ensure the health, safety and welfare of its employees, contractors and anyone who may be affected by its activities, so far as is reasonably practicable. BrisDoc will comply with the provisions of the Health and Safety at Work Act 1974, and all relevant subsidiary regulations.

BrisDoc will complete assessments to identify internal and external risks and will learn from any accidents, incidents and near misses that may occur. Necessary changes will be implemented to reduce risk to an acceptable level. Employees will be provided with access to competent health and safety advice, relevant information and training. Risks specific to certain employees such as new and expectant mothers or the young, will be assessed separately.

The management team will meet regularly with all employees and Co-Owner representatives, they will ask colleagues to share any health and safety issues and will work with them to eliminate bad practice, we will use our learning event process, meetings and newsletters to promote a positive health and safety culture.

The Board holds responsibility for health and safety and this principle extends from the Managing Director to all first line Managers and those responsibilities are highlighted within this policy. Staff have responsibilities for their own health and safety and others who might be affected by their actions. Managers are responsible for ensuring that any Contractor (e.g. electrician, auditor) working on BrisDoc premises has appropriate qualification and indemnity for the task being undertaken and that they conform to the relevant policies.

The effectiveness of the arrangements will be regularly monitored and reviewed and suggestions for improvement would be welcomed.

## Responsibilities

### Boards

#### Health, Safety & Security Group

The HS&SG will hold responsibility for and perform eight key functions:

Leadership

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- Provide leadership within a framework of prudent and effective controls which enable risk to be assessed and managed.
- Provide clear communication on the outcomes of the HS&SG to senior management and all staff.
- Ensure and monitor H&S compliance, oversee H&S policies and procedures.
- Ensure that necessary reports are made e.g. RIDDORs to the Health and Safety Executive (HSE) and other regulators

### Culture

- The HS&SG will promote and support a positive health, safety, assurance and welfare organisation ensuring there is an effective interface between the BrisDoc services, and with external partners that realises the efficiencies and benefits of joint working and ensures compliance with the Health and Safety at Work Act and associated legislation.

### Strategy

- The HS&SG will develop and oversee the use of risk assessments, development of policy and its associated processes and procedures, strategy design, action plan development, prioritisation and implementation, and the development of guidance for staff.

### Governance

The Health Safety & Security Group will review health, safety, assurance and welfare performance and monitor the effectiveness of health and safety processes through the receipt and review of data and audit results. Performance data could include for example (this list is not exhaustive):

- Accident reports
- RIDDOR reports
- H&S related Learning Events
- Fire drills
- Risk Assessments undertaken
- H&S training
- E&D
- Staff Welfare

Health, safety, assurance and welfare performance will be reported monthly by sharing an assurance report with the Quality Board.

Ensure that BrisDoc is compliant with all H&S legislative requirements

### Quality

- Ensure the quality and safety of the service in collaboration with the Quality Board.
- Meet and ensure compliance of H&S legislation.
- Ensure BrisDoc services achieve the H&S standards required by CQC.
- To embrace and deliver a continuous improvement approach, e.g., as a result of need, incident or innovation.

### Audit

The HS&SG is responsible for monitoring that all compliance audits are completed in a timely fashion and that any non-compliance in completion should be reported to the Quality Board in order to safeguard the effectiveness and efficiency of BrisDoc services, this will

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ensure that health and safety policies and procedures included within the Health and Safety Manual are working effectively, are consistently implemented; and to capture organisational learning and improvement where necessary.

Measures will include for example:

- Completion of Checklists.
- Completion of mandatory Health and Safety training.
- Compliance against policies e.g., workstation ergonomics.

### Risk Management

- Ensure an effective system H&S governance, risk assessment management and internal control across the BrisDoc Services.
- Ensure all services have effective and safe clinical and operational risk assessments in place.
- Identify and record all H&S risks and ensure these are communicated to the Quality Board.

### Communication

- Ensure an effective communication channel exists between the HS&SG , service leadership teams and staff.

## Quality Board

Each Board member has a role in providing organisational health and safety leadership and has additional personal responsibilities and liabilities under health and safety law.

Collectively the Board will:

- Confirm that the organisation complies with the provisions of the Health and Safety at Work Act 1974, and all relevant subsidiary regulations
- Ensure that all its decisions and priorities are consistent with the 'statement of commitment'
- Define health and safety objectives and assign clear managerial responsibilities for achieving them
- Consider reports on significant health and safety issues and investigations
- Enforce changes in working practices, wherever necessary, to reduce risk

## Corporate Leadership Board

The Board is ultimately responsible for monitoring the performance of the Quality Board in achieving organisational health and safety objectives. It will be required to:

- Consider reports on significant health and safety issues and investigations
- Assess the effectiveness of the strategy in meeting organisational health and safety objectives
- Allocate resources to support the strategy on a 'priority risk' basis

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## Roles

### The Managing Director

The Managing Director has ultimate accountability for health, safety and welfare and will ensure that there are adequate resources to implement this policy, to promote good risk management and to enable the company to comply with legislative requirements. The Managing Director will support other Board members in meeting their health and safety responsibilities.

### Director of Nursing, Allied Health Professionals and Governance

The Director of Nursing, Allied Health Professionals and Governance is the strategic lead for health and safety and is responsible for:

- Overseeing the implementation of policy, strategy and procedures
- As required, coordinate the provision of specialist health and safety advice to the Quality Board
- Lead on the investigation of major accidents and dangerous occurrences with the assistance and co-operation of managers
- Ensuring that adequate communication channels are in place and maintained to share health, safety and welfare information with co-owners

### The Director of People and Organisational Development

The Director of People and Organisational Development will work in close partnership to implement strategy from a staffing perspective and is responsible for the following:

- Ensuring that all new starters within the organisation complete a health assessment form and where required are referred to Occupational Health before being confirmed into role
- Ensuring that all staff receive health and safety guidance before performing their job role and records are maintained of their attendance
- Ensuring that specified training is delivered and records are maintained
- Facilitating access by Co-owners to Occupational Health e.g. counselling services and supporting staff who have been involved in incidents or accidents
- Assisting/advising the Director of Nursing, Allied Health Professionals and Governance in communicating health and safety issues to staff in developing a positive health and safety culture within the organisation.

### Heads of Service and Practice Managers and Competent Person

The Heads of Service and Practice Managers maintain operational responsibility for their staff and are responsible for the following:

- Ensure that health and safety poster, health and safety policy statement, employer's liability certificates are displayed in all BrisDoc operational premises
- Ensuring the implementation of the policy and strategy by all staff
- Completing risk assessments
- Reporting incidents to the Governance Team who will share with HS&SG when necessary

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- Responding to Learning Events or accidents reported by staff, and where necessary, taking action to affect change
- Ensuring that staff wear necessary uniform or PPE
- Ensure that staff are appropriately trained
- Monitoring work areas and reporting faults as necessary
- Setting a good health and safety example
- Supporting and guiding their Health and Safety Lead
- Ensure that appropriate training is provided for leads with a responsibility for health and safety

### Health & Safety Leads and Competent Person

The Health and Safety Lead in each service will be focal point of contact for advice and support within each service. This may be the service team manager, the practice manager or their nominated H&S Lead. The Health and Safety Lead will have specific responsibility for:

- Ensure processes are in place to ensure staff are trained for any tasks they are expected to perform
- Supporting implementation in the workplace of Health and Safety policies
- Undertaking routine risk assessments and any in relation to an incident
- Monitoring and promoting a safe place of work
- Reporting health and safety concerns
- Developing and implementing safe systems of work
- Ensuring work related accidents are recorded in the accident book.

Certain co-owners will be selected to perform specific health and safety roles by their managers e.g. Fire Wardens and as such, they will be required to reach a level of competence, defined in terms of their experience, knowledge and training. The roles are likely to include the following:

- Completing risk assessments
- Developing safe systems of work
- Completing audits and assessments
- Reporting incidents or dangerous occurrences
- Escalating any areas of concern to the Service Managers

Managers retain responsibility and employees performing these roles will be provided with clear expectations and necessary support and guidance from their managers.

In addition, the competent person will:

- Ensure the governance team maintain a record of completed risk assessments within the organisation and assist managers with the completion of subsequent action plans or the development of safe systems of work
- Ensuring that the governance team oversee responses to learning events
- Ensuring that the strategy is continuously reviewed within the H&SSAG and providing regular updates to the Quality Board via an assurance report
- Report areas of concern to the Quality Board
- Advise of changes in legislation or HSE guidance and the degree of organisational compliance

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- Act as the point of contact for the HSE and ensure that the Governance team report on any formal visits, together with any enforcement notices/rectification procedures to the Quality Board
- Audit the adoption of safe systems of work and monitoring health and safety standards to maintain a high and consistent standard of health and safety performance

### Co-owners

Under the Health and Safety at Work Act 1974 co-owners also have the following health and safety responsibilities:

- To take reasonable care for their own safety and that of others who may be affected by their actions or omissions
- To co-operate with Line Managers and Supervisors on health and safety issues
- Not to intentionally misuse or interfere with equipment provided for health and safety

Additionally, the Management of Health and Safety at Work Regulations 1999 require co-owners:

- To report any work situation that would reasonably represent a serious and immediate danger to health and safety or a shortcoming in the employer's protection arrangements for health and safety
- To perform their work, including using any equipment, substances and safety devices, according to information and training that they have received from the employer

Other legislation requires co-owners to make full and proper use of any control measures or system of work provided for their use. This includes personal protective equipment and systems in place for undertaking manual handling tasks (whether patient or object handling). co-owners must acquaint themselves with organisational health and safety policies and procedures and make sure that they know which actions to take as a result.

### Occupational Health

Occupational health plays a key role in ensuring that co-owners are fit and healthy and are able to perform their duties without any detriment to their health. All new appointments will be offered the post subject to a satisfactory occupational health assessment. Non-clinical staff complete a declaration form. If an underlying health condition is declared a confidential assessment form will be completed and sent to Occupational Health. Clinical staff complete a confidential assessment form that is sent to Occupational Health. Any further investigations will be made arranged between occupational health and the appointee.

Occupational Health will provide advice about the appointee's health in relation to the job applied for, including information requiring reasonable adjustments or any adaptations required. This information will be sent to the People Team advising on whether the candidate:

- Is fit for the job
- Fit with limitations
- Not fit for the job

The appointee will not be confirmed in role until satisfactory health clearance has been given.

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Contracts for new clinical staff whose post requires the involvement in or performance of Exposure Prone Procedures (EPPs) will be conditional on satisfactory completion of additional health clearance checks i.e. that they are free from infection from hepatitis B, hepatitis C and HIV and TB. Prospective staff who apply for a post which may involve EPPs and who decline to be tested for Blood Borne Viruses (BBVs) will not be cleared to perform EPPs without a specific Risk Assessment, signed off by a director. BrisDoc acknowledges the right to decline testing and will not discriminate against an individual's decision to do so. Employment will be allowed in areas not requiring EPPs. With effect from July 2019 guidance (CEM/CMO/2019/003) on restrictions of healthcare workers living with hepatitis B to perform EPPs was lifted due to the lower risk of virus transmission with new effective treatments for HBV.

All co-owners working overnight shifts will complete health questionnaires which will be reviewed to ensure that the individual is fit and able to work nights. Any health and safety learning events/accidents will be referred to occupational health as necessary and appropriate to ensure the wellbeing of the co-owner member and any changes necessary to the working environment to enable the person to continue to work effectively without any detriment to their health and safety.

Incidents of persistent sickness and or absence will be reviewed in accordance with the Sickness Absence Policy to ensure that there are no underlying health conditions inhibiting the individual's effectiveness and ability to work with referral being made to Occupational Health where necessary.

If required co-owners will participate in screening and vaccination programmes e.g. viral meningitis, measles.

### Safety Representatives

The Safety Representative and Safety Committees Regulations 1977 allow for each recognised Trade Union in the workplace to appoint persons to represent co-owners' health and safety interests. BrisDoc will support nominated co-owner members to help promote and develop measures to ensure the health, safety and welfare of their members, by:

- Understanding and promoting BrisDoc's health and safety policy
- Inviting representation to co-owners at the Health and Safety Steering Groups
- Making recommendations to managers on specific health and safety issues
- Contributing towards any joint workplace inspections/audits
- Investigating learning events, accidents, near misses, hazards and or identified potential risks, examining the cause and reporting to management and the H&SSAG to avoid recurrence
- Representing and supporting employees in dealings with the HSE.

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## Hazards and Risks

BrisDoc recognises the particular risks faced by co-owners in respect of the following common hazards:

- Exposure to biological agents and infection e.g. Hepatitis, HIV/ AIDS and MRSA, Legionella
- Exposure to respiratory irritations, sensitizers and other physical agents such as relating to compliance with the COSHH regulations and the Control of Asbestos at Work regulations
- Fire
- Display Screen Equipment (DSE)
- Road Traffic Collisions (RTCs)
- Work equipment
- Manual handling
- Needlestick Injuries
- Violence and aggression
- Workplace stress
- Slips, trips and falls.

Where the risk(s) cannot be controlled by any other means, suitable personal protective equipment (PPE) will be provided where necessary. Any item of PPE that is provided must be worn. Appropriate practices are deployed across BrisDoc to minimise, so far as is reasonably practicable, these risks to its co-owners. Some of these areas may require specialist policies.

## Risk Management

BrisDoc will undertake suitable and sufficient assessments of all risks associated with its activities and places of work. The purpose of these assessments is to assess whether risks are adequately controlled and to identify requirements for control measures. Risk Assessment is the essential link between hazard and risk management. Each service is responsible for assessing and evaluating local risks, which then need to be logged in the risk assessment register by the Governance Team.

The aim of risk assessment is to systematically and efficiently cover all significant hazards as identified in the hazard log, identify current controls and deficiencies and assign a level of risk for prioritisation of action. Risk assessments should be reviewed regularly. In all cases, this shall be no later than every two years or sooner if known or suspected to be out of date.

## Standard Operating Procedures and Safe Systems of Work

Following on from the completion of risk assessments, standard operating procedures and safe systems of work will be developed and implemented to help minimise any identified health and safety risk. Service Managers are responsible for ensuring that systems are in place and employees are made aware of what the systems are through induction processes and training. Regular reviews of operating procedures and safe systems of work will be made to ensure they are up to date and robust.

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## Dealing with Health and Safety Issues

Where an employee or contractor raises a matter relating to health and safety at work, the following actions will be taken.

### Learning Event Report

All incidents should be reported using the learning event portal which can be accessed on the internet via the BrisDoc Weblinks webpage as soon as reasonably practicable (no later than the day after the incident).

A co-owner should complete the online form, it is essential to complete the form so that action can be taken to remedy the situation and prevent re-occurrence. All incidents will be logged within LERIS (or ClarityTeamNet in practices). Managers will have access to the Supporting our People following a H&S or Untoward Event Framework document to follow if necessary.

**All accidents must be recorded within the Accident Book.**

### RIDDOR Report

The Quality Manager will inform the Health and Safety Executive of all reportable incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) see: <http://www.hse.gov.uk/riddor/reportable-incidents.htm>.

## Types of reportable injury

### The death of any person

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

### Specified injuries to workers

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
  - covers more than 10% of the body
  - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
  - leads to hypothermia or heat-induced illness
  - requires resuscitation or admittance to hospital for more than 24 hours

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## Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

## Over-three-day incapacitation

**Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days.** An employer, must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

## Non-fatal accidents to non-workers (e.g. members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

**There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.**

If the accident occurred at a hospital, the report only needs to be made if the injury is a '[specified injury](#)' (see above).

## Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

## Investigation

All accidents, must undergo an investigation appropriate to their severity, or potential severity. The manager for the area should initiate the investigation as soon as reasonably practicable. Assistance should be sought from the Governance Team if required as well as safety representatives. In all accident investigations the aim will be to reveal unsafe acts and omissions and then to explore the root causes of the accident.

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## Emergencies

Emergencies in this context arise from adverse events in a service and may potentially affect staff, patients, visitors and others in the area. Each service shall determine which emergencies, apart from fire, need to be documented locally. These will be recorded and service managers will inform employees of the procedures to be followed in the event of serious/imminent danger to staff. Emergency situations may involve:

- Violent patient
- Fire
- Bomb scare

Each site will have a Local Evacuation Procedure Plan (LEPP) drawn up in conjunction with the landlords. Employees need to know the identity of those who will assist in evacuation and other emergency responses. For example, all fire wardens should make themselves known to staff in their area. This information needs to be given at induction and at suitable intervals afterwards. Training in emergency arrangements will form part of the Business Continuity Plan. The Supporting our People following a H&S or Untoward Event Framework offers further incident management procedures.

## First Aid

BrisDoc has a separate First Aid Policy to ensure that every site and activity has appropriate first aid provision. This policy can be accessed on the intranet via Radar.

## Health and Safety Information and Training

The Management of Health and Safety at Work Regulations 1999 require that information is given to employees (regulation 10) and that employees receive training for health and safety (regulation 13). As part of their induction training all employees will complete Health and Safety Computer Based Training:

‘A course covering the responsibilities of both employers and employees in ensuring that facilities are safe for co-owners, patients and visitors. The course also covers how to manage risk and the procedures for reporting health and safety violations’

Further mandatory training will be provided as part of the recruitment process including:

- Manual handling
- First aid at work
- Conflict resolution

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## Persons at Special Risk

Health and safety management is designed to reduce risk of exposure to harm for the entire workforce, including those who may be more vulnerable due to their inexperience or physical condition. Sometimes a generic risk assessment can be adapted to encompass vulnerable workers within a service, at other times a special risk assessment for an employee may need to be carried out.

The Management of Health and Safety at Work Regulations 1999 have specific requirements for young persons and pregnant workers. The Equality Act 2010 defines disability and has introduced measures designed to remove discrimination against the disabled by enabling access to be fair and reasonable. There is also a duty of care owed to all co-owners under section 2 of the Health and Safety at Work Act 1974. Specific areas of vulnerability are discussed below.

Generic risks assessments are conducted for each vulnerable group within BrisDoc, additional individual assessments are conducted where appropriate.

### Young Persons

A 'young person' is anyone under eighteen years of age and a 'child' is under compulsory school age. Health and safety law makes no distinction between someone who is paid and someone who works voluntarily – they are both employees and the full weight of health and safety law applies. Therefore, work experience students are treated as employees and it is a legal requirement to risk assess the hazards that they are likely to face.

Young persons, due to their inexperience and immaturity are deemed to be at higher risk than adults and so certain tasks may not be suitable for them. Aspects of risk that require particular attention are:

- Work beyond the physical or psychological capability of a young person. The latter is particularly important if young people could be in clinical areas and inadvertently witness a distressing situation.
- Exposure to harmful substances and harmful radiation.
- Exposure to extreme cold, heat, noise or vibration.
- Tasks with increased risk of injury which may not be recognised or avoided by a young person as opposed to an adult.

### Disabled Persons

Disabled persons must not be exposed to increased risks due to their disability. Managers of disabled people should be made aware of adjustments they need to make to ensure that the health and safety of such persons is not compromised. This information may be provided by the occupational health department or employees themselves may discuss their needs with their line manager or service manager. An assessment of their needs should include consideration of the following and should be recorded:

- The nature of their limitation
- The extent to which changes need to be made to their work environment or task design
- The nature of any assistance they may require in day-to-day work and in the event of emergencies
- How often their needs are reviewed

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It is important to pay particular attention to induction to ensure that all the measures are fully understood and implemented. Should the location of the disabled employee move then a reassessment of their needs must be made.

## Pregnant Workers

In some circumstances pregnant workers may be more at risk than others due to the nature of the hazard she works with or the changing nature of her physical capabilities. There is an explicit requirement to carry out a risk assessment under regulation 16 of the Management of Health and Safety at Work Regulations 1999 as long as the woman has notified the manager in writing of her changed condition. Full details of the BrisDoc strategy regarding new and expectant mothers can be found on Radar in the policies relating to maternity management.

## Visitors and Children

Visitors and children are constantly present on BrisDoc sites and basic risk assessment arrangements must take these into account. By the very nature of a healthcare environment clinical areas are potentially hazardous. All clinical areas accessible to visitors will need to identify risks and ensure these are covered adequately in their general risk assessments. By adequate coverage this means that children and visitors should be mentioned in relation to hazards. For example, sharps boxes in clinical areas will pose a high risk to small children and must not be located or left where they can be reached. The arrangements for keeping these out of reach of children should be explicitly stated and adhered to.

## Lone and Mobile Workers

Lone workers are those who work by themselves without close or direct supervision for substantial periods. Those who work alone for short periods in low-risk workplaces are not generally considered lone workers.

Brisdoc will ensure that potential hazards that relate specifically to lone workers are risk assessed and appropriate action taken to reduce the risks.

Risks to lone workers include:

- increased risks of accidents, injury or ill health
- increased vulnerability, eg in the event of violence, sudden illness, fire or another emergency

A mobile worker is “someone who works at a variety of locations and travels between them”. There are no specific laws or regulations relating to mobile working, although it is becoming increasingly common. However, the Health and Safety at Work Act 1974 and other general health and safety regulations apply and all employers should be mindful of any mobile workers and the impact their activities have on risk assessments.

## Older Workers

Older workers are individuals aged 50 and over as defined by the Charter institute of Personnel and Development. Older workers bring valuable experience to the workplace and can boost overall safety culture. Employers must make reasonable modifications to the workplace to enable older workers to carry out their tasks safely and effectively for as long as they are capable to do so.

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## Personal Protective Equipment

### Introduction

This section sets out the measures BrisDoc will take to ensure compliance with the Personal Protective Equipment at Work Regulations 1992 and requirements that deal with personal protective equipment in other legislation such as the Control of Substances Hazardous to Health (COSHH) Regulations 1992.

### Summary of Legal Requirements

In most industries Personal Protective Equipment (PPE) should **only** be used as a 'last resort' or as a short-term emergency measure while other control measures are assessed. It should only be used for occasional work of short duration when there is no other alternative.

However, as BrisDoc Healthcare Services are a healthcare provider, our staff will be expected to use the appropriate PPE in clinical settings, this will depend on the task to be performed. For example, where there would be a risk of blood born virus transfer our member of staff would be expected to wear gloves.

Where Personal Protective Equipment is used it must:

- be selected taking into account the nature of the hazard and the task,
- be provided free of charge to employees,
- carry a Conformité Européene (CE) or British Standards (BS) mark,
- be maintained in an efficient working order and in good repair,
- be compatible with other PPE,
- be stored in an assigned and suitable area,
- be provided in conjunction with appropriate instruction and training for the wearer.

### Definitions

**Personal Protective Equipment (PPE)** is defined in the Personal Protective Equipment at Work Regulations 1992 (PPER) as 'all equipment (including clothing affording protection against the weather) which is intended to be worn or held by a person at work and which protects the person against one or more risks to that person's health or safety, and any addition or accessory designed to meet that objective'.

Where an employer finds PPE to be necessary after a risk assessment, they have a duty to provide it free of charge.

This policy does not apply to:

- ordinary working clothes and uniforms which do not specifically protect the health and safety of the wearer,
- sportswear,
- work with Lead or Asbestos.

**PPE** therefore (for the purposes of this policy) includes items such as the following when they are worn for purposes of health and safety:

- Aprons
- Gloves
- Eye protection
- Face masks

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## Responsibilities of Service and Line Manger

The Facilities Manager, Head of Service or Practice Manager, depending on the service, has the following responsibilities:

- To ensure suitable and appropriate PPE is provided. This means that the PPE should be appropriate for the risk or risks involved and the conditions where it will be used. The PPE should take account of ergonomic requirements and the state of health of the person who is required to wear it
- To maintain and replace PPE as necessary. This should be done by the member of the BrisDoc team who has responsibility for managing stock levels in their service/location
- To provide adequate and suitable storage for all PPE
- To provide information, training and instruction for employees therefore enabling them to make proper effective use of PPE

Training for PPE users must include the following:

- An explanation of the risks present and why the PPE is being used
- How to operate the PPE and any limitations of the equipment which may affect the protection offered
- Instructions on the storage of the PPE
- The arrangements for reporting loss or defects of the PPE

## Responsibilities of Employees

It is the responsibility of an employee to use PPE in accordance with training and to report any loss or defect immediately. The employee also has a responsibility to return PPE to its place of storage after use.

### Gloves

Gloves must be worn for invasive procedures, contact with sterile sites and non-intact skin or mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions, or to sharp or contaminated instruments.

Sensitivity to natural rubber latex in patients, carers and healthcare personnel must be documented and Occupational Health informed. BrisDoc provides alternatives to latex gloves which will be readily available.

Gloves **must** be used to protect the healthcare worker from exposure to blood/body fluids in the following situations:

- All procedures, for all patients, where contamination of the healthcare worker's hands with blood or body fluid is possible,
- Contact with sterile sites, non-intact skin or mucous membranes,
- Invasive procedures including venepuncture,
- Cleaning equipment prior to sterilisation or disinfection,
- When handling sharp or contaminated instruments,
- When handling chemical disinfectants or cytotoxic agents - gloves must be changed immediately if contaminated,
- When cleaning up blood/body fluids/any spillage,
- For aesthetic/hygiene reasons when carrying out other tasks.

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- Gloves must be discarded as clinical waste

Gloves (especially if worn with inner gloves) which may impair sensitivity, finger dexterity and grip strength could result in other hazards being created.

BrisDoc will ensure adequate availability of sterile and non-sterile gloves. These will be available in all sizes and be latex free, thus avoiding the possibility of allergic reactions to latex. Gloves that conform to European Community (CE) standards will be available.

Non-sterile gloves should be stored in clean areas. Boxes of gloves can become contaminated with micro-organisms. Therefore, BrisDoc will ensure that gloves used for patients with infections/suspected infections are kept separate from gloves used for any invasive procedure e.g. venepuncture, or cannulation.

### General Principles for wearing gloves

- Gloves are not to be worn as an alternative to hand hygiene
- Gloves are put on immediately before an episode of patient care and removed as soon as that activity is completed
- Gloves should be changed after each procedure and hands washed following their removal. To remove: grasp wristband and pull forwards over the hand and fingers, inverting the glove. Avoid contaminating the skin
- Washing gloves with soap and water or alcohol should not be undertaken, because this may not be effective and may damage the glove
- Gloves **must** be changed between patients and between different care activities on the same patient
- Gloves should be seamless, well-fitting and powder free
- Never use alcohol gel to decontaminate gloved hands
- Hands **must** be decontaminated, preferably with liquid soap and water after gloves have been removed
- Gloves must be disposed of as clinical waste
- Synthetic (non-latex) gloves e.g. Nitrile - must be widely available to use in cases of latex sensitivity
- The use of latex gloves should be kept to a minimum to avoid latex allergy
- Powdered latex gloves must not be used due to the possible contamination of wounds
- Gloves **must not** be used as tourniquets
- Vinyl gloves must not be used in clinical areas
- Polythene gloves must not be used
- The use of two pairs of gloves may be necessary in certain circumstances e.g. major trauma

Various types of gloves are available. The type to be worn will depend on the task being undertaken. For example:

- **Sterile latex gloves OR Sterile non-latex gloves** may be used for surgical procedures and urinary catheterisation
- **Non-sterile latex gloves OR Non-sterile non-latex gloves** may be use for rectal examination, venepuncture, vaginal examination and cannulation of peripheral veins

### Aprons and Gowns

These are worn to protect the clothing from contamination. The decision to wear an apron is based upon an assessment of the risk of contamination with body fluids e.g. diarrhoea, blood. They are single use and should be changed between tasks or if heavily soiled, then disposed of as contaminated clinical waste.

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Full length, long-sleeved, fluid repellent gowns should be worn when there is a risk of gross contamination with body fluids e.g. significant haemorrhage.

BrisDoc will ensure that aprons are readily available in all bases.

Aprons and gowns must be discarded as clinical waste

### Masks, Visors and Eye protection

Fluid repellent face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face and eyes. BrisDoc will ensure these are readily available.

#### ***General principles for the wearing of fluid-repellent masks***

- Masks should be donned immediately before use
- Masks should be removed immediately after use and **must not** remain around the wearer's neck
- When removing masks, they should be handled carefully by the ties
- Masks must be discarded as clinical waste.

#### ***General principles for the wearing of eye protection***

- This should be considered where risk of blood or body fluid splash to the eyes is possible
- Eye protection may also be required for other indications e.g. chemotherapy
- It is a Health and Safety requirement that eye protection is available in clinical areas
- Various types of eye protection are available including masks with eye protection, visors, goggles or protective glasses
- Prescription spectacles are not sufficient to protect the eyes and additional protection must be worn over spectacles. If re-usable eye protection becomes contaminated it is the wearer's responsibility to wash it with detergent and water, dry thoroughly and store appropriately in a clean area

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## Electricity at Work

The Electricity at Work Regulations 1989 (EAWR) set out the standards which apply to the use of electricity in the workplace. Within EAWR an electrical system is defined as including the source, equipment, and all the means of connection in-between. Therefore, where the EAWR refer to the maintenance of “systems” these include portable appliances.

The EAWR provide that systems must be:

- suitably constructed and maintained in a safe condition;
- protected against adverse conditions and physical damage; suitably earthed and fitted with other protection against shock and overcurrent; and
- equipped with a means of disconnecting and isolating the supply.

They also contain provisions relating to safe working with electrical systems including restrictions on live working and requirements relating to competency and training.

Technical standards for installations and recommended inspection and maintenance programmes are described within BS 7671 2018 “Requirements for Electrical Installations in Buildings”, otherwise known as the IEE Wiring Regulations 18<sup>th</sup> Edition. Compliance with the standard can be used to demonstrate compliance with the EAWR.

The Management of Health and Safety at Work Regulations 1999 require that risk assessments are undertaken in order to evaluate risks and identify the necessary preventive and precautionary measures to avoid accidents and incidents.

## BrisDoc Co-Owners

No co-owner may work on electrical equipment or carry out repairs unless they are qualified for the type of work and have been specifically authorised to do so.

All employees must check the lead of any portable item before it is plugged in and be alert to any equipment which may have become damaged. Damaged equipment must be taken out of use immediately, labelled to indicate that it must not be used, locked away out of use if possible and reported to the Facilities Manager.

BrisDoc co-owners are responsible for ensuring they:

- Follow safe systems of work
- Avoid the use of long extension leads wherever possible. If their use is unavoidable, staff will ensure that the connector is manufactured to the appropriate British standard
- Do not put electrical equipment into use where its strength and capability may be exceeded in such a way as may give rise to danger
- Complying with legal requirements insofar as they relate to matters which are within their control
- Whilst at work to co-operate, so far as is necessary, to enable BrisDoc to comply with the legal requirements associated with electricity at work.

## Live Working

Where live work has to be undertaken in Osprey Court the Facilities Manager will ensure a permit to work is provided **prior** to any work commencing.

Of note, the practical precautions and electrical contractor will take when working live to ensure the safety of persons, will include for example:

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- The use of special tools, rubber mats and gloves etc
- The presence of another authorised person who understands the activity and who is able to handle an emergency i.e. administer first aid
- The erection of safety barriers and any necessary warning signs, to keep unauthorised persons out
- The use of suitable instruments and test probes
- The restriction of routine live test work to specific areas and the use of special precautions within those areas such as isolated power supplies, non-conducting locations etc
- The provision of adequate information to the person carrying out the work involving live conductors on the associated electrical system and the foreseeable **risks**
- It is Company policy that a certificate will be obtained confirming that any new installation work and alterations comply with BS 7671

### Information and Training

BrisDoc will provide information, instruction and training for all co-owners to enable them to carry out their duties without putting their health and safety at risk. Electrical work will only be carried out by competent persons.

No co-owner will be engaged in any work activity where technical knowledge or experience is necessary to prevent danger or injury.

The Facilities Manager or Practice/Service Delivery Manager is responsible for arranging the provision of information, instructions or arranging any specific training and retaining any records.

Please also refer to the PAT (Portable Appliance Testing) and Medical Equipment Calibration SOP.

### Review of this Policy

This policy will be reviewed every 2 years unless there is a significant change in management arrangements, or any other change that would affect the suitability of this policy, and in line with Section 2 (3) of the Health and Safety at Work Act 1974.

### Change Register

Date	Version	Author	Change Details
10.2.14	1.1	ICB/CLN	Remove Chairman and Executive Board from H&S Management Structure Add section on service level H&S Leads roles & responsibilities as distinct from Service Managers.
6.6.14	1.1	CLN	Changed title of evacuation plan policy
24.3.16	1.3	CLN	Updated structure charts and values picture, updated H&S Manual policy list, inclusion of Additional BrisDoc services, update CQC statement.
15.9.16	1.4	CLN	Inclusion of HHS and change GPSU/T name to AGPT

## Health and Safety Policy

August 2019	1.5	CLN	Refresh H&S structure in relation to new governance structure, update titles and services that are part of BrisDoc
June 2022	1.6	SF / NH	Removed Structures, included Meeting structure.  Changed wording replacing 'employee with co-owner'  Changed wording replacing 'incident with Learning Event'  Added Electricity at Work to the Policy.
February 2024	1.7	TC	This policy has been rewritten due to the number of changes within the organisational structure of the organisation. PPE, Latex and Electricity at Work policies have been added to this policy

# Health and Safety Policy

## Appendix One - Flow Chart for Suspected Latex Allergy

