Health, Safety and Risk Management Handbook

The go-to H&S document for all GP practices

150 pages on effective health, safety and risk management in the workplace

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Health, Safety and Risk Management Handbook

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1 Introduction

1.1 Handbook statement

The aim of this handbook is to provide anyone involved in health, safety and risk management (new or existing members of staff) in the organisation with a briefing document, covering the relevant legislation, requirements and processes to meet the organisation's legal and regulatory requirements.

This handbook includes links to risk assessments, checklists, templates and policies to help ensure that safe systems of work are in place to protect against preventable accidents and injuries and to help the organisation comply with the relevant regulations.

This handbook considers all aspects of health and safety to support this organisation's compliance, and all staff have a responsibility to ensure that compliance is met. Whilst it is understood that some staff will have a greater understanding of this subject due to their individual responsibilities, all staff must ensure that they are fully au fait with their individual and collective responsibilities as either an employer or employee.

1.2 Status

The organisation will aim to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

HUB A range of health, safety and risk management eLearning is available in the HUB.

2 Legislation

The table below provides an overview of the legislation associated with health, safety and risk management.

Legislation title	Description
Health and Safety at Work etc. Act 1974	This is the primary piece of legislation covering occupational health and safety in Great Britain. It is sometimes referred to as HSWA, the HSW Act, the 1974 Act, or HASAWA.

The Management of Health and Safety at Work Regulations 1999	These regulations generally make more explicit what employers are required to do to manage health and safety under the Health and Safety at Work etc. Act. Like the Act, they apply to every work activity.
The Workplace (Health, Safety and Welfare) Regulations 1992	These regulations cover a wide range of basic health, safety and welfare issues and apply to most workplaces (except those involving construction work on construction sites, those in or on a ship, or those below ground at a mine).
Personal Protective Equipment at Work (Amendment) Regulations 2022 (PPER 2022)	These regulations detail the need for, use and maintenance of Personal Protective Equipment (PPE) in the workplace. Every employer must ensure that suitable PPE is provided to their workers who may be exposed to a risk to their health or safety while at work, except where and to the extent that such risk has been adequately controlled by other means which are equally or more effective.
Manual Handling Operations Regulations 1992	These regulations explain how organisations can manage, control and reduce the risk of injury from manual handling. They apply to manual handling activities involving the transporting or supporting of loads, including lifting, lowering, pushing, pulling, carrying, or moving loads.
The Work at Height Regulations 2005	The purpose of these regulations is to prevent death and injury caused by a fall from height. Employers and those in control of any work-at-height activity must make sure work is properly planned, supervised and carried out by competent people.
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013	Abbreviated to RIDDOR, these regulations put duties on employers, the self-employed and people in control of work premises (the 'responsible person') to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).
The Health and Safety (Display Screen Equipment) Regulations 1992	These regulations apply to workers who use DSE daily, for continuous periods of an hour or more. These workers are described as 'DSE users'. The regulations don't apply

	to workers who use DSE infrequently or only use it for a short time.
The Health and Safety (First Aid) Regulations 1981	These regulations require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. The regulations apply to all workplaces including those with fewer than five employees and to the self-employed.
The Regulatory Reform (Fire Safety) Order 2005	This order provides a framework for regulating fire safety in all non-domestic premises including workplaces and the parts of multi-occupied residential buildings that are used in common in England and Wales.
Control of Substances Hazardous to Health Regulations 2002	Abbreviated to COSHH, these regulations legally require employers to control substances that are hazardous to health.
The Control of Asbestos Regulations 2012	These regulations place legal duties on employers responsible for licensable and non-licensable work with asbestos. They also place a specific duty to manage asbestos on the owners and/or those responsible for maintenance in non-domestic premises.
The Dangerous Substances and Explosive Atmospheres Regulations 2002	Abbreviated to DSEAR, the regulations set minimum requirements for the protection of workers from fire and explosion risks related to dangerous substances and potentially explosive atmospheres, and from gases under pressure and substances corrosive to metals. They require employers to control the risks to the safety of employees and others from these hazards.
The Provision and Use of Work Equipment Regulations 1998	Abbreviated to PUWER, the regulations place duties on people and companies who own, operate or have control of work equipment. PUWER also places responsibilities on businesses and organisations whose employees use work equipment, whether owned by them or not.
The Lifting Operations and Lifting Equipment Regulations 1998	Abbreviated to LOLER, these regulations place duties on people and companies who own, operate or have control of lifting equipment. This includes all businesses

	and organisations whose employees use lifting equipment, whether owned by them or not.

The terms 'so far as is reasonably practicable' (SFAIRP) and 'as low as reasonably practicable' (ALARP) recur throughout health and safety legislation, and the two terms are interchangeable and essentially mean the same thing, the core concept being 'reasonably practicable'; this involves weighing a risk against the trouble, time and money needed to control it.

2.1 The Workplace (Health, Safety and Welfare) Regulations 1992

The Workplace (Health, Safety and Welfare) Regulations 1992 cover a wide range of basic health, safety and welfare issues and apply to most workplaces. There are 27 regulations within the Workplace (Heath, Safety and Welfare) Regulations 1992, including the following key regulations:

- Regulation 5 Maintenance of workplace, and of equipment, devices and systems
- Regulation 6 Ventilation
- Regulation 7 Temperature in indoor workplaces
- Regulation 8 Lighting
- Regulation 9 Cleanliness and waste materials
- Regulation 10 Room dimensions and space
- Regulation 11 Workstations and seating
- Regulation 12 Condition of floors and traffic routes
- Regulation 14 Windows and transparent or translucent doors, gates and walls
- Regulation 15 Windows, skylights and ventilators
- Regulation 18 Doors and gates
- Regulation 21 Washing facilities
- Regulation 22 Drinking water
- Regulation 23 Accommodation for clothing
- Regulation 24 Facilities for changing clothing
- Regulation 25 Facilities for rest and to eat meals

Detailed guidance pertaining to each of the above regulations can be found in the HSE Workplace health, safety and welfare Approved Code of Practice and guidance.

3 Health and safety responsibilities

3.1 Employer responsibilities

Under health and safety law, employers are responsible for managing health and safety risks in their businesses. It is an employer's duty to protect the health, safety and welfare of their employees and other people who might be affected by their work activities. Employers must do whatever is reasonably practicable to achieve this. This means making sure that workers and others are protected from any risks arising from work activities. Employers must:

- **Assess risks**: Employers have duties under the health and safety law to assess risks in the workplace. This means identifying work activities that could cause injury

or illness and taking action to eliminate the hazard or, if this isn't possible, control the risk.

- **Provide information about risks**: Employers must give workers information about the risks in their workplace and how they are protected. Also, they must instruct and train them on how to deal with the risks.

- **Consult employees**: Employers must consult their employees on health and safety issues. Consultation must be either direct or through a safety representative who is either elected by the workforce or appointed by a trade union.

- **Provide health and safety information**: Employers have a legal duty under the Health and Safety Information for Employees Regulations (HSIER) to display the HSE-approved poster in a prominent position in each workplace or to provide each worker with a copy of the approved leaflet.

- **Provide training**: Employers must give workers adequate training, ensuring that workers with particular training needs – for example, new recruits, people changing jobs or taking on extra responsibilities, and young employees – receive health and safety training.

3.2 Employee responsibilities

Under health and safety law, employees have a duty to:

- Take care of their own health and safety and that of others who may be affected by their actions at work
- Cooperate with others on health and safety matters, and not interfere with, or misuse, anything provided for their health, safety or welfare
- Follow the training they have received when using any work items the employer has given them

If an employee thinks their employer is exposing them to risks or is not carrying out their legal duties in regard to health and safety, and if this has been raised with the employer but no satisfactory response has been received, workers can report this to the Health and Safety Executive (HSE).

HUB Health and Safety eLearning is available in the HUB.

3.3 The health and safety law poster

The Health and Safety Information for Employees Regulations (HSIER) require employers to display either the HSE-approved law poster or to provide each of their workers with the equivalent leaflet or pocket card. The poster explains British health and safety laws and lists what workers and their employers should do.

3.4 Health and safety law policy

The law states that every organisation must have a policy for managing health and safety. This policy sets out the organisation's approach to health and safety, whilst explaining how

health and safety will be managed. The policy must clearly state who does what, when and how. The policy should be formed of three parts:

- Statement of intent
- Responsibilities for health and safety
- Arrangements for health and safety

A template Health and Safety Policy is available at Annex A.

3.5 Enforcing authorities

The following are examples of enforcing authorities:

- **Health and Safety Executive (HSE)**

  The HSE is responsible for regulating health and safety law across a wide range of work activities and workplaces in Great Britain. Full details of how the HSE regulates and its approach to enforcement are given in the Enforcement Policy Statement.

- **Care Quality Commission**

  The Care Quality Commission (CQC) monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety, and it publishes what it finds.

  The CQC has a wide set of powers that allows it to protect the public and hold registered providers and managers to account. Full details of the CQC's approach to enforcement are given in the CQC Enforcement Policy.

- **Fire and Rescue Authority**

  The local Fire and Rescue Authority is responsible for ensuring that organisations comply with all fire safety legislation and will take the necessary enforcement activity should an organisation not be compliant with the legislation.

3.6 Arrangements for health and safety

Regulation 5 of The Management of Health and Safety at Work Regulations 1999 (MHSWR) advises that every employer must make and record arrangements for the effective planning, organisation, control, monitoring and review of the preventative and protective measures necessary for health and safety. This can be achieved by implementing the Plan, Do, Check, Act framework as illustrated overleaf.

The framework identifies the following key actions:

- Plan
  - Determining your policy
  - Planning for implementation
- Do
  - Profiling your health and safety risks
  - Organising for health and safety
  - Implementing your plan

- Check
  - Measuring performance
  - Investigating accidents and incidents
- Act
  - Reviewing performance
  - Learning lessons

The cycle within the framework may need to be applied more than once to ensure that processes are effective and compliant with HSE requirements.

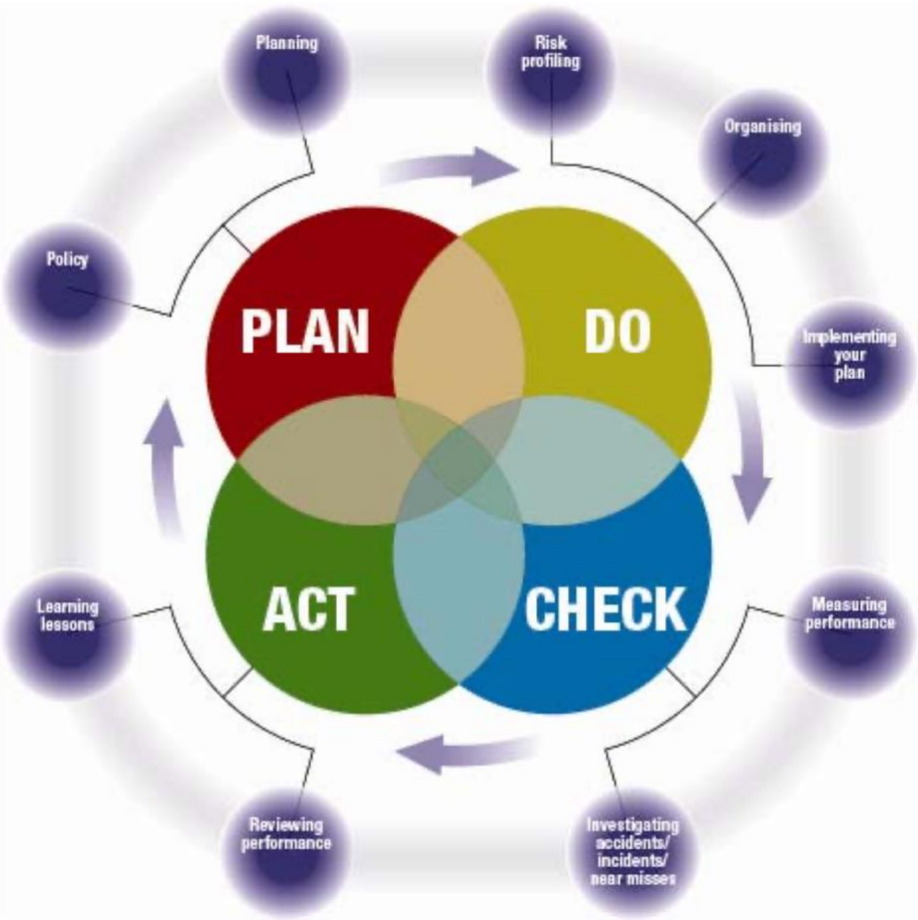

Image source: Health and Safety Executive

3.7 Health and safety assistance

Employers must appoint a competent person (or persons) to help the organisation meet its health and safety legal duties. The competent person (or persons) will have the skills, knowledge and experience to be able to recognise hazards in the workplace and to help implement controls to protect workers and others from harm.

The HSE recommends that competent persons come from within the organisation as they understand the workplace and the risks associated with it. Such individuals are not required to have formal qualifications or training by law; however, it can help to develop competence.

3.8 Health and safety training

HSE's Health and safety training – A brief guide explains that the Health and Safety at Work etc. Act 1974 requires organisations to provide whatever information, instruction, training and supervision is necessary to ensure, so far as is reasonably practicable, the health and safety at work of the organisation's employees.

This is expanded by the MHSWR, which identifies situations where health and safety training is particularly important, for example:

- When people start work (at induction)
- On exposure to new or increased risks
- Where existing skills may have become rusty or need updating

The HSE recommends a five-step method for determining what training is required:

1. Decide what training your organisation needs
2. Decide your training priorities
3. Choose your training methods and resources
4. Deliver the training
5. Check that the training has worked

For further detailed information, see Annex A.

3.9 Procedures for serious and imminent danger

Regulation 8 of the MHSWR states that every employer must establish and implement appropriate procedures to be followed in the event of serious and imminent danger to employees. This includes:

- The nomination of sufficient competent people to implement the procedures and to assist in the evacuation of the premises
- Ensuring that employees understand the procedures to be followed in the event of an emergency
- Retaining records of emergency evacuation drills and any other relevant training provided
- The maintenance of emergency alarms and other equipment for use in an emergency

In some circumstances, it may be necessary for the HSE to take action and secure control of an immediate risk of serious and imminent danger.

3.10 Contact with external services

Regulation 9 states that every employer must ensure that any necessary contact with external services is arranged, particularly with regard to first aid and emergency medical care. To support this, employers can have a directory of external services (including the emergency services), which staff can use to contact the appropriate service when required.

3.11 Individuals working in host employer's premises

Regulation 12 explains that when individuals such as agency staff or contractors are working in the organisation, the responsible person (or employer) has a duty to:

- Advise the individuals of any risks to their health and safety arising from the organisation's work activities
- Inform the individuals of the control measures that are in place and what they must do to adhere to the control measures
- Explain from whom the individuals can seek further guidance in the event of evacuation procedures being implemented

A safety briefing is the most appropriate way to share the above information with individuals.

3.12 Young people at work

The HSE explains that when organisations employ young people under the age of 18, they have the same responsibilities for their health, safety and welfare as they do for other workers. Young people are likely to be new to the workplace and so are more at risk of injury in the first six months of a job, as they may be less aware of risks, due to:

- Lack of experience or maturity
- Not having reached physical maturity and lacking strength
- Being eager to impress or please people they work with
- Being unaware of how to raise concerns

Employers must consider:

- The layout of the workplace
- The physical, biological and chemical agents that young people will be exposed to
- How they will handle work equipment
- How the work and processes are organised
- The extent of health and safety training needed
- Risks from particular agents, processes and work

Such considerations will be straightforward in low-risk working environments such as offices.

If the work the young person will undertake is beyond their physical or psychological capacity, involves harmful exposure to substances or radiation, involves the risk of accidents that cannot reasonably be recognised or avoided, or there is a risk to health from extreme cold, heat, noise or vibration, then the young person may carry out work involving these risks if:

- The work is necessary for their training
- The work is properly supervised by a competent person
- The risks are reduced to the lowest level, so far as is reasonably practicable

Employers must advise the parents or guardians of any child of the possible risks and the control measures that have been put in place.

4 Health and safety guidance

4.1 Policy incorporation

This handbook incorporates several policies which can be used to support day-to-day health, safety and risk management at this organisation.

Annex	Title
A	Health and safety policy template
B	Accident reporting
C	Bomb threats
D	Calibration
E	Corporate manslaughter
F	Dynamic lockdown and emergency planning
G	Equipment maintenance
H	Fire safety
I	Fire warden guidance incorporating fire warden duties
J	First aid incorporating first aid needs assessment
K	Health and safety induction
L	Lone working
M	Manual handling
N	Medicines and medical gases
O	New and expectant mothers
P	Personal and general emergency evacuation plan (PEEP and GEEP)
Q	Portable appliance testing (PAT)
R	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
S	Stress at work
T	Suspect packages
U	Working at height

4.2 Homeworking

The organisation must be committed to exploring different and flexible ways of working, primarily to attract new recruits and to meet the needs of its existing staff and to enable the organisation to respond to changing circumstances, such as a pandemic.

The organisation will consider, where it is technically and operationally feasible, to agree to homeworking arrangements (either on a temporary or permanent basis) as an alternative to working at the normal workplace premises.

All employees with 26 weeks' continuous service with the organisation are entitled to make a request for flexible working (see the organisation's Flexible Working Policy). Homeworking is a type of flexible working; therefore, the organisation must give careful and proper consideration to such requests.

Individual requests for homeworking should be reviewed on their own merits, and agreement to a specific request will depend on an objective assessment of whether the employee's work can be done from home without any detriment to the organisation's services or patient relationships. As every job is different and every employee is different, the organisation cannot guarantee to agree to every employee's request to work at home.

For further detailed information, see the organisation's Homeworking Policy and Procedures.

Lone Working eLearning is available in the HUB.

4.3 Infection prevention and control (IPC)

The organisation must remain committed to the prevention of healthcare-associated infection and understand that patient safety is the utmost priority. Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires that healthcare premises are clean, secure, suitable and used properly, and that a provider maintains standards of hygiene appropriate to the purposes for which they are being used.

Good infection prevention and control (IPC) is essential to ensure that people who use primary care services receive safe and effective care. The organisation must demonstrate that it is committed to providing effective IPC procedures to minimise the risk of infection and to ensure the safety of patients, visitors and staff alike.

The organisation's Infection Prevention Control Handbook provides detailed guidance on several health, safety and risk-related topics including but not limited to:

- Personal protective equipment (PPE)
- Safe disposal of waste
- Safe management of sharps and inoculation injuries

Infection prevention and control eLearning Level 1 and Level 2 are available in the HUB.

4.4 Pandemic management

To enable the organisation to support the wider NHS in effectively managing the response to any pandemic outbreak, processes should be in place to ensure that staff fully understand the threat and potential impact of any pandemic that remains the top risk on the UK Cabinet Office's National Risk Register.

All employees have a role to play in supporting the wider NHS when responding to a pandemic outbreak and will be required to provide guidance and support to patients and the wider community.

Any pandemic outbreak is a realistic threat to the organisation and is likely to have a significant impact on the patient population. It is therefore essential that all employees are aware of their individual responsibilities.

For further detailed information, see the organisation's Pandemic Management Policy and Pandemic Staffing Policy (England & Wales). You may also refer to:

- Pandemic Management Policy (Scotland)
- Pandemic Management Policy (Wales)
- Pandemic Staffing Policy (Northern Ireland)
- Pandemic Staffing Policy (Scotland)

Preparing for a Pandemic eLearning is available in the HUB.

4.5 Vaccination and immunisation

Staff are at risk from infectious diseases that may be acquired through the course of their work, which may then be spread to patients. To mitigate such risks, the organisation will ensure that all staff have the appropriate immunisations.

When carrying out a work health assessment, employers must consider the requirements of the Equality Act 2010 (s60) which describes the specific circumstances under which employers can legally ask questions about any health or disability issues prior to making an offer of appointment.

This applies whether the offer is conditional or unconditional. The Act also places a duty on employers to consider any reasonable adjustments (as far as is reasonably practicable) to ensure that people with disabilities are not disadvantaged during the recruitment process and are treated fairly when considering working arrangements and the working environment.

For further detailed information, see the organisation's Staff Immunisation Policy and CQC GP mythbuster 37: Immunising healthcare staff.

4.6 Violent and aggressive patients

Whilst any act of intimidation, aggression or violence, be it verbal or physical, is not acceptable, it is acknowledged that a minority of patients may, on occasion, be abusive or violent towards employees of the organisation.

In addition, any unreasonable behaviour is also unacceptable and, as such, needs to be managed appropriately and consistently. Primary care organisations have zero tolerance towards poor behaviour and are committed to reducing the risk to staff and other patients.

The organisation will take action to manage this type of behaviour, and this applies to all aspects of contact with the organisation, including inappropriate behaviour on social media.

For further information about managing inappropriate behaviour or violence, managing an unreasonable patient, template warning letters and behaviour agreements, panic alarms and the reporting of incidents, see the organisation's Dealing with Unreasonable, Violent and Abusive Patients Policy.

Dealing with Violent and Abusive Patients eLearning is available in the HUB.

4.7 Waste management

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 require that healthcare premises are safe, the equipment used is also safe and that there are systems in place to manage the control of infection. The management of healthcare waste is an essential part of ensuring that healthcare activities do not pose a risk or potential risk of infection and are appropriately managed.

Clinical waste is classed as hazardous material and must therefore be handled and disposed of in a safe manner to ensure that personnel are not injured or exposed to contamination. The risks from waste disposal must be properly controlled.

For further detailed information, see the organisation's Waste Management Policy and Infection Prevention Control Handbook.

Infection prevention and control eLearning Level 1 and Level 2 are available in the HUB.

5 Premises guidance

5.1 Asbestos

The duty to manage asbestos is contained in Regulation 4 of the Control of Asbestos Regulations 2012. It requires the person who has the duty to:

- Take reasonable steps to find out if there are materials containing asbestos in non-domestic premises, and if so, its amount, where it is and what condition it is in
- Presume materials contain asbestos unless there is strong evidence that they do not
- Make, and keep up to date, a record of the location and condition of the asbestos-containing materials, or materials that are presumed to contain asbestos

- Assess the risk of anyone being exposed to fibres from the materials identified
- Prepare a plan that sets out in detail how the risks from these materials will be managed
- Take the necessary steps to put the plan into action
- Periodically review and monitor the plan, and the arrangements to act on it, so that the plan remains relevant and up to date
- Provide information on the location and condition of the materials to anyone who is liable to work on or disturb them

There is also a requirement for others to cooperate as far as is necessary to allow the duty holder to comply with the above requirements.

The duty holder is the owner of the non-domestic premises or the person or organisation that has clear responsibility for the maintenance or repair of non-domestic premises, for example, through an explicit agreement such as a tenancy agreement or contract.**Error! Bookmark not defined.**

5.2 Asset register

Ensuring the security of organisational assets is essential, and robust asset management will maintain financial efficiencies and contribute towards the delivery of safe and effective patient care.

In accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 15 (Premises and Equipment), the organisation must ensure that equipment is available in sufficient quantities and stored safely and securely to prevent theft, damage or misuse.

The organisation must also make sure that medical devices are available when required and are disposed of or recycled safely and securely.

The asset register should form part of the Business Continuity Plan and for insurance purposes needs to show where, when and at what cost any organisation-owned item was purchased. This information is equally valuable when any extended warranty claim is required or when assessing the durability and cost-effectiveness of a product in need of replacement.

For further detailed information, see the organisation's Asset Register.

5.3 Automatic doors and gates

Powered door and gate safety is not just about the individual components that make up the product, but about the way in which they are combined to fit a particular set of circumstances, and what is done over time to maintain safety.

At all times, powered gates and doors must respond in a safe way when any person interacts with them. Their design must consider that interactions may well go beyond normal

use, including normal wear and tear. Also, adverse environmental influences, particularly wind and rain/snow and other debris, can impair function.**Error! Bookmark not defined.**

Owners and occupiers of commercial premises with powered gates have responsibilities under the Workplace (Health, Safety and Welfare) Regulations 1992. These include basic safety by construction (Regulation 18) and by maintenance (Regulation 5). Owners and occupiers may also have duties under Section 3 of the Health and Safety at Work etc. Act 1974 for the safety of persons (including the public) they do not employ.

While the responsibility for safe design/construction and installation may rest with others, the owner/user should ensure that the installed product is safe and kept safe. They should study the User Instructions that must come with the product and assess what servicing and inspection/safety checks may be necessary.

All servicing and maintenance records should be retained in the logbook for the automated doors.

5.4 Burglar alarm maintenance

The organisation's burglar alarm (or intruder alarm) system should be maintained regularly, and this may be a requirement of the buildings and contents insurance policy. Industry experts recommend that this should take place at least annually if it is a bell-only alarm, and twice yearly if it incorporates a police-approved monitoring system.

CQC inspections will review the appropriate documentation in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 15.

5.5 Car park management

The organisation has a legal responsibility to ensure that all workplace traffic routes are safe for the people and vehicles using them. Where vehicles and pedestrians share a traffic route, there must be enough separation between them, suitably maintained and fit for purpose.

A car park risk assessment will be undertaken each year. In the event of a major change or incident occurring, the risk assessment will be reviewed sooner. The findings (and any actions arising) will be shared with the organisation's partners.

For further detailed guidance, see the organisation's Car Park Management Policy and Car Park Risk Assessment.

Risk Assessment eLearning is available in the HUB.

5.6 Closed-circuit television (CCTV)

CCTV systems are valuable tools that enhance the safety, security and wellbeing of services, staff and patients and are an increasingly common sight in GP organisations.

The organisation will ensure that the CCTV system is installed and used in accordance with extant legislation:

- Equality Act 2010
- UK GDPR (General Data Protection Regulation)
- Data Protection Act 2018
- Surveillance Camera Code of Practice 2013

For further detailed information, see the organisation's Closed-Circuit Television Monitoring Policy.

5.7 Cleaning standards and schedules

The cleanliness of healthcare premises is an important component of providing hygienic, safe care. The NHS Constitution clearly sets out that patients have a right to be treated in an organisation that meets the required levels of safety and quality. The NHS has further pledged that services will be provided in a clean and safe environment that is fit for purpose and based on national best practice.

The Care Quality Commission (CQC) will continue its inspection programme to ensure that healthcare providers are meeting the requirements of the:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15

- Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance

Cleaning in a healthcare environment requires the use of chemical agents and this is potentially dangerous. Employers are therefore required to protect employees and others who may be exposed to them by complying with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

For further information, see the organisation's Cleaning Standards and Schedule Policy.

5.8 Disability and impairment

CQC GP mythbuster 67 states: "The Equality Act 2010 places a duty on employers and service providers to make reasonable adjustments for disabled people to ensure they are not disadvantaged compared with non-disabled people."

The organisation has a duty to make reasonable adjustments for disabled people. Physical and mental conditions might be treated as a disability under the Equality Act depending on the effect they have on an individual's daily life. Making reasonable adjustments can have a positive impact on the wider community and benefit other people. It is therefore good practice and adds value to the service for everyone.

Reasonable adjustments for people with a physical impairment include:

- Ramps and stairway lifts
- Wider doors

- Automatic doors
- Additional lighting and clearer signs
- Disabled, wide-door, accessible toilets with low basins
- Communication support
- A hearing loop

For people with a sensory impairment, this can include calling patients by their name, displaying appointments on an electronic screen, or escorting patients to the treatment room.

For further detailed information, see the organisation's Disability – Staff reasonable adjustments agreement and the Accessible Information Standard Policy.

Accessible Information Standard eLearning is available in the HUB.

5.9 Display energy certificate (DEC)

A guide to display energy certificates and advisory reports for public buildings explains that the purpose of introducing DECs is to raise public awareness of energy use and to inform visitors to public buildings about the energy use of a building. DECs provide an energy rating of the building from A to G, where A is very efficient and G is the least efficient. They are based on the actual amount of metered energy used by the building over the last 12 months within the validity period of the DEC.

Public authorities must have a DEC for a building if all of the following are true:

- It's at least partially occupied by a public authority (council, leisure centre, college, NHS trust)
- It has a total floor area of over 250 square metres
- It's frequently visited by the public

DECs last for one year for buildings with a total useful floor area of more than 1,000 square metres. They last for ten years when the total useful floor area is over 250 square metres and up to 1,000 square metres.

5.10 Electrical safety certificate

Whilst not a legal requirement, it is recommended that premises owners have the building's electrical systems checked at least every five years. The aim of this is to reduce risk and ensure that the electrical systems conform to the Electricity at Work Regulations 1989 and the British Standard BS 7671 requirements for electrical installations.

It is highly likely that the CQC will ask the organisation for a copy of their Electrical Safety Certificate during an inspection.

Health and Safety: Office, Electrical and Fire Safety eLearning is available in the HUB.

5.11 Emergency equipment and medicines

CQC GP mythbuster 1 advises that the organisation must be equipped to deal with a medical emergency and all staff should be suitably trained. The Resuscitation Council UK lists minimum suggested equipment to support CPR in primary care settings. This list is not comprehensive; it should be interpreted and risk-assessed by the organisation.

CQC GP mythbuster 9 explains what emergency medicines should be available in the organisation. Such medicines should be stored in safe, appropriate conditions and should be known to staff. The organisation must be able to show that they have considered the risk and local context when deciding which medicines to stock, including emergency medicines. Any assessment of risk should include the reasons why a particular medicine on the suggested list is not required or a substitute is used.

For further detailed guidance, see the organisation's Clinical Guidance Document – Medical Emergencies.

Anaphylaxis, Resuscitation and Sepsis eLearning is available in the HUB.

5.12 Emergency lighting

Emergency escape lighting consists only of escape-route emergency lighting throughout the organisation's premises. This is the minimum requirement for all healthcare facilities. Emergency lighting should enable people to remain safely on the premises in the event of a loss of power or to evacuate the premises safely if required. Health Technical Memorandum 06-01 advises that all emergency escape lighting should have a minimum duration of three hours' functionality.

The organisation will ensure that emergency lighting is tested as follows:

- **Daily:** Checking for functionality and for any defects
- **Monthly**: BS EN 50172 and BS 5266-8 require all emergency lighting systems to be tested on a monthly basis
- **Annually**: A full test of the system to test lighting durability

The organisation will record the results of the monthly and annual tests.

Fire Safety and Fire Warden eLearning is available in the HUB.

5.13 Gas safety

The organisation will have all gas appliances checked for safety every 12 months by a Gas Safe registered engineer.

The HSE explains that, by law, landlords are generally responsible for making sure that gas fittings and flues are maintained in good order, and that gas appliances and flues are checked for safety once in a period of 12 months. They must also keep a record of the safety checks for at least two years and issue the latest certificate to existing tenants. If the organisation owns the appliance, they are responsible for its maintenance and safety checks. It would be appropriate to schedule a gas safety review along with other premises checks.

5.14 Insurance

It is essential that the organisation has cover that is fit for purpose and covers all eventualities. Failure to do so may have serious financial consequences for the organisation.

The organisation will consider policies that cover the following:

- Public liability
- Legal protection covers against financial, contractual, property and other disputes
- Building and contents
- Vehicles (if the organisation owns 'pool' transport)

For further detailed information, see the organisation's Insurance Cover Checklist.

5.15 Keyholders

The organisation must ensure that the appropriate procedures are in place to enable individuals to hold keys for the organisation on an 'as needed' basis. In doing so, the organisation will be able to retain full control, thereby ensuring that the security of the organisation is at an optimal level and the risk of unauthorised access is significantly reduced.

If the organisation opts to outsource the keyholding function to a contractor, a Service Level Agreement will be required.

For further detailed information, see the organisation's Key Security and Keyholding Policy.

5.16 Legionella

The organisation is committed to the management of safe water and in particular managing the risk of exposure to legionella. Legionnaire's disease occurs when individuals are exposed to legionella that is growing in purpose-built systems. Legionnaire's disease is potentially fatal, and it is essential that an effective management system is in place to protect patients, staff and service users.

The organisation must act in accordance with the Approved Code of Practice and guidance and:

- Identify and assess sources of risk
- Effectively manage risks
- Take preventative measures
- Control any risks

- Maintain accurate records

For organisations employing five or more people, it is necessary to record any significant findings, including any groups or employees identified as being particularly at risk and the steps taken to prevent or control risks.

For further detailed information, see the organisation's Safe Water Policy.

Legionella Awareness eLearning is available in the HUB.

5.17 Liquid nitrogen

The organisation must ensure that all staff are aware that appropriately trained clinical staff use liquid nitrogen for cryotherapy.

The Health and Safety Executive (HSE), under COSHH Regulation 2 Definitions, states that liquid nitrogen is classified as a substance hazardous to health as per the Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004). It is therefore essential that a COSHH risk assessment is completed regarding the storage, handling and use of liquid nitrogen.

It is the responsibility of all clinical staff to ensure that they fully understand the requirements regarding the safe use, storage and handling of liquid nitrogen. It remains the responsibility of the organisation's management team to ensure that all relevant staff are appropriately trained and competent in the use of liquid nitrogen.

For further detailed information, see the organisation's Cryotherapy Policy.

COSHH eLearning is available in the HUB.

5.18 Medical devices

Training in the use of medical devices is a crucial factor in device safety. All staff should undergo training in the use of medical devices that are pertinent to their role and scope of practice.

Routine checks of medical devices by the user(s) will ensure that the devices operate appropriately. Should a user identify a defective device or a device that no longer functions, they are to report it to the relevant person in the organisation who is responsible for the maintenance, calibration and replacement of all medical devices.

On occasion, it may be necessary to loan certain medical devices to service users (patients, carers or their relatives) as part of their ongoing care needs. All equipment loans should be coordinated by the organisation, ensuring that the device is serviceable and ready for use by the end user. For safety, it is essential that service users being loaned a device are deemed competent to use and maintain the device and agree to return it in the same condition.

In general practice, medical device management is an essential, everyday requirement. Robust management systems and equipment that is fully functional support the aim of the organisation, which is the delivery of safe, effective, high-quality patient care.

For further detailed guidance, see the organisation's Medical Device and Equipment Loan Management Policy.

5.19 No smoking

The organisation recognises its duty of care to ensure that those working in or visiting the premises can do so in an environment that is free of tobacco smoke. Smoking, including the use of e-cigarettes, is prohibited in all parts of the building, around doorways and entrances to the building, and in any vehicles used for work.

It is recognised that it would be inappropriate to exclude cigarette breaks or impose a restrictive number of breaks during the working day for those who choose to smoke. However, those employees who do smoke should be mindful of the impact of their breaks on both their work and their colleagues; therefore, they will be required to limit the number and duration of cigarette breaks during working hours as well as utilising designated break times for smoking purposes. It will be the responsibility of the line manager to monitor this at a local level and to raise any concerns with the employee.

For further detailed information, see the organisation's No Smoking Policy.

5.20 Panic alarms

The organisation has adopted various panic alarms for use by its staff and within its premises, recognising the risks to the health and safety of staff that could arise from instances of aggressive behaviour. This procedure enables staff to respond if a panic alarm is sounded by a member of staff.

The existence of such alarms enables a member of staff to initiate a supportive response from within the organisation when they perceive themselves to be under threat or are experiencing aggressive behaviour.

The response to different scenarios can be significantly improved with training and this is to be included in the organisation's training programme. Such training should include role-play scenarios that will be designed to test staff members.

An appropriate response to any incident can significantly alter the outcome of that incident within the organisation. Whilst each incident will differ, appropriate planning, training and subsequent response can promote the safety and welfare of both staff and patients.

For further detailed information, see the organisation's Panic Alarms Policy and Procedure.

HUB Conflict Resolution and Dealing with Violent and Abusive Patients eLearning is available in the HUB.

5.21 Premises management and maintenance

In accordance with The Workplace (Health, Safety and Welfare) Regulations 1992, employers have a general duty under Section 2 of the Health and Safety at Work etc. Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare of their employees at work. People in control of non-domestic premises have a duty (under Section 4 of the Act) towards people who are not their employees but use their premises.

The appropriate manager or members of staff should be able to arrange and authorise minor repairs to the property such as problems with the plumbing, central heating or electrical installations without the need to refer to the partners. A list of usual contractors should be kept for those occasions when the appropriate manager may be absent.

Improvements to the property will invariably need to be agreed in the first instance with the partners or may be covered by the lease with the owners where the property is not organisation owned.

For further detailed information, see the organisation's Risk Assessment and Control Form – Locking and Unlocking Premises.

An External Inspection of Premises Checklist is available at Annex V and an Internal Inspection of Premises Checklist is available at Annex W.

Lone Working and Risk Assessment eLearning is available in the HUB.

5.22 Refrigerators

The organisation will ensure that only specifically designed, validated fridges are used for the storage of pharmaceutical products. The organisation acknowledges that they may be asked to provide evidence of the log of fridge temperatures, maintenance checks and a policy for what to do if a temperature breach occurs.

All staff working at the organisation are permitted to store their own food in the domestic fridge provided. A record of cleaning and maintenance checks for the domestic fridge will also be retained.

For further detailed information, see the organisation's Cold Chain Policy.

Maintaining the Cold Chain eLearning is available in the HUB.

5.23 Security

Controlling access is particularly difficult given the number of people who visit the organisation daily. It is therefore essential that only authorised personnel can access staff-only areas in the building.

Staff must ensure that those areas protected with locks always remain secure; doors must not be wedged open under any circumstances, and codes must not be given to patients or visitors.

All visitors and contractors must sign in and out of the building in the visitor log, which is kept at reception. Any visitor or contractor who requires access to staff-only areas should be issued with a visitor badge and escorted by their host when inside staff-only areas.

Reception staff must ensure that when a visitor or contractor leaves, the staff member must sign the log to confirm the individual has left the premises. Furthermore, all staff must ensure that the premises are fully secured at the end of the working day and the organisation's intruder alarm is set.

The organisation acknowledges the need to protect personally identifiable information, which may be found in the visitor or signing-in book, and will strive to ensure compliance with the UK GDPR.

For further detailed guidance, see the organisation's Practice Security and Risk Assessment Policy and the Third party confidentiality agreement – Incorporating fire safety and risk awareness for visitors.

5.24 Shredding

The Secretary of State for Health and all NHS organisations have a duty under the Data Protection Act 2018 to make arrangements for the safe keeping and eventual disposal of all types of records. In health and social care, the primary reason for managing information and records is to provide high-quality care.

The organisation is responsible for ensuring that the provider chosen to carry out off-site destruction is fully compliant and accredited as follows:

- BS EN 15731:2009 in the role of undertaking the shredding and disposal of confidential paper waste off-site
- ISO 15489-1:2016 standards
- ISO 9001 (UKAS approved) certificate of compliance

ISO 9001 confirms that the contractor, as a member of the British Security Industry Association (BSIA), has obtained the required quality management systems and can evidence that these standards are both monitored and maintained.

For further detailed information, see the organisation's Confidential Waste Policy and the Environmental Guidance incorporating Waste Management Standards.

HUB Caldicott and Confidentiality eLearning is available in the HUB.

6 Risk management

6.1 Principles and purpose of risk assessments

The HSE Management of health and safety at work Approved Code of Practice (ACOP) explains that a risk assessment is carried out to identify the risks to health and safety to any person arising out of, or in connection with, work or the conduct of their undertaking. It should identify how the risks arise and how they impact on those affected. This information is needed to make decisions on how to manage those risks so that the decisions are made in an informed, rational and structured manner, and the action taken is proportionate.

The ACOP further advises that the purpose of a risk assessment is to help the employer determine what measures should be taken to comply with the employer's duties under the relevant statutory provisions and Part II of the Fire Regulations. This covers the general duties in the HSW Act and the requirements of Part II of the Fire Regulations and the more specific duties in the various Acts and regulations associated with the HSW Act. Once the measures have been determined in this way, the duty to put them into effect will be defined in the statutory provisions.

6.2 Suitable and sufficient

The phrase 'suitable and sufficient' is not defined in any of the health and safety regulations; however, in practice, this means the risk assessment should do the following:

- The risk assessment should identify the risks arising from or in connection with work. The level of detail in a risk assessment should be proportionate to the risk. Once the risks are assessed and taken into account, insignificant risks can usually be ignored, as can risks arising from routine activities associated with life in general, unless the work activity compounds or significantly alters those risks. The level of risk arising from the work activity should determine the degree of sophistication of the risk assessment.

- Employers and the self-employed are expected to take reasonable steps to help themselves identify risks, e.g., by looking at appropriate sources of information, such as relevant legislation, appropriate guidance, supplier manuals and manufacturers' instructions and reading the trade press, or seeking advice from competent sources. They should also look at and use relevant examples of good practice from within their industry. The risk assessment should include only what an employer or self-employed person could reasonably be expected to know; they would not be expected to anticipate risks that were not foreseeable.

- The risk assessment should be appropriate to the nature of the work and should identify the period of time for which it is likely to remain valid. This will enable management to recognise when short-term control measures need to be reviewed and modified, and to put in place medium and long-term controls where these are necessary.

Note: The above is an extract from the ACOP.

6.3 Risk assessment methodology

The HSE recommends that a five-step approach is used to manage risk.

Step	Considerations
1. Identify hazards	Look around the workplace and identify anything that may cause harm. Consider the following: • How people work and how equipment is used • What chemicals and substances are used • What safe or unsafe work practices exist • The general state of the premises Review accident records as these can help identify less obvious hazards. Consider hazards to health such as manual handling, use of chemicals and causes of work-related stress. For each hazard identified, consider how employees, visitors, contractors or members of the public may be harmed. Consider vulnerable workers such as young workers, new or expectant mothers and people with disabilities. **Involve the team; ask them about their concerns and/or suggestions.**
2. Assess the risks	Decide how likely it is that someone could be harmed and the seriousness of the harm. Decide the following: • Who might be harmed and how • What control measures already exist • What further control measures are needed to control the risk(s) • Who needs to carry out the action • When the action is needed by
3. Control the risks	Look at existing processes and control measures and then consider the following: • Can the hazard be removed altogether? • If not, what control measures are required so that harm is unlikely? If additional control measures are necessary, consider: • Redesigning the process • Replacing the materials or process • Organising work to reduce exposure • Identifying and implementing practical measures needed to work safely • Providing the necessary PPE and ensure staff use it appropriately

	What 'reasonably practicable' means You are not expected to eliminate all risks but you must do everything 'reasonably practicable' to protect people from harm. This means balancing the level of risk against the measures needed to control the risk in terms of money, time or trouble.
4. Record your findings	The following must be recorded: • The hazards • Who might be harmed and how • The control measures
5. Review the controls	Control measures must be reviewed to ensure they remain effective. They should also be reviewed when: • There are changes in the workplace that may lead to new risks such as changes to staff, processes or when new equipment or substances are introduced Consider a review if the workforce identifies any issues or if there have been accidents or near misses. **Remember to update the risk assessment with any changes that are made.**

6.4 Competent persons

The HSE advises that a competent person is someone who has sufficient training and experience or knowledge and other qualities that will enable them to support the organisation effectively.

It is recommended that when identifying a competent person, preference is given to those within this organisation who have the appropriate level of competence before seeking external support.

6.5 Rating risks

The matrix below should be used to rate (or grade) a risk.

Consequence x Likelihood = Risk

		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence	5 Catastrophic	5 Moderate	10 High	15 Extreme	20 Extreme	25 Extreme
	4 Major	4 Moderate	8 High	12 High	16 Extreme	20 Extreme
	3 Moderate	3 Low	6 Moderate	9 High	12 High	15 Extreme
	2 Minor	2 Low	4 Moderate	6 Moderate	8 High	10 High
	1 Negligible	1 Low	2 Low	3 Low	4 Moderate	6 Moderate

6.6 Interpreting risk matrices

In every element of risk assessment, interpretation as well as judgement is required. The table below gives examples of how to interpret the risk matrix.

Consequence description	Injury interpretation	Matrix description likelihood	Likelihood interpretation
Catastrophic	Fatal or multiple fatality	Almost certain	There are no significant controls in place or those that are, are only 'nominally' in place but are never actually practised, managed or in any way effective. Often compounded by very poor behaviour of those involved.
Major	A permanent disabling injury such as loss of limb, damage to organs, loss of sight, etc.	Likely	Limited controls in place, often not very effective and involve frequent significant lapses in practice or application. Often limited competency of those involved and/or a lack of supervision leading to poor behaviours.

Moderate	A recoverable injury, may include a broken limb, a cut requiring sutures or a recoverable illness	Possible	Some controls are in place which are mostly effective but occasional significant lapses in practice or application do occur. General competencies may vary, but are generally positive with reasonable behaviours and supervision.
Minor	First-aid-type injury such as a cut (no sutures) or minor bruising or muscle ache/strain where limited professional care is required	Unlikely	Controls are generally quite effective in a reasonable work environment with infrequent minor lapses in practice or application of controls. Behaviour of those involved is generally good.
Negligible	No significant harm, e.g., self-treat with no requirement for professional care	Rare	Controls are very robust and are effectively practised every time, with good behaviours exhibited. Usually very good levels of supervision, higher levels of competency and good motivation from those involved.

6.7 Risk assessment template

The important aspect of a risk assessment is the content. The template below will enable risk assessors at this organisation to complete a reflective risk assessment.

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Risk assessment template

Risk assessment title	**Car park**	**Date of assessment**	**30/11/2023**
Assessment conducted by	**L H Jones (Ops Mgr)**	**Date of next review**	**29/11/2024**
Contributors	**P O Smith (PM)**	**Risk reference**	**06/23**

What are the potential hazards?	Who is at risk of being harmed and how?	What are you already doing to control the risks?	Risk rating	Additional control measures required	To be implemented: by who, by when?	Residual risk
Uneven surface in the practice car park	Staff, patients, contractors, visitors could trip or fall on the uneven surface resulting in minor to moderate injuries.	Cones are placed over potholes. Car park is well lit.	9	Signage to be displayed, warning all of the uneven surface. Arrange for contractor to resurface car park.	Ops Mgr – 05/01/2024 PM – 31/03/2024	6
Adverse weather conditions such as snow and ice	Staff, patients and visitors could slip on snow and ice.	Car park is gritted during winter months.	9	Review adverse weather arrangements including routine for gritting.	Ops Mgr 30/11/2023	9

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		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence	5 Catastrophic	5 Moderate	10 High	15 Extreme	20 Extreme	25 Extreme
	4 Major	4 Moderate	8 High	12 High	16 Extreme	20 Extreme
	3 Moderate	3 Low	6 Moderate	9 High	12 High	15 Extreme
	2 Minor	2 Low	4 Moderate	6 Moderate	8 High	10 High
	1 Negligible	1 Low	2 Low	3 Low	4 Moderate	6 Moderate

6.8 Risk register

A risk register is a management tool, which is classed as a living document, where the organisation details all identified risks. The purpose of the register is to maintain oversight of all risks at the organisation. Risks can be identified reactively or proactively, and the risk register is a comprehensive tool aimed at reducing the possibility of adverse outcomes.

This organisation uses Risk Register Manager, which is part of the Compliance Package, accessible in the HUB. This is a simple and effective way to record and assess risks, apply ratings and monitor actions in one central location.

7 Control of substances hazardous to health (COSHH)

7.1 Overview

The Control of Substances Hazardous to Health (COSHH) is a fundamental part of the management of health and safety for all healthcare organisations. The basic principles of COSHH assessments are the same as general risk assessments. COSHH is the law that requires employers to control substances that are hazardous to health.

Risk Assessments including COSHH eLearning is available in the HUB.

7.2 Duties and responsibilities

Employers' duties and responsibilities are set out in Regulation 3 of the Control of Substances Hazardous to Health Regulations (2002) Approved Code of Practice. As an employer, there is a requirement for the organisation to assess the risks associated with hazardous substances at work and to control these risks. The HSE website provides many sources of useful information to help organisations comply with the law and control exposure to hazardous substances in the workplace.

If the organisation uses or generates chemicals or other hazardous substances that could put people's health at risk, then COSHH risk assessments and adequate controls are required.

7.3 Defining a substance hazardous to health

The COSHH Approved Code of Practice (ACOP) explains that COSHH applies to a wide range of substances and preparations that have the potential to cause harm to health if they are ingested, injected, inhaled or absorbed by, or come into contact with, the skin or other body membranes.

A substance hazardous to health need not be just a chemical compound; it can also include mixtures of compounds, micro-organisms or natural materials such as flour, stone or wood dust.

The diagram below illustrates hazard pictograms (symbols) that may appear on the labelling of COSHH products.

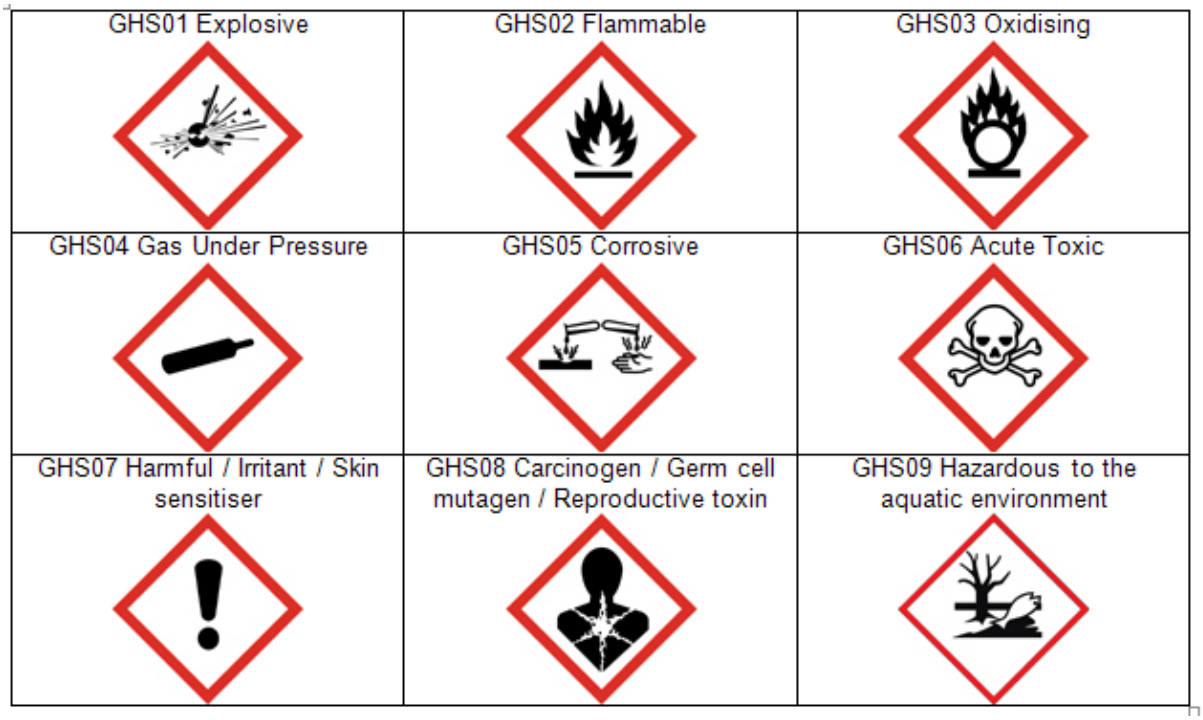

Image source: hse.gov.uk

7.4 Safety data sheets (SDSs)

If the organisation buys in a chemical product that is classified as 'dangerous to supply', it will come with a Safety Data Sheet which will help in the process of making a risk assessment. A SDS describes the hazards the chemical presents and will give information regarding, for example, handling, storage and emergency measures in case of accident.

SDSs are required by the UK Registration, evaluation, authorisation and restriction of chemicals regulation (REACH). Whilst the SDS is not a risk assessment, it will describe the hazards and this will help those responsible to assess the probability of those hazards arising in the workplace, usually in the context of a task.

SDSs are essential if a chemical is dangerous and is being supplied for use at work, whether in packages or not. SDSs are also needed if the chemical is not classified as hazardous but contains small amounts of a hazardous substance(s). SDSs must be provided by the supplier/manufacturer of the hazardous substance.

Best practice for SDSs includes:

1. Recording the issue date and/or any reference numbers on the SDS on the COSHH risk assessment
2. Making the SDS available for staff to access or refer to as required
3. Ensuring that emergency plans for the spillage/release of hazardous substances are available to staff

7.5 What should be assessed?

Managers should consider the significant risks that may be posed by hazardous substances in the context of:

- The tasks undertaken with the substance (e.g., how it is applied/used)

The assessment should also consider any significant risks posed by:

- How the hazardous substance is stored
- How the hazardous substance is transported (inbound and outbound)
- How the hazardous substance is disposed of
- Accidental release or spillage of the hazardous substance

There are potentially significant differences between the levels of risk posed by different products (hazardous substances) that, in context, will range from very high to very low. It is important to understand the potential for significant harm caused by each product or group of products and prioritise accordingly. It is recommended that an audit of products held on-site is conducted. The list of hazardous substances the audit reveals should then be prioritised for COSHH risk assessment.

To further support managers in determining what substances merit assessment, the HSE has provided a COSHH FAQ page.

Cleaning contractors have responsibility for undertaking risk assessments for their activities, including COSHH. However, if their products are stored on-site, it is suggested that a basic risk assessment be undertaken with control measures for adequate storage, security and access, and/or emergency spillages considered by the risk assessor.

General factors that may be considered in a COSHH risk assessment include:

- The relative security and accessibility of the hazardous substance to unauthorised persons including the public, particularly with regard to children and other vulnerable persons
- The competency of those involved
- How often the hazardous substance is used and for how long people are exposed to it, inclusive of any potential residual effects

Competent judgement must be exercised in relation to hazardous substances to ensure that the arrangements in place for their control are reasonable, including when substances are taken off-site.

7.6 COSHH risk assessment methodology

The organisation will use the HSE's five-step approach for all COSHH risk management. See section 6.3 for further details.

7.7 Hazard and precautionary statements

The Classification, Labelling and Packaging (CLP) Regulation ((EC) No 1272/2008) introduced a helpful list of both hazard and precautionary statements, as well as signal words, for suppliers and manufacturers of hazardous substances to use to inform customers about their products, including the use of SDSs.

A hazard statement is a unique numerical code prefixed with an 'H' which has an assigned phrase that describes the nature of the hazard in the substance or mixture. A hazard statement will be determined by the application of the classification criteria.

Examples include:

Reference	Description
H318	Causes serious eye damage
H301	Toxic if swallowed
H401	Toxic to aquatic life with long-lasting effects
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled

A precautionary statement is a phrase that describes recommended measures to minimise or prevent adverse effects resulting from exposure to a hazardous substance or mixture due to its use or disposal. A precautionary statement is prefixed with a 'P' followed by a unique reference number.

Examples include:

Reference	Description
P280	Wear protective gloves/protective clothing/eye protection/face protection
P270	Do not eat, drink or smoke when using this product
P273	Avoid release into the environment
P284	In case of inadequate ventilation, wear respiratory protection

Suppliers determine the appropriate precautionary statements based on the required hazard statements. These statements replace the 'safety and risk phrases' previously used in the Chemicals (Hazard Information and Packaging for Supply) Regulations 2009, which the CLP has replaced. The CLP regulations also introduced two new signal words – 'danger' and 'warning'.

If the chemical presents a more severe hazard, the label on the packaging will include the signal word 'danger' or in the case of less severe hazards, the signal word used will be 'warning'.

It is recommended that hazard and precautionary statements are used in the COSHH risk assessment. When the hazard has been detailed, the hazard statement(s) can be referenced below. Similarly, when documenting existing control measures, the precautionary statement can be referenced. Both statements can be found on the SDS.

7.8 COSHH risk assessment template

An example COSHH risk assessment can be seen below.

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COSHH risk assessment template

Risk assessment title	**Prefilled Formalin specimen jar**	**Date of assessment**	**30/11/2023**
Assessment conducted by	**L H Jones (Ops Mgr)**	**Date of next review**	**29/11/2024**
Contributors	**P O Smith (PM)**	**Risk reference**	**09/23**
Safety Data Sheet (SDS) link	**Solmedia SDS Prefilled Buffered Formalin 10% container 60ml**		

What are the potential hazards?	Who is at risk of being harmed and how?	What are you already doing to control the risks?	Risk rating	Additional control measures required	To be implemented: by who, by when?	Residual risk
Use of prefilled formalin specimen jars 60ml 10% neutral buffered formalin **Hazard statement(s)** H302 H317 H341 H350 ***Signal word:*** *Danger*	Staff members. When depositing a biopsy sample into a specimen jar, there is a risk of splashing formalin onto the skin. This may result in an allergic skin reaction.	All staff wear PPE, including eye protection when using specimen jars. **Precautionary statements** P201 P280 P301+312 P308+313 P332+331	9	Undertake a review of PPE to ensure that correct equipment is provided, including: • Safety glasses with side-shields to European standard EN 166 • Gloves to European standard EN 374	Practice Nurse 05/01/2024	6

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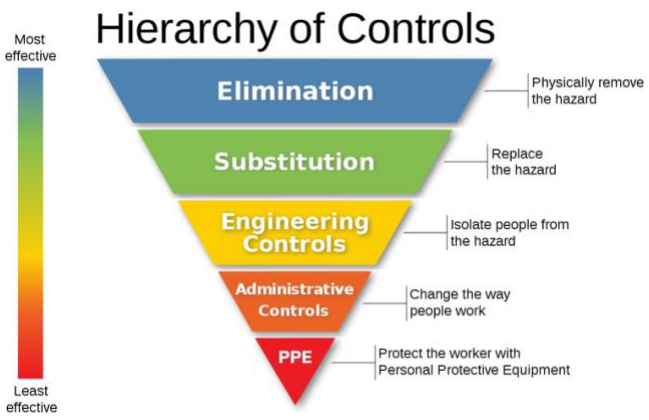
		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence	5 Catastrophic	5 Moderate	10 High	15 Extreme	20 Extreme	25 Extreme
	4 Major	4 Moderate	8 High	12 High	16 Extreme	20 Extreme
	3 Moderate	3 Low	6 Moderate	9 High	12 High	15 Extreme
	2 Minor	2 Low	4 Moderate	6 Moderate	8 High	10 High
	1 Negligible	1 Low	2 Low	3 Low	4 Moderate	6 Moderate

7.9 Additional controls

Existing control measures may require improvement or new controls may be needed. The hierarchy of controls is an effective way of assessing and prioritising control measures.

Principles	Simple explanation
 The 'higher up' the hierarchy, the more effective the controls are. Also, it is worth noting that the higher up the hierarchy, the less reliance there is on people doing the 'right thing'. One of the weaknesses of people is that we are human and therefore fallible and prone to occasional errors, whether these errors are created by, e.g., tiredness, confusion, forgetfulness, or for other reasons.	**Eliminate** – If the task can be eliminated, this is good; however, it may not be reasonably practicable **Reduce by using**: **Substitution** – Tends to be used for the management of chemicals by swapping a hazardous chemical for another that is less hazardous **Engineering controls** – This tends to be a physical barrier that separates the hazard from the person – e.g., a lead screen, door, locked cabinet, etc. **SWP and safe systems** – For example, a written way of doing a job **Signs and alarms** – For example, audible/visual alarms, notices, etc. **Information, training, instruction and supervision** – A simplified way of looking at this is 'the greater the risk, the more I, T, I & S should be provided' **PPE (Personal Protective Equipment) –** Can include gloves, masks, aprons, hearing protection, goggles, etc. (as a last resort)

When articulating a new control that is required, it is important to be clear about what controls are being introduced to reduce the level of risk. The most effective way this can be achieved is by constructing the control in terms of SMART – that is, specific, measurable, achievable, realistic and time bound.

When any changes to existing control measures are made, or when new control measures are introduced, it is imperative that these are communicated to the whole team.

8 Business risk assessments

8.1 Overview

Business risk assessments are broadly similar to general risk and COSHH assessments; however, they are assessed using a different methodology and there is a different risk matrix used to calculate the risk.

At this organisation, it is important that members of the management team have an appreciation of the potential risks that may arise, and how those risks may impact on achieving the current business objectives. The table below provides an overview of some of the potential subjects that may have an associated risk. Please note, this list is illustrative and not exhaustive.

Subject	Consideration(s)
Staff	Training and development, personal development, appraisals, recruitment and retention, health, safety and welfare, professional registration and competencies, consultation, coordination, communication and cooperation
Patients	Patient records, communication, contact and safety
Systems	Policies and procedures, quality management, information technology, data protection and confidentiality, clinical activities, health and safety, purchasing and budgets
Finance	Financial liability, fraud, income versus expenditure, rent, rates, utilities, salaries/drawings, insurance, etc.
Planning	Succession plan, business continuity plan
Other	Political, economic, sociological, technological, legal, environmental (PESTLE analysis)

It should be noted that not all risk is necessarily bad or negative; in fact, risk can have a positive influence, such as:

- Events that the organisation wants to happen
- Impacts that are beneficial
- When the organisation is proactive to create and exploit an opportunity

At this organisation, it is optional to record positive risks.

8.2 Business risk methodology

Business risks are assessed using the X, Y, Z methodology:

X – Briefly describes the nature of the problem
Y – Gives an illustrative reason why this event might occur

Z – Indicates an anticipated outcome that is reasonably foreseeable (at worst)

When using this methodology, it is best to do so as a whole sentence, for example:

X – Failing to meet CQC regulatory requirements, **Y** – due to having poor management systems, **Z** – resulting in the closure of the organisation.

Below are further examples that illustrate the use of the X, Y, Z methodology.

1. **X** – Lack of inward financial investment, **Y** – due to unclear priorities, **Z** – resulting in key equipment upgrades being delayed

2. **X** – Key member of staff being suddenly indisposed, **Y** – with no succession plan in place, **Z** – resulting in a significant business knowledge gap

3. **X** – Failing to maintain appropriate core staffing levels in key business areas, **Y –** due to limitations in local resources, **Z –** resulting in poor service delivery and/or increased locum costs

4. **X –** Key equipment breakdowns, **Y –** due to ineffective maintenance/failure to recognise wear and tear, **Z –** resulting in failure to deliver quality healthcare services

5. **X –** Failing to develop the skills of existing staff, **Y –** due to lack of investment, **Z –** resulting in disincentivised staff with ongoing retention issues

6. **X –** Failing to provide sufficient training to achieve mandatory requirements, **Y –** due to staff availability/time restrictions, **Z –** resulting in non-compliance with statutory/mandatory requirements

7. **X –** Increase in volume of quality complaints, **Y –** due to a lack of due diligence and/or process failure, **Z –** resulting in reputational damage of the organisation

8. **X** – Inability to fully comply with new COVID-19 requirements, **Y** – due to physical space restrictions within the premises, **Z** – resulting in limitations being placed upon service delivery, resulting in an increase in complaints

It is important for the organisation to define what a particular impact may mean in the context of the organisation's circumstances.

8.3 Business risk impact scale

Each number on the business impact scale must have an agreed value to the organisation, which must be meaningful, reflective and written in context. Illustrative examples are shown in the following table:

Impact rating	Reputational damage	Health, safety & wellbeing	Recruitment and/or retention	Fire	Financial
5	Sustained national media coverage of a negative event	Fatality or multi-fatality and/or prosecution at Crown Court for regulatory non-compliance	Inability to recruit/retain staff leading to core service suspension or service delivery failure	Permanent loss of premises	>£1 million anticipated cost of a significant or negative event
4	Sustained regional or local media coverage of a negative event	Non-recoverable injury	Short-term <3 months ability to recruit to key roles and/or loss of several key staff	Loss of part of premises >4 weeks	>£100K but <£1 million anticipated cost of a negative event
3	Single front-page article of general criticism in local newspaper	Recoverable injury requiring hospital treatment	Temporary unplanned loss >1 week of >2 staff from same department	Loss of part of premises <4 weeks	<£100K but >£10K anticipated cost of a negative event
2	Multiple general (minor) complaint letters from public or patients	Minor injury to a person and/or damage to equipment	Temporary unplanned loss <1 week of a staff member	Loss of part of premises for up to 72 hours, e.g., damage from a flood or break-in, etc.	>£500 anticipated cost of a negative event
1	Single letter of complaint on a minor matter	Minor damage but no injury from an accident	<48 hours absence of 1 member of staff	Temporary loss of room or part of premises	<£500 anticipated cost of a negative event

8.4 X, Y, Z impact descriptors

Sometimes managers identify the outcome (or even a reason why something might happen) in the first instance, meaning that the person undertaking the business risk assessment may have to work backwards to enable the description to make sense for others. Imagine that a manager has a concern, such as:

"They are worried that they might be prosecuted"

On its own, the above statement has little context. Therefore, the above outcome (Z) needs to be supported by meaningful information to give more context.

As Z is notionally about being prosecuted, it is key to understand the rationale for why this prosecution could occur.

There are a host of different reasons that could be used; however, all that is required is to describe a single illustrative reason (Y) that is reasonably foreseeable.

For example **–** *'Due to a lack of due diligence' (Y)*

Taking this process on to its last step, the final question (to identify X) should be: what is the nature of the problem?

For example – 'The Fire Service Inspectorate stated categorically that they could almost certainly prosecute if the current non-compliance continued'

The above information needs to be broken down into component parts then placed in chronological order so that it becomes a meaningful short sentence (risk description). This risk description (X, Y, Z) can then be impact-rated, using an agreed matrix (see section 5.9), and would be rated 5 on the illustrated business impact scale.

8.5 Business risk control strategies

There are various strategies that can be deployed to control risk. The HSE provides the following basic strategies which can be used by the organisation:

Strategy	Comment
Eliminate	Discontinue the activity in its entirety so that the risk is removed. Although this should always be considered, it may not be reasonable.
Reduce	By the allocation of resources. It is worth noting that, in most circumstances (whilst there are exceptions), the likelihood of occurrence is usually influenced more than the potential impact.
Tolerate	This is a level of risk that the business will essentially 'put up with', whilst actively managing the risk using existing, effective control measures.
Transfer	This is when (usually with written consent) a risk is transferred in its entirety to another organisation.

8.6 Managing resources

At this organisation, the management team must ensure, so far as is reasonably practicable, that resources are deployed appropriately in order to manage an identified risk. The following must be considered:

- The time and effort that can be allocated by individuals/teams
- The people available (including their competencies)
- Levels of supervision and monitoring
- Equipment and supplies

For the organisation to effectively allocate resources, the following principles will be considered:

- Higher-level risks where assessed (numerically) are to be more deserving of resources than lesser medium and lower-level risks
- Medium-level risks where assessed (numerically) are less than higher-level risks but still more deserving of resources than lower-level risks
- Lower-level risks where assessed (numerically) may require resources based upon their relative priority

8.7 Business risk action planning

At this organisation, new control measures will be articulated clearly and shared with the team, thereby ensuring that staff members understand what control measures are being introduced to reduce the risk. This will be achieved by using the SMART model: Specific, Measurable, Achievable, Realistic and Time bound.

8.8 Additional business risk considerations

To ensure that all managers at this organisation are aware of all elements of organisational activity, they should consider the following:

- Is there confidence in the arrangements that enable a clear understanding of the key business risks that currently affect the organisation?

- How effectively does the organisation compare and contrast risks from different elements of core business (e.g., comparing a financial risk against an operational risk)?

- Is there confidence that adequate time and resources are currently given to risk management?

The management of business risk is a proactive process, enabling the organisation to obtain reasonable assurance that its business objectives can be met through the most effective deployment of controls in context with their relative priorities.

8.9 Business risk assessment template

A template for assessing business risks is shown below.

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Business risk assessment template

Risk assessment title	**Regulatory compliance**	**Date of assessment**	**1/12/2023**
Assessment conducted by	**P O Castle (BM)**	**Date of next review**	**30/11/2024**
Contributors	**D R Who (GP Partner)**	**Risk reference**	**11/23**

Risk description (X, Y, Z)	Likelihood	What are you already doing to control the risks?	Risk rating	Additional control measures required	To be implemented: by who, by when?	Residual risk
(X) Compliance with enforcement requirements not met, **(Y)** due to lack of due diligence on regulatory compliance actions, **(Z)** resulting in a potential prosecution.	No progress has been made since being notified in writing 2 months ago; with Practice Manager now on long-term sick leave, no interim PM has yet been appointed.	Contractor requested to quote for improvement works, lead time is 8 weeks, with Fire Service re-inspection due next month.	20	Appoint an interim PM. Communicate with Fire Service, explaining that current situation is impacting adversely on planned improvement works.	Business Manager 05/01/2024 Business Manager 08/12/2023	10

		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence	5 Catastrophic	5 Moderate	10 High	15 Extreme	20 Extreme	25 Extreme
	4 Major	4 Moderate	8 High	12 High	16 Extreme	20 Extreme
	3 Moderate	3 Low	6 Moderate	9 High	12 High	15 Extreme
	2 Minor	2 Low	4 Moderate	6 Moderate	8 High	10 High
	1 Negligible	1 Low	2 Low	3 Low	4 Moderate	6 Moderate

9 Reviewing and retiring risk and COSHH risk assessments

9.1 Recommendations

The HSE advises that whilst there is no legal time frame for when the organisation should review risk or COSHH risk assessments, they recommend that risk assessments be reviewed on an annual basis. Therefore, this organisation will review all risk and COSHH risk assessments annually.

9.2 Retiring risks

Risks are not normally retired as, by their nature of being a risk that might occur, they normally remain on the risk register and are periodically reviewed along with the risk assessment.

However, in certain circumstances, a risk may be retired – for instance, if the risk has been removed. An example of this could be that the building used to have asbestos within its infrastructure but following a building asbestos survey, it was agreed to have all of this removed. Once the works have been completed then the risk is redundant as it cannot reoccur. In this instance, retiring or 'terminating' the risk would be appropriate.

It should be noted that should any risk be transferred to another organisation – for example, if the building is owned by NHS infrastructure – then for this particular example, whilst it is their responsibility to conduct an asbestos survey, you still have an obligation to ensure that this occurs.

10 Issues

10.1 Defining an issue

An issue is an event that has already occurred and, as a result, it is recorded separately from risks in an issues log (or register). An issues log can be and is often referred to as a 'to-do list'. Whilst risks and issues are distinctly different, they may be used together as there are scenarios whereby a risk can also be an issue. Here is an example:

Following recent cold weather, a large pothole has appeared in the practice car park and a patient has just tripped and injured themselves.

- As this event has occurred, it is an issue and needs to be added to the issues log. An associated action would be to arrange for a contractor to repair/resurface the car park.
- A significant event will need to be raised as the patient has been harmed (and there may be litigation).
- As there is a risk of injury to staff, patients, visitors and contractors, as they could trip, fall and injure themselves, then this will need to be added to the risk register.

10.2 Issues log

An issues log should have two sections: those that are current (live), and those that have been completed (retired/archived). The organisation may opt to have sub-departmental logs to allow each area to report and then feed their required actions into a central issues log; this will be maintained by the organisation manager or their nominated representative.

The following are considered key components of an issues log.

Component	Description
Reference number	Generated internally, typically sequential, i.e., 01/20, meaning issue one of 2020
Issue category examples (this list is not exhaustive)	**HRM –** Training and development, travel and lone working, training matrix management, personal development reviews (PDRs), recruitment and retention, health, safety and welfare, professional registration and competencies, consultation, coordination, communication and cooperation **Patient related** – Records, communication, contact and safety **Premises** – Infrastructure, equipment servicing/ maintenance (gas safety, water, electricity, etc.), external technical assessments/reports (fire and asbestos, etc.), service providers/suppliers, contractors (third-party cleaning services, maintenance, etc.) **Systems** – Policies and procedure, quality improvement, IT, data protection, confidentiality, compliance, governance and assurance, H&S **Planning** – Succession plans, business continuity plan, fire and emergency evacuation plan **Other** – Political, Economic, Social, Technological, Legal and Environmental (PESTLE analysis)
Issue description	X, Y, Z methodology: **X** – briefly describes the problem **Y** – gives an illustrative reason why the event might occur **Z** – indicates an anticipated outcome For example: **X –** inability to fully comply with new pandemic management requirements

	Y – due to physical space restrictions within the premises **Z –** resulting in limitations being placed on service delivery
Issue score	Score the issue based on priority, which enables the filtering of the issues log so that those issues with the highest priority are dealt with first
Actions required	Summarise required actions to address the issue
Owner	Enter the name of the team member who owns the issue
Date added	The date the issue was added to the log
Date action required by	Enter a target date for completion
Comment(s)	Detail how the issue was resolved, whether it was related to another issue or risk, and the likelihood of recurrence, etc.
Risk register reference	If the issue is linked to a risk, enter the corresponding reference number here

10.3 Example issues

Examples of issues are given below (please note, this list is not exhaustive).

a. Staffing shortages due to poor recruitment processes resulting in a reduction in appointment availability

b. Not all annual appraisals completed due to no HRM policy resulting in poor staff morale and retention

c. Not all policies have been reviewed/updated due to a lack of process resulting in out-of-date policies

d. No responses to negative/positive Google reviews due to lack of ownership resulting in reputational damage

e. No responses to NHS feedback comments due to lack of ownership resulting in reputational damage

f. Backlog in summarising due to staff shortages resulting in patient safety being compromised

Issues logs afford all within management the opportunity to maintain effective control of all issues at the organisation. Having an issues log promotes understanding of workstreams and these can all be established using SMART objectives or as a tool to manage by objectives.

10.4 Retiring an issue

Following review at a management meeting, it may be decided that the issue has now been completed and it is to be 'retired' into the retired issues log.

Retiring any issue is an important activity as this keeps an ongoing log of timescales achieved. In addition, it can be used when considering the following:

a. Performance management
b. Bonus awards
c. Key Performance Indicators (where given)
d. Evidence when considering pay rises

11 Monitoring and maintaining compliance

11.1 Risk Manager

To maintain an effective overview of health, safety and risk management within the organisation, there must be robust systems and processes in place. The Compliance Package in the HUB includes Risk Manager, where you can record all risks. Within Risk Manager, there is the functionality to rate risks, assign actions to members of the team, and monitor overall compliance of risk management.

For further detailed information, please watch this video.

11.2 Checks Manager

To ensure compliance across the whole practice, Checks Manager enables the organisation to record a wide range of checks, including but not limited to:

- Vaccine fridge temperature
- Fire extinguishers
- Fire call points
- Emergency medical equipment
- Emergency drugs
- Portable Appliance Testing
- Calibration
- Legionella / safe water
- Internal premises
- External premises

For further detailed information, please watch this video.

11.3 Recommended risk assessments

To ensure that legislative and regulatory requirements are met and maintained, the organisation will conduct the following risk assessments:

- Assistance dogs
- Blind loop cords (if applicable)
- Car park (if applicable)
- Chaperones
- COSHH
- Clinical waste
- Dealing with abusive, aggressive, and violent patients
- Display screen equipment
- Emergency drugs
- Fire safety
- First aid including first aid needs assessment
- Home visits
- Legionella
- Lone working
- Manual handling
- Medical gases including liquid nitrogen
- Medical emergencies
- Premises security
- Slips, trips, and falls
- Staff immunisations (if staff refuse vaccines)

Additional risk assessments may be required.

Annex A – Health and safety policy template

Statement of intent [Insert organisation name]

At this organisation, we recognise the need to comply with the Health and Safety at Work etc. Act 1974 and understand this is a legal requirement, not a matter of choice. We will continuously strive to fulfil our responsibilities for all matters pertaining to health and safety.

Furthermore, we will ensure that all our staff are fully aware of their individual and collective responsibilities and that they are committed to maintaining a positive and proactive approach to minimising risk.

The organisation will provide the necessary resources (including financial) to enable all staff to access the necessary training and support, thereby permitting them to work effectively in an environment that is safe for our service users, contractors, visitors and our staff.

Effective communication is essential, and we will encourage our staff to raise any health and safety concerns and urge them to share any potential solutions to mitigate risk, leading to a safe working environment. Additionally, we will consult with our staff on all health and safety matters that may affect them.

This policy sets out the general health and safety duties that employers have towards employees and members of the public. It also sets out the duties that employees have to themselves and to each other. All staff at this organisation have a duty to ensure that they work safely and that their acts or omissions do not result in harm to either themselves or others on the premises.

This policy is subject to annual review or when there are any legislative or organisational changes.

Status

The organisation will aim to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

Responsibilities

Overall responsibility

The person with overall responsibility for all health and safety matters at the organisation is [insert name and role]. In their absence, the nominated deputy for health and safety is [insert name and role].

The role of the HASAW lead is to ensure that the policy is effectively implemented and maintained so that the organisation keeps within the requirements of the Health and Safety at Work etc. Act 1974 and the Workplace (Health, Safety and Welfare) Regulations 1992. They will ensure that sufficient resources are available to manage the policy's effective implementation.

The requirements of the responsible person and those of the nominated deputy are annotated within their respective job descriptions. The responsible person and nominated deputy (both commonly referred to as a competent person) must have the skills, knowledge and experience to be able to recognise hazards in the workplace and put control measures in place to protect staff and all service users from harm.

The following are key responsibilities of the responsible person (and nominated deputy in their absence):

- **Assess risks**: Employers have duties under the health and safety law to assess risks in the workplace. This means identifying work activities that could cause injury or illness and taking action to eliminate the hazard or, if this is not possible, to control the risk.

- **Provide information about risks**: Employers must give workers information about the risks in their workplace and how they are protected. Also, they must instruct and train workers on how to deal with the risks.

- **Consult employees**: Employers must consult their employees on health and safety issues. Consultation must be either direct or through a safety representative who is either elected by the workforce or appointed by a trade union.

- **Provide health and safety information**: Employers have a legal duty under the Health and Safety Information for Employees Regulations (HSIER) to display the approved poster in a prominent position in each workplace or to provide each worker with a copy of the approved leaflet.

- **Provide training**: Employers must give workers adequate training, ensuring that workers with particular training needs – for example, new recruits, people changing jobs or taking on extra responsibilities, and young employees – receive health and safety training.

Employee responsibilities

Under health and safety law, employees have a duty to:

- Take care of their own health and safety and that of others who may be affected by their actions at work
- Cooperate with others on health and safety matters and not interfere with, or misuse, anything provided for their health, safety or welfare
- Follow the training they have received when using any work items the employer has given them

If an employee thinks the organisation is exposing them to risks or is not carrying out their legal duties with regard to health and safety, and if this has been raised with the responsible

person but no satisfactory response has been received, workers can report this to the Health and Safety Executive (HSE).

The health and safety law poster

The HSE requires employers to either display the HSE-approved law poster or to provide each of their workers with the equivalent leaflet or pocket card. The poster explains British health and safety laws and lists what workers and their employers should do.

At this organisation, [insert name and role] is responsible for ensuring that the poster is prominently displayed within [insert location].

Arrangements for health and safety

Requirements

Regulation 5 of The Management of Health and Safety at Work Regulations 1999 advises that every employer must make and record arrangements for the effective planning, organisation, control, monitoring and review of the preventative and protective measures necessary for health and safety. This can be achieved by implementing the Plan, Do, Check, Act framework as illustrated overleaf.

The framework identifies the following key actions:

- Plan
  - Determining your policy
  - Planning for implementation
- Do
  - Profiling your health and safety risks
  - Organising for health and safety
  - Implementing your plan
- Check
  - Measuring performance
  - Investigating accidents and incidents
- Act
  - Reviewing performance
  - Learning lessons

The cycle within the framework may need to be applied more than once to ensure that processes are effective and compliant with HSE requirements.

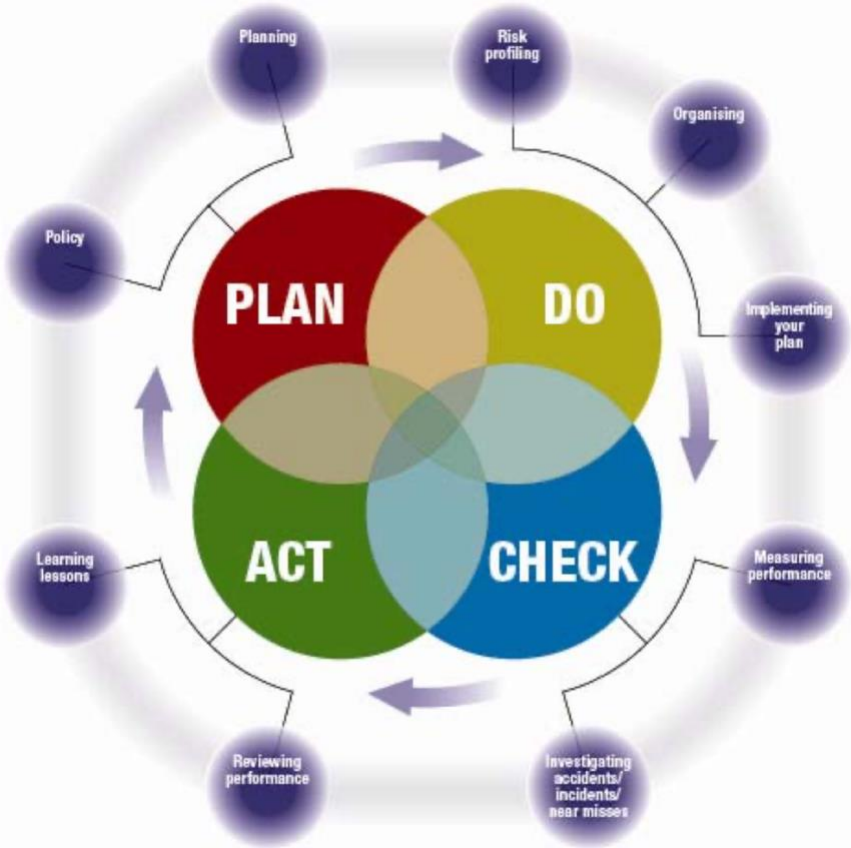

Image source: HSE

Achieving the arrangements

To ensure that the organisation can achieve such arrangements, this policy will be delivered by:

- Staff completing the required mandatory training as outlined in the organisation's Staff Development Policy
- The responsible person (and nominated deputy) conducting suitable and sufficient risk assessments and implementing effective control measures
- The use of a risk and issues register to effectively monitor all risks
- The responsible person and nominated deputy promoting the need for all staff to raise their concerns to identify and reduce risks

This policy will be shared with all staff via [Policy Manager in the HUB].

Annex B – Accident reporting

Overview

As part of its general duty of care, outlined under the Health and Safety at Work etc. Act 1974 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, the organisation must recognise the importance of reporting all work-related accidents, incidents and near-miss incidents which result in death or injury.

The collection and dissemination of this data is an important means of establishing accident prevention strategies for those working in the organisation or away from the premises.

Accidents that occur to members of the public or others who are not at work at the organisation's premises must be reported if the injury results in death or the person is being taken from the scene directly to hospital for treatment for that injury. There is no need to report an incident if a person is taken to hospital when no injury is apparent, and this is only as a precaution.

All accidents and incidents including near misses will be reported and recorded in the accident book held by the organisation where appropriate. It is important that all staff and workers know how to report an incident and to whom. The person receiving a report should also have adequate training/experience to know what is expected of them and the actions to take.

The report should be completed either by the injured person (for minor injuries), the first aider, or the person reporting the incident should an injury render an employee unable to report it themselves.

Details of near-miss incidents should be reported separately to the organisation. All accidents and near misses will be investigated and the results recorded.

The person leading the investigation should have the necessary experience and/or have been appropriately trained in conducting investigations and have a sound knowledge of health and safety matters.

An investigation will help to determine:

- What went wrong
- Why it went wrong
- The risk of a similar incident happening again and how this may be reduced
- Relevant information for further investigations, either legally or for insurance purposes

At this organisation, investigations will be undertaken by a competent person and/or their nominated deputy.

HUB Accident and Incident Reporting eLearning is available in the HUB.

Annex C – Bomb threats

Introduction

Although there are rare instances of valid bomb threats, the vast majority are hoaxes that are designed to cause alarm and disruption.

A bomb threat can be communicated in several different ways and the threat is likely to be made in person over the telephone. However, it may also be:

- A recorded message (possibly using a text-to-speech synthesiser or a soundboard)
- Communicated in written form
- Delivered face to face
- Sent by email or social media

A threat may be communicated via an independent third party, i.e., a person or organisation unrelated to the intended victim and selected only to pass on the message. However, for any threat that is communicated by any means, the police will need the exact wording and whatever other details are available.

The bomb threat message

Bomb threats that contain accurate and precise information and are received well in advance of an actual attack are rare occurrences.

The precise motives for hoaxing are difficult to determine but may include revenge, extortion, a desire to impress or a combination of these and other less understandable motives. Hoaxes are a form of social engineering and, whatever the motive, the intent is to cause disruption, fear and/or inconvenience to the victim – i.e., to make victims work against their own best interests.

Communication of the threat

A bomb threat can be communicated in several different ways and the threat is likely to be made in person over the telephone. However, it may also be:

- A recorded message (possibly using a text-to-speech synthesiser or a soundboard)
- Communicated in written form
- Delivered face to face
- Sent by email or social media

A threat may be communicated via an independent third party, i.e., a person or organisation unrelated to the intended victim and selected only to pass on the message. However, for any threat that is communicated by any means, the police will need the exact wording and whatever other details are available.

Immediate steps if you receive a bomb threat communication

Any member of staff with a direct telephone line, mobile phone, computer or tablet, etc., or who has any contact with the public, could conceivably receive a bomb threat.

Therefore, staff at the organisation must understand the actions required of them as the potential first response to a threat message and their duty of care to others.

Received by a telephone call

- Stay calm and listen carefully.
- Have immediate access to the bomb threat checklist and the key information that should be recorded.
- If practical, keep the caller talking and alert a colleague to dial 999.
- If displayed on your phone, note the number of the caller; otherwise dial 1471 to obtain the number once the call has ended.
- If the threat is a recorded message, write down as much detail as possible and retain for the police to secure.
- If the threat is received via text message, do not reply to, forward or delete the message; note the number of the sender and follow police advice.
- Upon receipt of the threat, the senior person present is to be informed as they will need to assess the threat.

Ideally, the bomb threat checklist should be completed as soon as possible and whilst the threat is 'fresh' in the recipient's memory.

Delivered face to face

- Try to remember as many distinguishing characteristics of the threat-maker as possible and try to remember exactly what was said.
- Complete the bomb threat checklist.

If provided in a written note, letter or as graffiti

- Treat as police evidence and stop other people touching the item.
- If the threat is received via email or a social media application, do not reply to, forward or delete the message.
- Note the sender's email address or username/user ID for social media applications.
- Preserve all web log files for your organisation to help the police investigation (as a guide, the police will require data from seven days prior to the threat message and 48 hours after).

All bomb threat communications are a crime and should be reported to the police by dialling 999.

Evaluating the credibility

Evaluating the credibility of a threat is a critical task, particularly if the attack being threatened is imminent. Short-notice threats are a tactic used to place additional pressure on decision-makers, so the better prepared the organisation is, the quicker the police response is likely to be.

The police will assess the threat and if specific intelligence is known, will give risk management advice accordingly. However, in the absence of detailed information or specific intelligence, it will be necessary for the recipient/practice manager to consider several factors relevant to the decision-making process:

- Is the threat part of a series? If so, what has happened elsewhere or previously?
- Can the location of the claimed bomb(s) be known with precision? If so, is a bomb visible at the location identified?
- Has a report of suspicious behaviour been received?
- Is there CCTV coverage at/near the location specified?
- If a suspicious item is identified, can anyone account for its presence? Are bomb-like characteristics visible (e.g., wiring or a power source)?
- Was the item located after suspicious activity was noted?
- Considering the hoaxer's desire to influence behaviour as a form of social engineering, is there any good reason to believe their words or follow any instructions they give?
- If the threat is imprecise, could an external evacuation inadvertently move people closer to the hazard specified or to other forms of physical attack, e.g., the possibility of a vehicle as a weapon or knife attack?

Actions to consider

Responsibility for the initial decision-making remains with the management team at the organisation being threatened and must form part of an inclusive process for managing risk.

As already noted, all bomb threats should be reported to the police and their advice should be followed. The police will assess the credibility of the threat not just to the building, staff and patients, but also to the surrounding area. This will be done at the earliest opportunity, followed by the provision of appropriate guidance which may inform further options.

However, do not delay any decision-making process whilst awaiting the arrival of the police. It is essential that appropriate plans exist and are tested. Any plans should be event and location specific and accommodate foreseeable variables.

Positive housekeeping steps are highlighted within the ProtectUK guidance. Furthermore, a good housekeeping checklist is also available.

Media and communication

All staff members are to avoid revealing details about any specific incident to the media or through social media without prior consultation with the police and management team.

Following permission being granted to speak to the media, staff are not to provide details of the threat, the decision-making process relating to evacuation (internal or external) or, as required, why a decision not to evacuate was taken.

Releasing details of the circumstances may:

- Be an objective of the hoaxer; publicity may enhance their ‘credibility’ and lead to further hoaxing
- Cause unnecessary alarm to others
- Be used by those planning to target other venues
- Elicit copycat incidents
- Adversely affect the subsequent police investigation

Should there be an incident, ordinarily the organisation manager will be in liaison with the Integrated Care Board (ICB) media team to request that a press release is given to safeguard the public.

Annex D – Calibration

Introduction

Calibration is the process of checking a measuring instrument to see if it is accurate. Any equipment used by the organisation for providing care or treatment is to be confirmed as being safe for such use and is to be used in a safe way. This includes medical equipment that is used for the specific purposes of diagnosis and treatment of disease or rehabilitation following disease or injury.

Where equipment is to be taken off-site, the organisation will ensure that there is a replacement available and that, where possible, there will be no detriment to the service that is provided.

The organisation deems it best practice for calibration to be conducted annually.

For certain items of medical equipment, the manufacturer's instructions may specify the recommended intervals between calibrations and any specific requirements prior to the medical device being used for the first time.

The table below can be used to record specific calibration requirements.

Additional information can be found in CQC GP mythbuster 52: Portable appliance testing and calibrating medical equipment.

Medical item for calibration	Number of items	Specific requirements
Auroscope/otoscope		
Blood-glucose monitor		
Blood-pressure monitor/24-hour ABPM		
Cholesterol tester		
Class III medical scales/baby weigh scale		
Couch (hydraulic/electric)		
Defibrillator		
Ear irrigation/microsuction		
ECG machine and/or 24-hour ambulatory ECG		
Height measure		
Refrigerator		

Refrigerator thermometer		
Smokerlyzer/breath carbon monoxide (CO) monitor		
Spirometer		
Thermometer (other)		
Pulse oximeter		
[Other]		

Annex E – Corporate manslaughter

Introduction

The organisation should take every opportunity to incorporate the principles of the Corporate Manslaughter and Corporate Homicide Act 2007 within its health and safety and other related policies.

The organisation must aim to ensure that all systems of work, equipment and premises are safe, documented and fully compliant with the duty of care owed to employees, contractors, patients and visitors, especially those relating to health and safety.

The Corporate Manslaughter and Corporate Homicide Act 2007 aims to ensure that organisations are held to account when a death has been caused because of gross failings by its senior management. This means that companies and organisations can be found guilty of corporate manslaughter because of serious management failures resulting in a gross breach of their duty of care. As health service bodies, this includes GP organisations where such a gross breach leads to a fatality.

The Act allows for unlimited fines and may require an organisation to publicise details of the conviction and its fine, as well as taking steps to rectify a situation. This can impact hugely on GP organisations, not only financially, but also in respect of reputational risk and the ability to continue providing health services.

While prosecutions under this Act will be corporate (rather than individual), other legislation, such as the Health and Safety at Work Act 1974, continues to provide for the prosecution of individuals in relation to their individual liability as a business owner or an employee, and common law process allows individuals to be prosecuted for gross negligence manslaughter where there is direct evidence of culpability.

Therefore, employees should be aware that they may still be prosecuted (as an individual) for health and safety offences.

Safe systems of working

The commitment and participation of everyone working at the organisation will help to ensure that employees and others who visit the organisation are in a safe environment, but this can only improve if individual employees speak up and become involved.

Employee involvement will help to reduce accidents and near misses and improve the health and wellbeing of colleagues and others who visit the organisation. The opinions of employees matter when it comes to ensuring that the organisation has the correct procedures in place and that it is providing and using the correct personal protective equipment.

All employees, and others who work in the organisation, must comply with all guidance and instructions in relation to their job role and work activities including the use of equipment, materials and other products.

Raising concerns

In accordance with the organisation's approach to an open and blame-free culture, employees are encouraged to raise any concerns or queries they may have regarding safe systems of work. Normally, such queries will be raised with an employee's line manager or the organisation manager as part of their day-to-day work activities and/or employee responsibilities for health and safety.

In this way, the organisation can deal with such issues before they become dangerous or problematic and, at the very least, aim to deal with matters that may lead to an incident or accident and prevent these before they are likely to occur.

Alternatively, if an employee believes there has been, or is likely to be, a serious incident of malpractice or unlawful conduct, then they may raise their concern through the organisation's whistleblowing policy. Any such concerns will be dealt with in good faith without detriment to the whistle-blower, including where these concerns were raised externally.

Annex F – Dynamic lockdown and emergency planning

Emergency response planning

Advance planning of what needs to be done to lock down a site, and recognising the need for flexibility in those plans, will save lives. The ten key actions below will assist in protecting people during an incident:

1. Have an incident response plan in place and implement it in the event of a terrorist incident. Train and exercise these plans regularly.

2. Have a communications system to confirm when an incident is taking place. Report the incident to police immediately and alert staff and visitors within the practice. Do not wait for all the information before alerting the police.

3. Locate, track and monitor intruders/hostiles (such as via CCTV) and communicate this to the police as they will require different information for different scenarios. The ETHANE model may help staff communicating with emergency services about what may be required.

4. The ETHANE checklist outlines the initial actions to take during a major terrorist incident.

5. Decide on the appropriate response of the organisation. Establish if the threat is external or internal and consider evacuation. If the threat or incident is outside, it may be safer to stay inside. Deciding upon and initiating evacuation, invacuation, lockdown and/or the use of protected spaces should be the responsibility of the management leads.

6. Management is to instruct staff and visitors what they should do and where they should go. This instruction could be directive or simply to leave the area by their nearest exit.

7. Reduce the number of potential casualties by deterring or, where possible, preventing people from entering the organisation. Clear communications will be the most critical part of the delivery of this element.

8. Deal with the injured when it is safe to do so.

9. Remember to record and justify key actions and decisions taken.

10. Staff and visitors may have different responses to the same incident. Consider the impact of staff and visitors not following or directly contradicting instructions.

Further reading can be sought on the ProtectUK/NaCTSO webpage titled Evacuation, invacuation, lockdown and protected spaces.

Dynamic lockdown procedure

The National Counter Terrorism Security Office (NaCTSO) guidance note advises that a dynamic lockdown procedure is the ability to quickly restrict access to and egress from a site or building (or part of it) through physical measures in response to a threat.

ProtectUK advises that due to the wide variety of publicly accessible locations across the UK, it is not possible to give prescriptive advice on whether or how to lock down sites or events in response to a fast-moving incident such as a firearms or weapons attack. This guidance, however, aims to provide planning considerations applicable to most sites.

If preventing an attack has not been possible, the ability to frustrate and delay the attacker(s) and reduce the number of potential casualties may be greatly increased through the application of dynamic lockdown.

Advance planning and flexibility within any plan will be required. To achieve a dynamic lockdown, planning should identify:

- All access and egress points within both the public and private areas of the site. Access points may be more than just doors and gates
- How to quickly and physically secure access/egress points. Consider both the design of the locking device at these points and whose role it would be to secure them
- How lockdown can be quickly reversed should the need arise (such as in the event of fire)
- How to disable lifts without returning them to the ground floor
- How to stop people leaving or entering the site, and how to direct people away from danger
- How the site can be zoned to allow specific areas to be locked down
- The need to include staff roles and responsibilities and train staff in these
- Those processes that need to be flexible enough to cope with and complement evacuation, invacuation and movement to protected spaces

Each case must be assessed on the information known at the time; good internal and external information and communications systems are crucial. This decision-making process should be considered in staff training and exercising.

Stay Safe principles (Run, Hide, Tell) give some simple actions to consider during an incident and the information that armed officers may need in the event of a firearms and weapons attack.

Run

- To a place of safety; consider the safest option
- If there is a safe route, RUN! If not, HIDE!
- Can you get there without exposing yourself to greater danger?
- Insist that others leave with you, but don’t let their indecision slow you down
- Leave belongings behind
- Do not attempt to film the incident; RUN!
- Escape if you can

Hide

- If you cannot RUN, then HIDE
- Find cover from gunfire
- If you can see the attacker(s), they may be able to see you. Cover from view does not mean you are safe; bullets go through glass, brick, wood and metal. You must still HIDE, even if you are behind a locked door
- Find cover from gunfire, e.g., substantial brickwork/heavy reinforced walls
- Be aware of your exits
- Try not to get trapped
- Be quiet, silence your phone and turn off vibrate
- Lock and barricade yourself in
- Move away from the door

Tell

When it is safe to do so, call 999. If you cannot speak or make a noise, listen to the instructions given to you by the call taker.

The following table details the questions that may be asked and how individuals should respond, if they can.

Question	Response
Nature of the incident	Describe what is happening
Location: Where is the incident taking place?	Give an address or general location
Suspects	Where are the suspects?
Direction	Where did you last see the suspects?
Descriptions	Describe the attacker, numbers, features, clothing, weapons, etc.
Further information	Casualties, type(s) of injury, building information, entrances, exits, hostages, etc. Stop other people entering the building if it is safe to do so.

Armed police response

Following the arrival of any police response, staff and patients are to follow the officers' instructions.

You will be advised to:

- Follow the police officers' instructions
- Remain calm

- Avoid sudden movements that may be considered a threat
- Keep your hands in view

Officers may:

- Point guns at you
- Treat you firmly
- Question you
- Be unable to distinguish you from the attacker(s)
- Evacuate you when it is safe to do so

Annex G – Equipment maintenance

Equipment checks and staff responsibilities

The organisation will ensure that regular and appropriate equipment checks are being maintained as follows:

- Inspection
- Maintenance
- Replacement of equipment
- Regular cleaning and checking of equipment including checking for dirt, damage or contamination and ensuring that additional equipment is available

Inaccurate readings from faulty or poorly calibrated machines can impact on the quality of care and treatment.

Any member of the organisation whose role includes using medical devices should be competent to do so and should also have received training to operate any medical equipment that they are using and know how these should be maintained. Nominated members of staff will be required to conduct routine inspections to ascertain that the item is operationally effective and ready to be used.

Appropriate records are to be maintained, including keeping a log of all medical equipment used. The log contains the following:

- Which member(s) of staff has responsibility for medical equipment
- Intervals between inspections
- Logging of checks, calibration, and maintenance
- The process to report faults

Equipment that has regular checks includes:

- Medical fridge (including thermometers)
- Any other thermometers
- Nebuliser compressors
- Spirometers
- Pulse oximeters
- Sphygmomanometers
- Weighing scales
- Electronic ear irrigators
- Defibrillators

These additional checking responsibilities are detailed within each nominated staff member's job description.

Routine maintenance and servicing

Consideration is also to be given to any ongoing servicing or repairs; these must be undertaken as per the manufacturer's instructions and recommendations and by an appropriately qualified person. The provision, maintenance and repair of medical devices are part of risk assessment activity.

Expiry dates

Many medical devices have supporting or ancillary equipment that also needs to be maintained in good order, including ensuring that no equipment is available to be used past its expiry date and that it is disposed of as per the manufacturer's instructions.

Considerations

The organisation must ensure that electrical equipment is maintained. However, the law does not specify how to do this or the frequency of the tests. This is to be determined by means of a risk assessment based on the following:

- The increased risk if the equipment is not used correctly, is not suitable for the job or is used in a harsh environment

- Noting if the item is not double insulated (for example, some kettles are earthed but some pieces of hand-held equipment, such as hairdryers, are usually double insulated)

The organisation is responsible for safely maintaining:

- Any electrical equipment its employees use at work, whether belonging to the employee or supplied by the organisation

- Jointly, any equipment used by the organisation's employees that is either leased (e.g., a photocopier) or provided by a contractor

The following documents are available from the Medicines and Healthcare products Regulatory Agency (MHRA):

- Managing medical devices
- Devices in practice

Annex H – Fire safety

Introduction

The organisation must be committed to providing a safe environment for its employees, contractors, visitors and members of the public. Part of this responsibility is the provision and management of fire safety systems and procedures.

Requirement

The organisation has a legal requirement under The Regulatory Reform (Fire Safety) Order 2005 to assess its workplaces to ensure that people on the premises are not at risk of injury from the effects of fire and smoke. The order gives guidance on how such risk assessments might be conducted. Further reading can be found in the London Fire Brigade guidance on this subject titled Fire Safety Guidance Note: Regulatory Reform (Fire Safety) Order 2005.

For smaller and less complex premises, and if the responsible person is competent in fire risk assessment and has the knowledge relevant to the premises, it is possible that they will be able to carry out these steps themselves using a Fire Risk Assessment Template.

For larger or more complex premises, an assessment may be outsourced to a competent person with comprehensive training, knowledge and experience in fire risk assessment.

Any significant findings will be recorded, to include:

- Hazards identified
- Actions taken to remove hazards or reduce risk
- Those identified as being at risk (i.e., relevant persons)
- Protective measures taken to prevent/reduce risk to those who are at risk
- Action needed in the event of fire
- The information and training given to those identified as being at risk

Fire risk assessments will be reviewed annually or sooner if significant changes occur.

Preventions

Once the risks have been identified, HSE suggests that the following control measures are considered:

- Keep sources of ignition and flammable substances apart
- Avoid accidental fires, e.g., ensure heaters cannot be knocked over
- Always ensure good housekeeping, e.g., avoid a build-up of rubbish
- Consider how to detect fires and how to warn people quickly if they start, e.g., installing smoke alarms and fire alarms or bells
- Have the correct firefighting equipment for putting a fire out quickly
- Always keep fire exits and escape routes clearly marked and unobstructed
- Ensure your workers receive appropriate training on procedures they need to follow, including fire drills
- Review and update your risk assessment regularly

Employees' responsibilities

Employees are required to:

- Evacuate on hearing a fire alarm
- Be responsible for their own safety
- Know the evacuation procedures
- Raise any specific requirements
- Take reasonable care of others
- Cooperate with the organisation on fire safety issues
- Not interfere with or misuse anything provided for fire safety
- Report any fire safety problems, e.g., blocked fire exits
- Report any accidents or near misses

Cooperation and coordination

The organisation will ensure that, if there are tenants sharing the premises, the coordination of any significant risks and resources will be shared to ensure others are not placed at risk if there is a fire. Through cooperation, a coordinated emergency plan will be established to operate effectively.

Fire detection, fire warning and firefighting equipment

The organisation has fire safety systems installed and fire protection measures throughout the premises to protect all persons, building and contents. All fire safety equipment must be kept free from obstruction, and fire extinguishers must not be removed or repositioned without consultation with the responsible person. Fire extinguishers have a tamper tag added to them and all staff are to be mindful of these tags.

The location and type of all fire safety equipment will be clearly annotated on the building plan and signs have been placed throughout the premises to identify these. Any movement of or damage to equipment provided for fire safety purposes must be reported immediately to the responsible person.

Fire action signage

Fire action notices are displayed throughout the organisation and can be found on exit routes adjacent to the fire alarm call points or fire extinguishers, the location of which will be identified during the risk assessment.

The location of fire action notices will be identified through the risk assessment process and marked with HSE-compliant signage.

Fire doors, emergency lighting and means of escape

Fire doors must be kept closed at all times (unless they are doors that automatically close when the alarm is sounded) to maintain compartmentation of the building and to prevent the spread of fire, smoke and toxic fumes.

Corridors, stairways and landings are classed as escape routes and, as such, should be fit for purpose, kept clear and capable of safely evacuating staff, patients and visitors at any

time. Any fire corridor and final exits must have suitable emergency lighting in place and be clearly marked with directional signage that highlights the exit route. Final exit doors are marked with HSE-compliant signage and must be kept clear at all times to allow for egress from the building in an emergency. Any issues with means of escape must be reported immediately to the responsible person.

The location of all fire doors and emergency lights will be clearly annotated on the building plan.

Fire safety and evacuation plans

Emergency and evacuation plans must not depend on the fire and rescue service to evacuate persons. However, the organisation will consult with the fire and rescue service when planning and determining an appropriate and effective evacuation strategy. Furthermore, the organisation will identify the most effective means for checking everyone on the premises is safely evacuated.

Fire Safety in the Workplace provides guidance on the minimum requirements for evacuation plans.

Evacuation strategy and planning

As part of the fire planning process, the responsible person will ensure that the most effective means for evacuation have been considered and that there are routine drills to practise evacuation.

The following posters can assist the staff to understand what is required in an emergency evacuation:

- In Case of Fire… Know the Drill
- Fire Assembly Point

Lifts

Should there be any fire alarm sounding, or evidence of a fire, then using the lift as a means of escape is not permitted due to both the potential delay in evacuation and the potential to be trapped inside should the lift fail during operation.

A sign to advise that the lift should not be used in the event of a fire can be found here.

Testing

Fire safety equipment (including detection and alarm systems, emergency lighting, fire extinguishers and signage) and fire protection measures (including fire doors, means of escape and final exit doors) are subject to regular testing, inspection and maintenance to ensure that they remain in good working order.

Nominated individuals will carry out the following safety checks:

Frequency	Task
Daily	Routine checks of final exit doors to ensure they are clear and mechanism to open is functioning, check emergency light indicators are showing, light is in working order, and check fire panel is in normal mode
Weekly	Fire panel test to include testing of panel (sounding alarm), check of all break call points (in rotation), and check functioning of automatic fire doors and door guards
Monthly	Emergency light “flick” test, visual inspection of extinguishers and fire doors

External servicing and maintenance

Servicing and safety checks must be carried out by competent, approved engineers. All periodic testing, inspections and maintenance must be recorded and retained in a fire safety logbook.

External fire safety checks and servicing will include the following:

Equipment	Frequency	Type
Emergency lighting	Annual	Full test
Fire extinguishers	Annual	Full test
Fixed wiring	Five-yearly	Full test
Fire panel	Six-monthly	Full test
Portable appliance testing	No dedicated time frame (see below)	Full test

Training

All staff are required to complete fire safety training every two years. This is to include practical training via the use of regular fire evacuation drills.

All employees with an identified role, e.g., fire marshals, will receive sufficient training to ensure competency in their specific responsibilities.

The organisation will provide fire safety training for all employees, and all new employees will receive a fire safety briefing as part of their new starter induction training which will include:

- How to raise the alarm upon discovering a fire
- What action to take on hearing the fire alarm
- Walking the escape routes
- Identifying the location of fire extinguishers, fire exits, call points and assembly points
- Information on any local hazards

It should be noted that in Scotland, The Fire (Scotland) Act 2005 states that all employees should complete an annual course on fire training. Furthermore, under Firecode HTM 83, there is a requirement for NHS Scotland staff to undertake this training every 12 months.

The following eLearning courses are available in the HUB:

Fire Safety
Fire Warden Training
Health, Safety and Welfare
Risk Assessments

Record-keeping

The findings of any risk assessment, with those identified as being at risk, control measures in place and actions taken to reduce risk to an acceptable level, must be recorded. For larger premises, a floor plan indicating hazards and control measures can be a useful way to present the measures in place. A simple floor plan will also be of use to any attending fire and rescue personnel.

Fire equipment that is subject to testing, inspection and maintenance must be recorded. Additionally, details of any incidents involving fire, however small, must be recorded.

Records of all fire safety training including refresher training must also be kept.

Fire safety checklist

It should be noted that the completion of this checklist does not result in the preparation of a fire risk assessment but gives an indication of the main areas that should be considered and can also be used to support the fire risk assessment process by carrying out regular fire safety checks.

No.	Are the following satisfactory?	Yes/No	Action
1.	Is there a fire risk assessment for the premises?	☐ Yes ☐ No	
2.	Is a review date for the fire risk assessment in place?	☐ Yes ☐ No	
3.	Have you identified who is at risk?	☐ Yes ☐ No	
4.	Is the maximum occupancy monitored and controlled?	☐ Yes ☐ No	
5.	Has provision been made to evacuate persons identified as being especially at risk?	☐ Yes ☐ No	

6.	Is there provision for warning in case of fire?	☐ Yes ☐ No	
7.	Is the warning system tested, maintained and recorded?	☐ Yes ☐ No	
8.	Is the firefighting equipment provided appropriate for the risk?	☐ Yes ☐ No	
9.	Is the firefighting equipment tested, maintained and recorded?	☐ Yes ☐ No	
10.	Is escape lighting provided?	☐ Yes ☐ No	
11.	Is the escape lighting system tested, maintained and recorded?	☐ Yes ☐ No	
12.	Are all designated escape routes and doors usable, clear and unobstructed and do they lead to a place of safety?	☐ Yes ☐ No	
13.	Are there suitable fire escape and direction signs?	☐ Yes ☐ No	
14.	Are fire doors, walls, floors and ceilings in a good state of repair?	☐ Yes ☐ No	
15.	Are there any wall coverings or decor that could spread fire easily?	☐ Yes ☐ No	
16.	Are there any uses of or activities in the premises that could significantly increase the risk?	☐ Yes ☐ No	
17.	Is good housekeeping regularly reviewed and maintained?	☐ Yes ☐ No	
18.	Is there a written fire emergency and evacuation plan?	☐ Yes ☐ No	
19.	Do employees receive induction and regular fire training including practice evacuations?	☐ Yes ☐ No	
20.	Are records kept confirming this training?	☐ Yes ☐ No	

21.	Has an assembly point been identified and made clear to employees?	☐ Yes ☐ No	
22.	Do you have sufficient fire marshals and are they properly trained (and is such training recorded)?	☐ Yes ☐ No	
23.	Has provision been made for contacting the emergency services both during and out of working hours?	☐ Yes ☐ No	

Annex I – Fire warden guidance

Introduction

At this organisation, those appointed to the role of fire warden (also referred to as fire marshal) are required to follow the outline requirements of staff, both individually and collectively, to comply with fire safety requirements as described by the Health and Safety Executive (HSE) and in particular the responsibilities of fire wardens.

Fire warden duties are an important and essential part of an organisation's fire safety and prevention. As well as having important duties to carry out in the event of an outbreak of fire, wardens, along with all other employees, have a day-to-day responsibility to ensure that the risks of an outbreak of fire are minimised.

The number of fire wardens that are required will depend on the recommendations of a fire risk assessment which is required to be carried out for all buildings. At a minimum, it is generally considered that one fire warden is needed for every 50 personnel, although consideration must be given to maintaining the capability during any periods of absence.

Routine tasks

Routine tasks to be performed by a fire warden are as follows:

- Monitor standards of housekeeping and act where rubbish accumulates
- Regularly check that fire exits, and escape routes, are clear and not blocked. This includes checking both sides of an exit to ensure there are no obstructions
- Ensure fire doors remain closed
- Monitor escape routes and assembly points to ensure they are accessible and free from obstructions
- Ensure storage is managed well, particularly where combustible material is involved. Combustible materials should not be stored near a fixed source of ignition
- Check that fire extinguishers have not been moved and that servicing is up to date
- Report any fire protection defects
- Ensure there is clear access to any break-glass emergency alarm points
- Ensure all electrical equipment has been PAT-tested and testing is up to date
- Monitor weekly alarm testing and assist with arrangements for practice fire evacuations
- Ensure all new employees have received fire safety procedures as part of their induction including details of escape routes, assembly points and how to raise the alarm
- Nominate a deputy fire marshal for periods of absence

- Assist with the completion of Personal Emergency Evacuation Plans (PEEPs) for any employees who require evacuation assistance

Emergency tasks

The emergency tasks to be performed by a fire warden in the event of a fire being discovered are:

- Put on a hi-vis jacket, ensure that the alarm has been raised and the emergency services have been contacted
- Evacuate people from the building as quickly and safely as possible
- Ensure that anyone with a disability is assisted in accordance with their PEEP
- If a disabled person requires to be evacuated using a fire evacuation chair (in accordance with their PEEP), ensure that the designated member of staff or their deputy is available to assist
- Ensure that all areas are cleared during the evacuation, and that toilets and storerooms are empty and fire doors are closed
- Mark all doors to offices and other places of work with a chalk mark, “checked”, to indicate that it has been checked and all occupants have left for the assembly point
- Ensure no re-entry into the building until advised by the fire service, or (in the case of a fire evacuation practice without the fire service) the responsible person
- Attend the assembly point and either conduct a roll call procedure or inform the responsible person/chief fire officer that all areas inside have been cleared and checked

Fire warden training

For fire wardens, the frequency of their training is based on the level of risk within the building and is as described in the fire risk assessment.

Whilst there is a low likelihood of a fire in these premises, there is a higher level of potential harm due to a longer than usual evacuation involving elderly or immobile patients and therefore fire evacuation drills will be conducted within a reasonable timescale.

Fire warden eLearning is available in the HUB.

Annex J – First aid

Introduction

The organisation has a legal duty to have a plan in place to ensure that employees receive immediate attention if they are injured or taken ill at work, regardless of whether the injury or illness is caused by work activities.

The organisation will also extend the provision of first aid arrangements, so far as is reasonably practicable, to visitors to the organisation and others who are taken ill or who have an accident while on the premises.

First aiders are required to take their role and responsibilities seriously by aiding any person suffering a sudden illness or injury with care provided to preserve life, to prevent the condition from worsening or to promote recovery.

To be able to decide what first aid provision is required, a first aid needs assessment must be completed. This assessment will consider the circumstances of the workplace, the workforce and the hazards and risks that may be present. The findings will help to decide what first aid arrangements need to be put in place.

Assessment of first aid needs

The organisation is required to assess first aid needs. This involves consideration of:

- Work activities
- The use of any chemicals or substances
- The nature of the services provided on the premises, workplace hazards and risks (available from general and other specific risk assessments)
- The size and nature of the workforce (including diabetics, asthmatics, disabled employees, inexperienced staff, etc.)
- The distribution of the workforce (including the geographical size and the use of peripatetic/lone workers which may result in the provision of personal first aid kits)
- Arrangements for managing absences of trained first aiders (including shift patterns, sickness and annual leave)
- The provision of first aid to visitors (although this is not a specific requirement under the First Aid Regulations, it is deemed best practice)
- Any other relevant factors (such as accident statistics and trends, and access to emergency facilities and services)

This will then help to determine what type of first aid training is required, the numbers of people to be trained, and the provision of equipment and facilities to meet the regulations.

The following table from the Health and Safety Executive (HSE) gives the suggested numbers of first aid personnel to always be available to people who are at work:

From your risk assessment, what degree of hazard is associated with your work activities?	How many employees do you have?	What first aid personnel do you need?
Low hazard e.g., offices, shops, libraries	Fewer than 25	At least one appointed person
	25-50	At least one first aider trained in EFAW
	More than 50	At least one first aider trained in FAW for every 100 employed (or part thereof)
High hazard e.g., light engineering and assembly work, food processing, warehousing, extensive work with dangerous machinery or sharp instruments, construction, chemical manufacture	Fewer than 5	At least one appointed person
	5-50	At least one first aider trained in EFAW or FAW depending on the type of injuries that might occur
	More than 50	At least one first aider trained in FAW for every 50 employed (or part thereof)

These guidelines are provided as an indication only and the organisation will examine its own requirements to establish if more or fewer first aiders are needed.

As with all assessments, the provision of first aid should be regularly re-assessed, particularly when there are changes.

First aid arrangements

The findings of the needs assessment will indicate the level of first aid equipment, facilities and personnel required for the organisation. However, as a minimum there will be:

- A suitably stocked first aid kit
- Sufficient appropriately trained first aiders or an appointed person
- Employee information giving details of first aid arrangements

Where partners of the organisation are self-employed, the requirement to make adequate first aid provision still applies. Self-employed partners who share the premises with others including visiting clinicians are still required to provide adequate first aid provision for themselves following a suitable risk assessment of the workplace's needs and activities.

First aid roles

- **First aider**

  A first aider is someone who has undergone training and has proved their competence to deliver first aid treatment in the event of an injury or illness. Trained first aiders have the skills to help someone who is:

  - Unresponsive and breathing
  - Unresponsive and not breathing
  - Having a seizure
  - Choking
  - Bleeding heavily
  - Suffering from shock
  - Suffering burns

  A first aider's certificate lasts for three years, with annual refresher training recommended. Before the certificate expires, a first aider will need to complete a requalification course, as appropriate, to obtain another three-year certificate.

  Once the certificate has expired, the first aider is no longer considered to be competent to act as a workplace first aider.

- **Appointed person**

  Where the needs assessment identifies that a trained first aider is not required, then an appointed person should be nominated to take charge of first aid arrangements. This is the legal minimum requirement.

  An appointed person does not require formal training although the HSE strongly recommends that consideration is given to completing an emergency first aid training course. An appointed person's role is to maintain the first aid equipment; in an emergency, to know the location of the first aid box; and to be able to call the emergency services.

- **Appropriately qualified medical staff**

  Primary care organisations have staff who could provide assistance within their scope of professional practice even if they have not undertaken a First Aid at Work (FAW) or an Emergency First Aid at Work (EFAW) qualification.

  The HSE Guidance on Regulations for the Health and Safety (First Aid) Regulations 1981 advises that certain healthcare professionals are exempt from a qualification in first aid provided that they can demonstrate current knowledge and skills in first aid. The training and experience of the following qualify them to administer first aid in the workplace:

  - Doctors registered and licensed with the GMC
  - Nurses registered with the NMC
  - Paramedics registered with the HCPC

First aid responsibilities

The organisation must ensure that all employees are notified of the first aid arrangements for the workplace and that the correct signage is displayed within its premises. Signs should have white markings on a green background and should clearly name the first aiders and appointed persons and identify the location of first aid boxes.

All staff have a responsibility to:

- Report all accidents or near misses through the appropriate recognised reporting system

- Assist any person who is injured or ill in the best way they can, even if all they can do is summon a first aider or appointed person or call an ambulance

Appropriate training

Appropriate training, as identified by the HSE, includes:

- **First Aid at Work (FAW)**

  The First Aid at Work course focuses on developing a range of skills for variousl scenarios (such as hypothermia, head injuries and poisoning).

  The training course lasts for three days and is aimed at high-risk workplaces.

- **Emergency First Aid at Work (EFAW)**

  This training is suitable for anyone who might need to provide first aid to someone who is injured or becomes ill at work and covers common injuries and illnesses.

  This training course lasts one day and is aimed at low-risk workplaces.

First aid equipment

The organisation will provide first aid kits as determined by the needs assessment. These will be stocked with a sufficient quantity of first aid materials and will be easily accessible. The content of each first aid kit will be checked frequently and restocked after any use.

The needs assessment may also indicate additional materials and equipment such as blankets, cleansing wipes, cutting implements and these will either be stored in the first aid box or separately.

As a minimum, each kit will contain:

- Individually wrapped sterile adhesive dressings (assorted sizes)
- Sterile pads (with attachments) for eye dressings
- Individually wrapped triangular bandages (preferably sterile)
- Safety pins
- Medium, individually wrapped sterile wound dressings
- Large sterile, individually wrapped wound dressings
- Disposable gloves

First aid kits must not contain any medicines such as creams or pain relief. If the organisation is buying a kit, one that meets British Standard (BS) 8599 should be sought. Although by law the kit does not have to meet this standard, it is important that it contains the items that have been identified in the needs assessment.

The size of the kit required is dependent on a combination of the level of risk and the number of employees in the workplace.

The table below provides guidance for employers. Special circumstances also need to be considered such as remoteness from medical services, special hazards such as the use of medical gases, and sites with several buildings. In these situations, there may need to be more first aid kits than set out in the table.

Category of hazard	Number of employees	Number and size of first aid kit
Low hazard e.g., offices, shops, libraries	1-24	Small
	25-100	Medium
	More than 100+	1x Large per 100 employees
High hazard e.g., light engineering and assembly work, food processing, warehousing, extensive work with dangerous machinery or sharp instruments, construction, chemical manufacture	1-4	Small
	5-25	Medium
	25+	1x Large per 25 employees

If an employee's role involves a lot of driving, it may be prudent to keep a first aid kit in the vehicle.

There is no requirement for any additional first aid equipment beyond normal domestic needs if the work is low-risk, such as desk-based work, when an employee is working from home.

First aid facilities

The first aid needs assessment will identify if the provision of a suitable first aid room is required.

Trained first aiders should be responsible for the room and its contents. Wherever possible, the first aid room should be reserved for the purposes of first aid with washable surfaces, adequate heating, ventilation and lighting, and a sink with hot and cold running water. It should be close to the point of access for transport to hospital and include a notice detailing the names and locations of first aiders.

Where the organisation is located in shared premises, communication and cooperation across buildings or part of the building are required. This is to ensure that an agreed protocol is established together with adequate provision of first aiders and equipment.

First aid needs assessment

[Insert organisation name]	
Name of risk assessor:	
Date:	
Number of employees:	
Max. number of GPs on-site concurrently:	
Min. number of GPs on-site concurrently:	
Max. number of nurses on-site concurrently:	
Min. number of nurses on-site concurrently:	
Premises layout (including number of floors):	

Risk consideration – list significant hazards present within the workplace: Hazardous substances and gases Dangerous equipment Working at height or in confined spaces Use of tools and medical equipment Slip and trip hazards Manual handling	

People at risk – list categories: Employees including those with special needs / health conditions Inexperienced staff Young people New and expectant mothers Disabled people Visitors Members of the public	

Do any employees travel, work remotely, work alone? (Ensure adequate first aider coverage at all times)	Yes ☐ No ☐

Summary of types of injuries and any illnesses that have occurred and accidents that could have led to first aid treatment	

Do any employees work away from the organisation?	Yes ☐ No ☐
Are there suitable first aid arrangements at these locations?	Yes ☐ No ☐
Where employees participate in travelling as part of their duties, do the vehicles used contain first aid kits?	Yes ☐ No ☐

Proximity to emergency services and hospital	

Are there any trained first aiders already registered?	Yes ☐ No ☐
Detail the names of any trained first aiders together with the expiry date of their certificates	
Are there adequate arrangements in place for working away from the organisation and provision for sickness/holiday cover?	Yes ☐ No ☐

Risk rating following review of the above:		
High	Medium	Low

Number of first aiders required for the organisation:	
Type of first aid course required:	
Other specific first aid requirements including equipment:	

Review date:	

This risk assessment pro forma should be completed and retained with the organisation's risk assessment records. This information will help to identify the provision of first aid for the organisation.

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First aid box monthly checklist

As a guide, where work activities involve low hazards, a minimum stock of first aid items might be as detailed below.

First aid box location:	
Checked by:	

Contents	Qty	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
First aid guidance leaflet	1												
Individually wrapped sterile plasters (assorted sizes)	20												
Sterile eye pads	2												
Individually wrapped triangular bandages	4												
Safety pins	6												
Large individually wrapped, sterile, unmedicated wound dressings	2												
Medium-sized, individually wrapped, sterile, unmedicated wound dressings	6												
Disposable gloves (pair)	3												

Annex K – Health and safety induction

Introduction

All new employees are required to complete a health and safety induction which covers procedures such as the action to take in the event of an emergency including a fire or the sustaining of an injury. Consideration should also be given to induction training when an existing employee changes their employment within the organisation.

Health and safety induction training

It is the responsibility of the organisation to ensure that all employees receive health and safety information, instruction, training, and supervision as part of managing workplace risks. This is also a particular requirement for new employees at the organisation who will be unfamiliar with the organisation's arrangements and procedures.

During the first week, and by the end of month one, the new employee will receive information and training on a range of policies, workplace risks and prevention, and control measures.

Once the induction checklist has been completed and the new employee understands all the health and safety arrangements, they will be required to sign to confirm they have received an induction and that they understand all the information provided.

Health and safety induction checklist

Name of employee:	
Job title:	
Department	
Date of joining:	
Name of mentor/buddy:	
Name of manager:	

To be completed on day one			
Topic	**Action**	**Date achieved**	**Mentor/ Line Mgr**
Health and safety	Provide access to the organisation's policy library		

	Explain the legal responsibility to comply with HASAW requirements and report any issues or risks		
	Location of HSE health and safety poster		
	Name of staff health and safety representative		
	Highlight IPC requirements on attending work when infectious or following diarrhoea and vomiting		
	Establish any cultural or language requirements		
Fire and evacuation	Action to take in the event of a fire including how to raise the alarm		
	Action to take on hearing the fire alarm (when a test is not scheduled) Notify any staff members who may need additional support during any evacuation (GEEP and PEEP)		
	Explain when the fire alarm is tested and the policy for changing the test call point		
	Fire evacuation routes and exits, and the need for keeping corridors and fire exits clear		
	Location of fire alarm call points		
	Location of assembly point		
	Identity of fire marshals and their role		
	Fire doors, their purpose and how to both open and close them		
	Location of fire extinguishers and blankets		
	Emergency lighting awareness		
Accident and first aid	Explain how to report an accident or incident		
	Location of first aid box		

	Identity of first aiders		

	Procedure for summoning first aid		
	Any staff issues that may need additional support, e.g., diabetes, and items in fridge specific to managing a diabetic emergency Additional awareness training may be required to support any medical emergency – e.g., Diabetes.org on how to spot the onset of diabetes, etc.		
Welfare facilities	Tour of the workplace		
	Toilets		
	Restroom		
	Kitchen facilities/drinking water		
	What can and cannot be stored in the staff fridge/freezer		
Security	Security arrangements		
	Security access		
	Issue building pass card and/or keypad codes (as appropriate)		
	Locking and unlocking process and operation of security alarm		
	Issue code/keys as appropriate		
	Visitor and contractor procedures		
	Car parking procedures and traffic management		
	Housekeeping standards		
	Recycling and rubbish disposal		

To be completed within one week of joining			
Topic	**Action**	**Date achieved**	**Mentor/ Line Mgr**
Job safety	Review job-related risk assessments		
	Provide instructions on safe systems of work and safe operating procedures		
	Provide personal protective equipment (PPE) and instructions on correct use		
	Hazard awareness		
Personal safety	Lone working procedures		
Electrical equipment	Safe use of electrical equipment including visual inspections and PAT		
Statutory and mandatory HASAW training	Provide training to support HASAW: • Accident and incident reporting • Display screen equipment • Induction • Lone working • Moving and handling (Level 1 for all staff or Level 2 for clinical staff) • Office, electrical and fire safety • Health, safety and welfare HUB Courses are available in the HUB.		
Work activities	Information on the safe use of display screen equipment, seating, and repetitive strain injury		
	Information on safe lifting and working at height (if applicable)		
	Safe use, handling, storage and disposal of chemicals and substances (if applicable)		

	Employee consultation arrangements		

	Mobile phone policy and work-related driving		

To be completed within one month of joining			
Topic	**Action**	**Date achieved**	**Mentor/ Line Mgr**
Monitor and review	Review first month with employee		
	Confirm their understanding of all arrangements in place		
DSE	Carry out DSE workstation assessment and provide information on eye test arrangements		
Training needs	Discuss relevant training programme for employee (H&S related)		
	Identify suitable timescales to complete training programme		
	Provide all relevant information		

The organisation will ensure that this form is completed and signed within one month of the new employee commencing employment. A signed copy of this form is to be retained by both the organisation and the employee.

Acknowledgement and signatures

Employee:	I confirm that the above health and safety induction has been provided and I fully understand my responsibilities towards health and safety.
Name & signature	

On behalf of the organisation:	

Date:	

Annex L – Lone working

Introduction

The organisation will ensure, so far as is reasonably practicable, that those who are required to work alone, either on the premises or at other locations as part of their normal work routine for significant periods, are protected from risks to their health and safety.

Risk assessment

This organisation will comply with the Management of Health and Safety at Work Regulations 1999 to ensure that all health and safety risks are assessed, including the risk of lone working. If the risk assessment shows that it is not possible for the work to be done safely by a lone worker, then other arrangements/control measures will be put in place.

The Health and Safety Executive (HSE) Protecting lone workers – How to manage the risks of working alone guidance will be used to ensure the risk assessment is suitable and sufficient.

While there is no legal requirement to conduct a specific risk assessment for lone workers, it is good practice to do so. The lone working risk assessment will help to decide the most appropriate level of supervision for lone workers.

In any situation where an employee feels unsafe while working alone, they should remove themselves from the situation immediately and report the incident to their line manager.

Lone working common hazards

The following are possible hazards that may arise when working alone:

- Violence
- Manual handling
- Fire
- Road risks
- Hazardous substances
- Stress and other health factors

The organisation will take into consideration all the above when assessing the risk to lone workers.

Working away from the organisation

Staff may be required to work away from the organisation, such as conducting home visits. Detailed guidance can be found in the organisation's Home Visit Policy which includes a home visit risk assessment.

Working from home

The organisation has the same health and safety responsibilities for homeworkers and the same liability for accident or injury as for any other workers. Detailed guidance can be found in the organisation's Home Working Policy and Procedures.

For those people who are working at home on a long-term basis, the risks associated with display screen equipment must be controlled. This includes the employees undertaking workstation assessments at home. Detailed guidance can be found in the organisation's Eyesight Test and Display Screen Equipment Policy.

Training and supervision

The organisation will ensure that lone workers have the necessary information and training to manage the risks relating to their work activities. Information and training will cover the risks they are exposed to, the precautions that are needed and the actions to take in an emergency.

Levels of supervision should be based on the organisation's risk assessment. The higher the risk, the more supervision an employee will need. This will also depend on their ability to identify and handle health and safety issues.

Lone workers from outside the UK may come across unfamiliar risks in a workplace culture that is very different from that of their own country. The organisation must ensure that they have received and understood the information.

Incident reporting

The organisation will maintain an appropriate record of incidents involving lone working. It is therefore essential that all incidents or near misses are reported in accordance with the Significant Event and Incident Policy.

Additional sources of guidance

Additional guidance regarding lone working can be accessed using the following links:

- Video providing basic advice on protecting lone workers
- HSE Guidance – Lone Working: Protect Those Working Alone
- HSE Guidance – Work-related violence
- NHS Employers – A guide for staff who work alone

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Risk assessment template – Lone working

Risk assessment title	**Lone working**	**Date of assessment**	**30/11/2023**
Assessment conducted by	**L H Jones (Ops Mgr)**	**Date of next review**	**29/11/2024**
Contributors	**P O Smith (PM)**	**Risk reference**	**07/23**

What are the potential hazards?	Who is at risk of being harmed and how?	What are you already doing to control the risks?	Risk rating	Additional control measures required	To be implemented: by who, by when?	Residual risk
Unlocking and locking premises alone increases lone worker vulnerability	Staff members may be assaulted by violent / aggressive / abusive patients	Staff sometimes undertake this activity alone; however, it is only occasionally. Security lighting and CCTV is in place. All staff receive conflict resolution training every 3 years. All staff are provided with personal alarms. The organisation has a lone working policy.	9	Ensure adequate training is provided to all staff on de-escalation techniques and lone working. Review effectiveness of security lighting / functionality of CCTV. Ensure all staff test functionality of personal alarms. Ensure policy is reviewed annually or sooner if required.	Ops Mgr – 05/02/2024 Ops Mgr – 15/12/2023 Ops Mgr – 31/12/2023 PM ongoing	6

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		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence	5 Catastrophic	5 Moderate	10 High	15 Extreme	20 Extreme	25 Extreme
	4 Major	4 Moderate	8 High	12 High	16 Extreme	20 Extreme
	3 Moderate	3 Low	6 Moderate	9 High	12 High	15 Extreme
	2 Minor	2 Low	4 Moderate	6 Moderate	8 High	10 High
	1 Negligible	1 Low	2 Low	3 Low	4 Moderate	6 Moderate

Annex M – Manual handling

Introduction

Moving and handling injuries are part of a wider group of musculoskeletal disorders and this organisation is committed to taking the action described within this policy to help to prevent such injuries and ill health.

Employer's responsibilities

The Health and Safety at Work Act 1974 (HASAWA) makes clear the employer's duty to ensure the health, safety and welfare of all employees, as far as is reasonably practicable. The Management of Health and Safety at Work Regulations specifically require that employers risk assess and reduce the risk of injury from moving and handling loads.

Employers must deal with any risks by:

- **Avoiding** moving and handling activities if there is a risk of injury
- **Assessing** moving and handling activities if they cannot be avoided
- **Reducing** the risk of injury to employees as far as reasonably practicable
- **Reviewing** risk assessments regularly

Employees' responsibilities

This organisation will consult and involve the workforce when identifying managing risks relating to moving and handling.

The HASAWA places a duty on an employee to *"take reasonable care for the health and safety of himself and other persons who may be affected by his acts or omissions at work"* and to cooperate with the employer to enable compliance with that duty.

It is the responsibility of the employee to:

- Follow prescribed safe systems of work
- Be aware of and understand the organisation's Moving and Handling Policy
- Use the equipment provided properly
- Not misuse or interfere with the equipment provided
- Cooperate with the organisation on moving and handling matters
- Inform the management should any hazardous handling activities or defects with equipment be identified
- Ensure their activities do not put themselves or another member of staff at risk

Avoiding hazardous moving and handling

Where possible, hazards relating to moving and handling should be eliminated. When a hazard cannot be eliminated, control measures to avoid the hazard should be considered:

- Redesign of the task e.g., can the activity be performed in situ to reduce the need for movement of the load?
- Are more resources required to move the load?

- Automating the process, e.g., the use of hoists or other mechanical lifting device

Assessing risks

When risks from hazardous moving and handling in the workplace cannot be eliminated or avoided, the nominated health and safety lead will conduct a moving and handling risk assessment. Not every risk will be subject to a full moving and handling risk assessment.

Employees will be fully involved in the risk assessment process and where a risk assessment is indicated, the use of 'task specific' tools for assessing the risk, available from the HSE, will be considered, such as:

- RAPP tool (risk assessment of pushing and pulling)
- MAC tool (moving and handling assessment charts)

Task Individual Load Environment (TILE) assessment

In fully assessing any risk, the moving and handling task itself will be considered with the aim being to reduce any hazards associated with the task. The acronym TILE offers prompts for considering the essential aspects of moving a load, as detailed:

TASK	INDIVIDUAL	LOAD	ENVIRONMENT
Does the moving and handling task involve any of the following? Twisting Stooping Bending Pushing Pulling Positioning the load Sudden movement Insufficient rest time Team handling Seated work	**Is the person?** Pregnant Disabled Suffering from health problems	**Is the load?** Heavy Difficult to grip Sharp Hot Cold	**Is the environment?** Hot Cold Humid Well-lit **Is the ground?** Slippery Uneven Wet Dry

Reducing risk and the use of control measures

This organisation will aim to control any hazards relating to moving and handling when reasonably practicable. The HSE's brief guide to manual handling makes suggestions for control measures; these measures may help to reduce the risks associated with moving and handling in the workplace.

Teamwork

Lifting as a team does not mean that a lot more weight can be lifted. Handling by two or more people may make possible an operation that is beyond the capability of one person or reduce the risk of injury to a single handler.

Considerations when lifting as a team are:

- Ensure there is enough space for the handlers to manoeuvre
- There should be adequate access to the load
- One person should plan and then take charge of the operation, ensuring that the movements are coordinated
- Good communication between team members is important
- Consider the dignity and safety of everyone
- Teams of more than four members are unlikely to work successfully

Training

Providing information and training alone will not eliminate the risks associated with moving and handling but this acts as a further control measure to reduce the risk of injury in the workplace.

The information covered by moving and handling training should be role-specific and should include:

- Moving and handling risk factors and how injuries can happen
- Appropriate systems of work for the individual's tasks and environment
- The use of mechanical aids
- How to carry out safe moving and handling, including good handling techniques
- Practical work relevant to the job to allow the trainer to identify and put right anything the trainee is not doing safely
- How to report symptoms and injuries

Moving and Handling Level 1 and Level 2 eLearning are available in the HUB.

Lifting and lowering risk filter

The law does not specify weight limits for lifting and lowering weights. This filter looks at the differences between men and women when lifting or lowering loads.

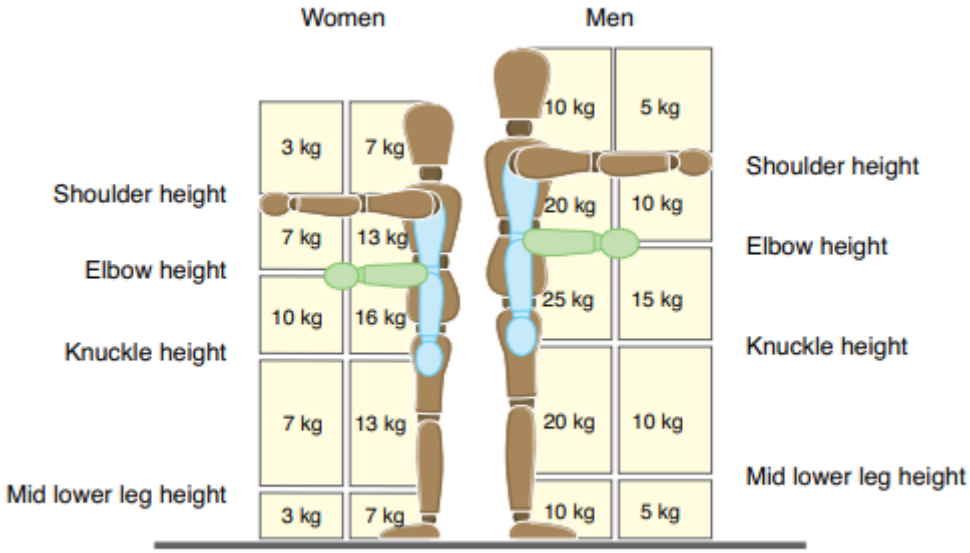


Figure 20 Lifting and lowering risk filter

10 Each box in Figure 20 contains a filter value for lifting and lowering in that zone. The filter values are reduced if handling is done with arms extended, or at high or low levels, as that is where injuries are most likely to happen.

11 Observe the work activity you are assessing and compare it to the diagram. First decide which zone or zones the lifter's hands pass through when moving the load. Then assess the maximum weight being handled. If it is less than the value given in the matching box, the operation is within the guidelines.

12 If the lifter's hands enter more than one zone during the operation, use the smallest weight. If either the start or end positions of the hands are close to a boundary between two boxes you should use the average of the weights for the two boxes.

13 The filter for lifting and lowering assumes:

- the load is easy to grasp with both hands;
- the operation takes place in reasonable working conditions;
- the handler is in a stable body position.

Image source: HSE Manual handling

When the filter weight lifted exceeds the filter weight or the assumptions are not met, a more detailed assessment (either MAC or a full risk assessment) should be conducted.

Pushing and pulling risk filter

In pushing and pulling operations, the load might be slid, rolled or moved on wheels. Observe the worker's general posture during the operation. If the load can be moved and controlled very easily, for example with one hand, you do not need to do a more detailed assessment. The diagrams show acceptable push/pull postures. The task is likely to be low risk if:

- the force is applied with the hands
- the torso is largely upright and not twisted
- the hands are between hip and shoulder height
- the distance moved without a pause or break is no more than about 20 m

Pushing and pulling: Do I need to make a more detailed assessment?

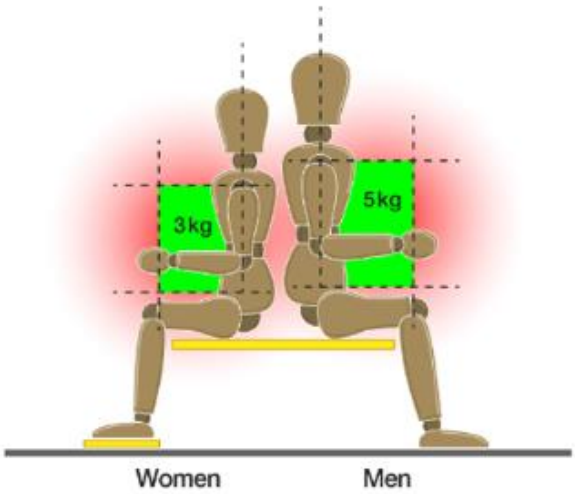
You should make a more detailed assessment using for example the RAPP tool or full risk assessment checklists (PDF) (or equivalent) if:

- the posture shows that the task requires significant force, for example leaning
- there are extra risk factors like slopes, uneven floors, constricted spaces or trapping hazards

Image source: HSE Manual handling

Handling while seated

The filter values for handling operations carried out while seated, as shown in the image, are **Men: 5 kg** and **Women: 3 kg.**



These values only apply for two-handed lifting and when the hands are within the green zone shown. If handling beyond the green zone is unavoidable, you should make a full assessment.

Image source: HSE Manual handling

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Risk assessment template – Moving and handling

Risk assessment title	**Moving and handling**	**Date of assessment**	**01/11/2023**
Assessment conducted by	**L H Jones (Ops Mgr)**	**Date of next review**	**31/10/2024**
Contributors	**P O Smith (PM)**	**Risk reference**	**08/23**

What are the potential hazards?	Who is at risk of being harmed and how?	What are you already doing to control the risks?	Risk rating	Additional control measures required	To be implemented: by who, by when?	Residual risk
Lifting and handling office supplies such as boxes of A4 paper and other consumables.	Staff may experience musculoskeletal injuries by not using appropriate lifting techniques or by adopting a poor posture when lifting.	There is an extant moving and handling policy in place. All staff complete moving and handling training. Supplies are typically less than 5kg. For heavier items, appropriate mechanical devices are available, e.g., trolleys.	6	To review training content and provision to ensure it is current and meets the needs of the team.	PM – 31/03/2025	3

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		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence	5 Catastrophic	5 Moderate	10 High	15 Extreme	20 Extreme	25 Extreme
	4 Major	4 Moderate	8 High	12 High	16 Extreme	20 Extreme
	3 Moderate	3 Low	6 Moderate	9 High	12 High	15 Extreme
	2 Minor	2 Low	4 Moderate	6 Moderate	8 High	10 High
	1 Negligible	1 Low	2 Low	3 Low	4 Moderate	6 Moderate

Annex N – Medicines and medical gases

Introduction

At this organisation, all staff must follow this guidance which outlines the mechanisms for the procurement and safe storage of medicines and medical gases. This document provides the necessary guidance to enable staff to effectively manage medicines and medical gases at this organisation. It is to be read in conjunction with the referenced publications, thereby ensuring compliance with the relevant legislation and regional directives.

Responsibilities

At this organisation, a responsible person has been nominated for medicines management, and they will seek further direction as required from the local area team or pharmacist. However, whilst retaining this responsibility, they have delegated the day-to-day routine tasks of ordering, receipting, storage and monitoring to a nominated member of the team. This responsibility is detailed in the individual's job description.

Procurement

Orders for medicines and medical gases should be made on an 'as needed' basis to minimise wastage and reduce expenditure, but it should also be ensured that stocks are sufficient enough to be able to issue medicines/administer gases to patients without delay.

All orders must be accompanied by a signed and dated order form. The request for an amendment to a submitted order must be carried out via email for audit purposes. An updated order form should be sent if the requested amendment is approved.

Receipt of medicines

The responsible person is to sign for receipt of all deliveries but in their absence, a nominated deputy assumes this responsibility.

The following actions are to be taken:

- Check that medicines received are in good condition and free from damage
- Expiry dates to be checked to ensure each medicine has an acceptable shelf life
- Quantities checked to make sure the order is free from discrepancy
- All cold chain items are placed in the refrigerator immediately, maintaining fridge protocols and informing the cold chain lead as soon as possible
- Non-cold chain items are placed in the appropriate storage facility
- A record of medicines and gases received is made
- Any discrepancies are reported
- Order forms and receipt notes are retained for a period of two years

For advice on the management of controlled drugs, refer to the Controlled Drug Policy and GP Mythbuster 28: Management of controlled drugs.

Storage

There is a designated storage area for non-cold chain medicines at this organisation and the following principles apply to this area:

- Medicines will be stored in a locked cupboard
- The keys for this room and cupboard will be held by the responsible person
- The room is not accessible to the public
- The storage facility is not in a location that will exceed the upper temperature limit of 25°C
- A thermometer is present to record maximum and minimum temperatures
- Temperatures will be recorded daily
- No other items, other than medicines, will be stored in this facility
- Effective stock rotation must be enforced to minimise wastage
- Drugs should be stored in alphabetical order

Cold chain items should be stored as detailed in the Cold Chain Policy.

Medical gases

Medical gases are classed as hazardous substances and as a result they are stored securely, with access limited to authorised personnel only. Cylinders are deemed to be in storage when:

- They are not in use
- They are not being transported

Risks associated with medical gases

Gas cylinders have a number of associated hazards and therefore a risk assessment must be undertaken for the storage area of gas cylinders. This risk assessment must be carried out in accordance with the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR); guidance is provided on the HSE's webpage titled DSEAR Regulations.

At this organisation, cylinder storage adheres to the following precautions:

- Only the required minimum number of cylinders are held
- Cylinders are secured to prevent them falling over, or
- Cylinders are stored in a purpose-built rack
- All valves on cylinders are to be in the closed position
- Cylinders are stored away from extreme sources of heat, in a well-ventilated area
- The storage area is appropriately identified with the necessary signage – this includes no naked lights, no smoking, no sources of ignition, no mobile phones or other electronic devices, no storage of oil, grease or combustible materials
- Empty and full cylinders are segregated with areas clearly marked
- Faulty equipment is segregated and labelled accordingly
- 'Actions in the event of an emergency' signage is displayed

Further guidance should be sought from the HSE's guidance document titled Oxygen use in the workplace – Fire and explosion hazards.

Medical gases training

All staff who handle or use medical gases have received the appropriate training and this is annotated in the training log.

Training includes:

- How to handle cylinders safely
- The correct storage of cylinders
- The hazards associated with gas cylinders
- How to identify a cylinder and its content
- Actions in the event of an emergency
- How to report defects and what to do with defective equipment

The transporting of cylinders by clinical staff

All staff who may need to take a cylinder with them for the purpose of carrying out a home visit must have received the appropriate training. Furthermore, they must ensure that:

- A CO_2 fire extinguisher is available in the vehicle
- The cylinder is contained within an approved transportation bag
- The valve is in the off position
- During hot weather, the cylinder is removed from the vehicle
- Smoking does not take place in the vehicle
- A specific risk assessment has been undertaken for transporting medical gases

Cylinder return

At this organisation, a nominated individual is responsible for cylinder management. They will coordinate the ordering, return and disposal process.

Monitoring processes

In order to maintain an effective medicines management process, regular monitoring should be undertaken:

- Weekly – stock and expiry date check
- Monthly – audit of medicines management

Risk assessment

The CQC will seek assurances that medical gases are stored safely and securely in line with extant legislation and guidance. This risk assessment template can be used as a guide.

Medicines and gases storage audit

A template for auditing medicines and medical gases storage is shown below.

Medicines policy		
	Yes	**No**
Is there an up-to-date medicines policy within the organisation?		
Is relevant legislative guidance referred to (where appropriate)?		
Are staff who are responsible for medicines management within the organisation aware of their responsibilities?		
Comments:		

Storage of medicines		
	Yes	**No**
Is the room secured at all times?		
Are medicines stored in locked cupboards?		
Within the cupboard, are medicines stored practically, i.e., in alphabetical order?		
Is access to the medicines restricted?		
Are temperature conditions in the storage area appropriate?		
Are medicines requiring refrigeration stored in a separate refrigerator?		
Is the temperature of refrigerators monitored using max/min thermometers?		
Are refrigerated medicines properly labelled to indicate storage requirements?		
Are stock levels appropriate?		
Is there evidence of effective stock rotation?		
How often are expiry dates checked?		
Are arrangements for the security of keys satisfactory? (Check keyholders/handover of keys procedure/duplicate keys, etc.)		
Comments		

Storage of medical gases		
	Yes	**No**
Are medical gases stored in a designated area?		
Is access to the medical gas storage area restricted?		
Is the area locked at all times?		
Is there signage externally to the storage area depicting: No naked lights No smoking No sources of ignition No mobile phones or other electronic devices No storage of oil, grease or combustible materials		
Are 'Actions in the event of an emergency' signs displayed?		
Are stock levels appropriate?		
Are gases stored by product?		
Are full and empty cylinders stored separately and in clearly identifiable areas?		
Are valves in the closed position (even on empty cylinders)?		
How often are expiry dates checked?		
Have appropriate risk assessments been carried out?		
Have all staff involved in the use of gases had the correct training?		
Does the training log reflect this?		
Comments		

Record-keeping		
	Yes	**No**
Are orders and receipts retained for a minimum of two years?		
Are amendments requested appropriately?		
Are temperature records retained for a minimum of two years?		
Are keys signed out/in using a suitable key log?		
Are there suitable procedures in place for recording medicines disposal?		
Comments		

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Risk assessment template – Medicines and medical gases

Risk assessment title	**Medicines and medical gases**	**Date of assessment**	**06/11/2023**
Assessment conducted by	**L H Jones (Ops Mgr)**	**Date of next review**	**05/11/2024**
Contributors	**P O Smith (PM)**	**Risk reference**	**10/23**

What are the potential hazards?	Who is at risk of being harmed and how?	What are you already doing to control the risks?	Risk rating	Additional control measures required	To be implemented: by who, by when?	Residual risk
Storage of oxygen cylinders (including full and empty cylinders of varying sizes)	Patients, staff and visitors. Should the cylinders not be stored appropriately, there is a risk of injury and explosion which could be fatal.	All oxygen cylinders are stored within secure facilities, with access restricted to trained staff. Signage denoting that oxygen is stored within is clearly displayed on the door. There is fire detection within the storage area. Signage shows where full and empty cylinders are stored.	10	Implement a routine monitoring process for this area to ensure compliance at all times.	Ops Mgr 31/12/2023	4

		Storage area is free from clutter, enabling easy access and egress. The floor surface is flat, level and in sound condition. Signage is displayed showing actions to be taken in the event of an incident / emergency. There is a fire extinguisher within close proximity to the storage area. There is a fire call point nearby. Observation suggests that only trained staff have access to this secure area. Staff wear suitable clothing and footwear to ensure reasonable				

		purchase/footing and to achieve balance.				
Movement of oxygen cylinders (including full and empty cylinders of varying sizes)	Staff and potentially visitors and patients. There is a risk of injury to hands and feet if cylinders are not moved correctly.	Only trained users will move cylinders between the storage area and the clinical areas. All cylinders will be inspected before being moved. If damaged, the manufacturer will be contacted for advice.	6	Provide a reminder safety briefing to staff on the safe use of medical gases.	Ops Mgr 31/12/2023	6
Use of oxygen cylinders	Staff, patients, visitors and contractors.	Only trained staff will use oxygen cylinders. All cylinders are clearly labelled, and cylinders will not be used if the label is unclear. Only in-date regulators will be used. After connecting a regulator, the user will check for leaks. Staff will follow manufacturers'	6	Record all staff refresher training on Practice Index HUB.	Ops Mgr – ongoing	6

		guidance when using oxygen and associated ancillaries. Regular checks are made to ensure that all equipment is in date and there are no leaks. Any defects will be reported to the nominated individual and the equipment quarantined until the defects are rectified.				

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		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence	5 Catastrophic	5 Moderate	10 High	15 Extreme	20 Extreme	25 Extreme
	4 Major	4 Moderate	8 High	12 High	16 Extreme	20 Extreme
	3 Moderate	3 Low	6 Moderate	9 High	12 High	15 Extreme
	2 Minor	2 Low	4 Moderate	6 Moderate	8 High	10 High
	1 Negligible	1 Low	2 Low	3 Low	4 Moderate	6 Moderate

Annex O – New and expectant mothers

Introduction

New and expectant mothers are defined as those who are pregnant, have given birth in the last six months or are currently breastfeeding. Regulation 16 of the Management of Health and Safety at Work Regulations 1999 (MHSWR) requires a risk assessment to be undertaken if there are women of childbearing age who could become pregnant or new/expectant mothers who could be at risk from any processes, working conditions or work involving physical, biological or chemical agents.

Risk assessment

Employers have certain obligations once they have received notification in writing from an employee that she is a new or expectant mother, under Regulation 16 of the MHSW. When an employee provides written notification that she is pregnant, has given birth within the past six months or is breastfeeding, the employer should immediately take into account any risks identified in the workplace risk assessment.

If there are any identified significant risks to the health and safety of a new or expectant mother (including risks to the child), and these cannot be avoided by taking the preventive and protective measures required under relevant health and safety legislation, then employers must take action to remove, reduce or control the risks.

Rest and breastfeeding at work

The HSE requires employers to provide suitable rest facilities for workers who are pregnant or breastfeeding, which should be suitably located (e.g., near toilets) and, where necessary, include appropriate facilities for new or expectant mothers to lie down. Please note that toilets are not considered a suitable place for new mothers to express milk.

New and expectant mothers are entitled to more frequent rest breaks, so employers should discuss this with them in order to agree on the timing and frequency of such breaks. ACAS provides additional advice on accommodating breastfeeding employees in the workplace.

A risk assessment template for new and expectant mothers and a HR maternity notification checklist can be found below.

New and expectant mothers risk assessment template

The organisation manager must ensure that this risk assessment is completed for any expectant mother at each stage of her pregnancy, and a further re-assessment upon returning to work following childbirth.

Name:	
Job title:	
Assessor:	
Date of assessment:	
Due date:	
Current stage:	Pregnant ☐ New mother ☐

The potential hazards detailed below must be reviewed and risk assessed in relation to the employee's working activities and environment. Record any action required to reduce or eliminate any risks as necessary and re-evaluate as appropriate.

Stage	Review date
1-3 months	
4-6 months	
7-9 months	
New mother	
Breastfeeding mother	

Slips, trips and falls		Further action
Is the working environment free from slip, trip and fall hazards (trailing cables, uneven flooring, spilt liquids, etc.)?	Yes ☐ No ☐	
Are stairwells maintained and free from obstructions?	Yes ☐ No ☐	

Display screen equipment		Further action
Does the employee use display screen equipment for significant periods of time?	Yes ☐ No ☐	
Has the workstation been re-assessed since notification of the pregnancy?	Yes ☐ No ☐	
Is the chair, other equipment and furniture suitable and comfortable for the employee?	Yes ☐ No ☐	
Is the employee able to take sufficient breaks/changes of activity away from the screen?	Yes ☐ No ☐	

Manual handling		Further action
Is the employee expected to carry or move heavy loads?	Yes ☐ No ☐	
Is the employee aware of safe moving and handling techniques?	Yes ☐ No ☐	
Has a manual handling assessment been completed?	Yes ☐ No ☐	

Driving (occupational road risk)		Further action
Does the employee drive as part of her job?	Yes ☐ No ☐	
Does she have to drive long distances with infrequent breaks?	Yes ☐ No ☐	

Lone working		Further action
Does the employee work alone in the building or out in the community?	Yes ☐ No ☐	
Are control measures in place for lone working such as panic alarms or buddy systems?	Yes ☐ No ☐	

Is the employee able to take sufficient breaks?	Yes ☐ No ☐	

Working at height		Further action
Does the employee have to complete tasks that require her to work at height (e.g., step ladder or footstool) or reach awkward shelves or unstable items?	Yes ☐ No ☐	

Violence and aggression		Further action
Is the employee exposed to potentially violent situations from members of the public?	Yes ☐ No ☐	

Stress		Further action
Is the employee exposed to any undue stress?	Yes ☐ No ☐	
Is the exposure to stress at an acceptable level?	Yes ☐ No ☐	

Welfare		Further action
Does the employee have to sit or stand for long periods of time?	Yes ☐ No ☐	
Is there a restroom or suitable area for the employee to rest?	Yes ☐ No ☐	
Is the employee able to take breaks when required?	Yes ☐ No ☐	
Does the employee suffer with morning sickness that may affect morning shifts or when exposed to nauseating smells?	Yes ☐ No ☐	
Do nursing mothers have a facility for privately expressing milk and is adequate cold storage available?	Yes ☐ No ☐	

Does the employee work nights, cover night shifts or long working hours?	Yes ☐ No ☐	
Are workplace temperatures reasonable?	Yes ☐ No ☐	

Biological and chemical agents		Further action
Is the employee exposed to any infectious diseases (e.g., rubella)?	Yes ☐ No ☐	
Is the employee exposed to any bodily fluids?	Yes ☐ No ☐	
Is the employee exposed to any chemicals (as defined by COSHH)?	Yes ☐ No ☐	
Is the employee exposed to radioactive material?	Yes ☐ No ☐	
Is the employee at risk of needlestick injuries?	Yes ☐ No ☐	

Other issues		Further action
Consideration should be given to the employee's increasing size which may present problems if wearing personal protective equipment and uniforms.	Yes ☐ No ☐	
Dexterity, agility, coordination, speed of movement and reach may all be impaired due to increasing size.	Yes ☐ No ☐	
Consider that pre-existing medical conditions may affect a woman during pregnancy or afterwards (e.g., diabetes, heart condition, previous miscarriage).	Yes ☐ No ☐	
Consider the increase in mental and physical fatigue depending on the work activities.	Yes ☐ No ☐	

The new or expectant mother is responsible for informing the practice manager or other point of contact if she has a medical condition that should be recorded. This is a requirement throughout the term of the pregnancy.

Employee's signature:	
Date:	
For and on behalf of the practice:	
Date:	

Maternity notification checklist

The following checklist can be used at this organisation to ensure that any member of the team is fully supported when giving notification of her pregnancy.

Maternity notification checklist	
Name	
Post held	
Annual leave entitlement	
Date started	
Statutory maternity leave entitlement	
Employee leave entitlement	
MAT B1 received	YES/NO
Expected date of confinement	
Date of risk assessment	
Risk assessment considerations in the New and expectant mothers risk assessment	
Date of maternity leave application	
Date maternity leave is planned to commence	
Declaration of intended return-to-work received	YES/NO
Ante-natal appointments	
Actual date of confinement	
Predicted return date	
Keep-in-touch dates	
Actual date of return-to-work notification	
Request for flexible working and, if applicable, summary of any contract changes	
Breastfeeding facilities	YES/NO
Shared parental leave	

Annex P – PEEP and GEEP

Introduction

This organisation has a responsibility to ensure that everyone on the premises can evacuate by either leaving the building or moving to a designated place of safety within the building in an emergency without the direct intervention of the fire service. This is a requirement of the Regulatory Reform (Fire Safety) Order 2005.

This regulation further states that everyone, including those at additional risk, such as the disabled, vulnerable and the mobility impaired, must be able to evacuate safely in the event of a fire or emergency evacuation.

The organisation will ensure the following:

- For those employees who require assistance in the event of an evacuation, a personal emergency evacuation plan (PEEP) will be prepared which will be tailor-made and will detail the safest method of evacuation for that individual. The PEEP will detail the escape routes and identify the people who will assist them in the event of an evacuation.

- For others visiting the organisation, such as patients and members of the public, a general emergency evacuation plan (GEEP) will be available and will detail the building layout, evacuation procedures and equipment available for those who may require assistance.

Having these plans will help to ensure that everyone in the building can evacuate quickly and safely.

Who requires a personal emergency evacuation plan?

A personal emergency evacuation plan (PEEP) is a bespoke escape plan for employees who may not be able to reach a place of safety unaided or within a satisfactory period of time, as determined by the fire risk assessment, in the event of an emergency.

The employee is responsible for informing the organisation of any health condition that may impact their safe evacuation in an emergency. If the employee confirms that they will be unable to evacuate the building unaided during an emergency, then a PEEP will be prepared.

A PEEP may be required for employees who have a:

- Mobility impairment
- Sight impairment
- Hearing impairment
- Breathing or heart condition

A temporary PEEP may be required for employees who:

- Have a short-term injury (e.g., a broken leg)
- Have a temporary medical condition

- Are in the latter stages of pregnancy

Preparing a PEEP

The organisation will ensure that:

- All employees who may require assistance in evacuating will be identified including those who have temporary health conditions
- Evacuation procedures are displayed around the premises, including notices for those who may require assistance
- Each PEEP is prepared with the employee who requires assistance, together with those who will be assisting them, e.g., fire warden/marshal
- All PEEPs are tested and reviewed on a regular basis to ensure that they are still current and suitable (consideration will be given to both the employee's condition which may have changed and the building's layout and emergency arrangements)
- All PEEPs are recorded and held by the organisation

Documenting a PEEP

Should any PEEPs be required at the organisation, the documentation is to be recorded to support any activity.

The Disability staff reasonable adjustments agreement should be used to support any change, coupled with the actions detailed in a risk assessment and risk register. An additional copy is to be detailed within the fire logbook.

Preparing a general emergency evacuation plan

A general emergency evacuation plan (GEEP) is used in premises that members of the public visit. It is also used in places of work with a transient workforce. It focuses on visitors to the building who have a disability or mobility impairment and may not be able to evacuate unaided.

The GEEP will help the individual to become familiar with the building's layout and evacuation arrangements. The GEEP will also cover the same points that are outlined in a PEEP, with practical evacuation solutions to accommodate different health conditions.

The organisation will ensure that an up-to-date GEEP is available and in place for all visitors to the premises. This will include:

- Ensuring evacuation procedures are displayed with information for those who may require assistance
- Ensuring everyone involved in providing assistance receives adequate training and is given the relevant information regarding the building's layout and equipment. Training will include equality and disability awareness

- Ensuring organisation evacuations are held on a regular basis
- Reviewing GEEPs regularly to ensure they are still current and suitable

PEEP template

Premises name and address	[Insert organisation name and full address including postcode]
Date of plan	
Planned review date	

Personal plan for	[Insert name of individual plan is designed for]
Role of individual	[Insert role/position within organisation]
Planned review date	

Nominated assistant(s)
Detail the names and positions of those staff members responsible for providing assistance. Also explain the arrangements for staff absences.

Assistance required
Detail the assistance that is required, and the methods used to evacuate safely.

Equipment required
Detail the equipment that is required to support the evacuation and its location.

Step-by-step guide
Detail the process of supporting the individual to evacuate the building, from the sound of the alarm to gathering at the fire muster point. If the individual works on different levels of the building, ensure this is taken into consideration.

Evacuation routes
Detail or illustrate (using diagrams/plans) the evacuation route(s) for the individual.

GEEP template

Premises name and address	[Insert organisation name and full address including postcode]
Date of plan	
Planned review date	

Organisation alarm systems
[Insert organisation name] is fitted with the following alarms: [specify alarm types] [specify alarm sounds]

How to raise an alarm
Staff: Staff should raise the alarm by activating the nearest call point and by a vocal warning, shouting, “Fire, fire, fire!” **Visitors**: Visitors should notify a member of staff if they discover a fire. They can also activate the nearest call point and give a vocal warning, shouting, “Fire, fire, fire!” **Fire detection system:** [Insert organisation name] is fitted with an automatic detection system which will trigger the fire alarm*. * Delete if not applicable

Actions in the event of an alarm
Nominated fire marshals: • The nominated or deputy fire marshals will assume responsibility for the evacuation of the building, ensuring that no one is left behind. • The fire marshal will call the fire service by dialling 999, giving the following details: name, name of premises and full premises address including postcode. • Fire marshals will ensure that all personnel are accounted for when gathered at the fire muster point. • Fire marshals will also ensure that those personnel for whom there is a PEEP are supported appropriately to evacuate the building. **[Senior receptionist]:** Collect the visitors book and printed clinic lists when evacuating the premises. **All other staff:** Commence evacuation of the premises, using the nearest emergency exits, in an orderly manner. Ensure that all patients and visitors are escorted out of the building and directed to the fire muster point.

Key considerations
All staff: • Close all windows and doors when evacuating the building • If safe to do so, isolate gas and electric supplies to the premises • Do not waste time trying to gather personal belongings • **DO NOT USE THE LIFT** • **DO NOT RE-ENTER THE BUILDING** • **[Add as necessary]**

Evacuation routes and muster point(s)
The evacuation routes and emergency exits are clearly marked throughout the building with green direction signage indicating the way to the nearest exit. The fire muster point is located at: [insert location]

Emergency equipment
Firefighting equipment: Firefighting equipment (water, CO2 and powder fire extinguishers) is located throughout the building and staff must only use the equipment if they are confident in its use. In addition, there is a fire blanket in the kitchen. **First aid equipment:** A first aid box is located in [insert location] and, if safe to do so, [insert name/role] is to collect the first aid box when evacuating the building.

Additional useful information
Hazardous equipment: • Medical gases are stored in: [insert location] • [Insert other hazards here] **Isolation valves/switches:** • Electrical isolation switch (mains fuse box) is located: [insert location] • Gas isolation valve is located: [insert location] • Water isolation tap is located: [insert location] **Fire panel is located:** [insert location]

GEEP completed by	[Insert name and position]
Signed	
Date	[insert date]

Annex Q – Portable appliance testing

Introduction

The HSE's Maintaining portable electric equipment in low-risk environments leaflet advises the following:

> The legal requirements relating specifically to the use and maintenance of electrical equipment are contained in The Electricity at Work Regulations 1989. These Regulations apply to all work activities involving electrical equipment. They place duties on employers, the self-employed and employees (subsequently referred to as 'duty holders'). These duties are intended to control risks arising from the use of electricity.
>
> The Regulations require that electrical systems and equipment must be maintained to prevent danger. This requirement covers all items of electrical equipment including fixed or portable equipment.
>
> The Regulations do not specify what needs to be done, by whom or how frequently (for example, they do not make it a legal requirement to test all portable electrical appliances every year). This allows the duty holder to select precautions appropriate to the risk rather than having precautions imposed that may not be relevant to a particular work activity.

Managing the risk and frequency of testing

The organisation's portable appliance test is not required to be undertaken annually as dictated within this HSE document that states:

> "It's a myth that all portable electrical appliances in a low-risk environment, such as an office, need to have a portable appliance test (PAT) every year. The law simply requires employers to ensure electrical equipment is maintained in order to prevent danger – it doesn't state what needs to be done or how often."

In terms of risk, a GP practice would be classified as an office and therefore deemed to be low risk.

Arrangements for PAT

The formal inspection and testing of portable appliance equipment which will be conducted by a competent person includes:

- Visual inspection for signs of damage and deterioration
- Electrical testing using a calibrated PAT device
- A recording of the test will be made with all equipment being labelled as having passed, with the test date clearly visible

All equipment to be tested will be made accessible (if necessary, in advance) to ensure that the person conducting the testing and inspection can complete the programme. Any equipment used off-site will be returned to the organisation for the day of testing.

Any preliminary arrangements to manage the inspection and testing programme will be communicated to all personnel within the organisation, including:

- Date of testing and accessibility of equipment
- Power-down arrangements for computer and office equipment

Should portable appliance testing not be detailed within the electrical risk assessment, then a separate risk assessment is to be conducted.

Visual inspections

In addition to the formal inspection and testing arrangements, any electrical equipment should be visually checked before it is used, with the equipment disconnected.

Employees should look for:

- Damage to the plug including the cover or bent pins
- Damage to the lead including fraying, cuts or heavy scuffing from friction such as from floor box covers
- Coloured wires visible where the lead joins the plug (and the cable is not being gripped where it enters the plug)
- Tape applied to the lead to join leads together
- Signs of overheating such as burn and scorch marks
- Damage to the outer cover of the equipment itself including loose parts or screws
- Equipment that has been used or stored in unsuitable conditions such as wet or dusty environments
- Cables trapped under furniture or floor boxes

Damaged, faulty or suspect equipment is to be removed from use and clearly labelled as faulty. These items will either be repaired or replaced.

Annex R – RIDDOR

Overview

The HSE has produced guidance on the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) which focuses on the following areas:

- Reportable incidents
- Who should report
- Making a RIDDOR report
- Specified, reportable injuries
- Dangerous occurrences
- Reportable occupational diseases
- Carcinogens and biological agents

Reportable incidents

The organisation is responsible for ensuring that RIDDOR-related accidents are reported and will only report accidents if they happen when:

- The accident is work-related, and
- It results in an injury of a type that is reportable

HSE provides detailed information regarding the types of reportable incident/accident, including but not limited to:

- The death of any person
- Specified, reportable injuries to workers including:
    - Fractures (other than to fingers, thumbs and toes)
    - Amputations
    - 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
    - Any scalping requiring hospital treatment
    - Any loss of consciousness caused by a head injury of asphyxia
    - Any other injury arising from working in an enclosed space that leads to hypothermia or requires resuscitation or hospital admittance for more than 24 hours
- Over seven day incapacitation of a worker
- Over three day incapacitation
- Non-fatal accidents to people other than workers

Occupational diseases

The HSE advises that this organisation must report diagnoses of certain occupational diseases where these are likely to have been caused or made worse by their work. This includes but is not limited to:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm, tendonitis or tenosynovitis
- Hand arm vibration syndrome (HAVS)
- Occupational dermatitis
- Occupational asthma
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

Additional information can be found in the HSE reportable occupational diseases guidance.

Carcinogens, mutagens and biological agents

The HSE explains that cases of cancer must be reported when there is an established causal link between the type of cancer diagnosed and the hazards to which the person has been exposed through work.

Detailed information is available in the HSE reportable carcinogens guidance document.

Dangerous occurrences

HSE defines a dangerous occurrence as one which arises out of or in connection with work and could risk harm to others. Note, not all events need to be reported.

This organisation will follow the HSE guidance on dangerous occurrences that are to be reported under Schedule 2 of RIDDOR.

Exemptions

There are a few exemptions to the requirement to report under RIDDOR. These are:

- When an accident occurs during medical treatment or any examination carried out or supervised by a doctor or dentist

- When it would duplicate similar reporting requirements – for example, under the Ionising Radiation (Medical Exposure) Regulations 2017

Reporting process

When reporting incidents under RIDDOR, the responsible person at this organisation can use the following methods:

a. Online

   The organisation will complete the appropriate online report form. The form will then be submitted directly to the RIDDOR database and a copy of the report will be submitted to the organisation.

b. Telephone (Monday to Friday, 8.30 am to 5 pm)

   Fatal and major injuries are to be reported by telephone as well as online. For this purpose, contact the Incident Contact Centre (ICC) on 0845 300 9923.

c. Out of hours (weekends, public holidays and between 5 pm and 8.30 am)

   The HSE has a duty officer to whom serious or major incidents are to be reported out of hours by telephoning 0151 922 9235.

   Examples of such incidents include:

   - A work-related death
   - A serious incident where there have been multiple casualties
   - An incident that has caused major disruption such as the evacuation of people, closure of roads, large numbers of people attending hospital, etc.

d. Flammable gas incidents

In the event of a reportable incident occurring that involves flammable gas supplied to the organisation, this is to be reported to the flammable gas supplier.

Note: Should an employee sustain a reportable injury while working away from the premises, then the organisation must ensure that this is reported under RIDDOR.

The HSE provides detailed guidance on how to report under RIDDOR.

Annex S – Stress at work

Overview

The Health and Safety Executive (HSE) defines stress as “the adverse reaction people have to excessive pressure or other types of demand placed on them”. This makes an important distinction between pressure, which can be a positive state if managed correctly, and stress, which can be detrimental to health.

All employees may experience periods of pressure at work. The risks from sustained and/or excessive pressure without the opportunity to recover will be assessed and measures put in place to control the risk.

Risk assessment and risk management

The Health and Safety Executive has identified six key management standards that cover areas of work design that, if not properly managed, can be associated with poor health and wellbeing, lower productivity and increased sickness absence. The standards cover the primary sources of stress at work and will be incorporated within the risk assessment process.

- Role – whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles
- Demands – including workload, work pattern and the working environment
- Control – how much say an employee has in the way they do their work
- Support – the encouragement, support and resources provided by the organisation, senior partners and employees
- Relationships – promoting positive working to avoid conflict and dealing with unacceptable behaviour
- Change – how changes within the practice are managed and communicated

The organisation will identify workplace stressors using the six management standards and identify methods to minimise the risk of workplace stress. The findings of the risk assessments will be regularly reviewed and will be shared through employee consultation.

Where cases of specific individual stress have been identified, an individual assessment will be put in place.

Following the management standards approach will demonstrate that the organisation is meeting the legal requirements in managing work-place stress.

Responsibilities

Organisation responsibilities

The organisation will ensure that employees are supported in order for them to perform their job effectively, making certain that:

- Effective communication procedures are in place, particularly where there are organisational and procedural changes

- Jobs are designed to avoid conflicting demands and that expectations and the job role are clear
- Employees are fully trained to undertake the demands of their job and can contribute to decisions about how the job is done
- Regular opportunities for feedback on performance are in place, e.g., one-to-one meetings and team meetings
- Issues of concern are identified or responded to promptly with constructive solutions offered
- Support and training resources are made available and development opportunities are provided
- Bullying and harassment are not tolerated
- Additional support is offered to employees who are experiencing stress outside work
- There is compliance with all health and safety policies and procedures
- Appropriate advice and support are sought at an early stage if difficulties arise

Employee responsibilities

In order to minimise the risk of work-related stress, employees are required to:

- Maintain good communications with team members
- Engage in discussion about their performance and act on feedback
- Raise issues of concern at an early stage and seek constructive solutions
- Use the support and training resources available
- Ensure that bullying and harassment are not tolerated
- Comply with health and safety policies and procedures
- Seek appropriate advice and support at an early stage if difficulties arise

Annex T – Suspect packages

Introduction

No unattended item should be ignored but it should always be assessed proportionately, considering what can be seen and anything that is known about its discovery.

However, when an item has been hidden from view deliberately, or it has visual clues suggesting it may be hazardous, such as wires, circuit boards, batteries, adhesive tape, liquids, putty-like or unusual substances, etc., or it has been found after a suspicious event, an immediate and focused response is required.

When dealing with suspicious items, the following steps should be taken:

- Do not touch it. Report it and dial 999 but do not use a mobile phone within 15 metres of the suspicious item and place yourself out of sight of the item

- If you believe there may be a risk to life, move away at least 100 metres from the item. Even for a small item, such as a rucksack, 100 metres is the recommended minimum evacuation distance, but always follow any directions given by the police or management

- Once at a safe distance, stay behind hard cover and away from secondary hazards, such as glazed areas or parked vehicles, and do not re-enter the evacuated area until the police say it is safe to do so

If you think something is suspicious, say something.

When dealing with suspicious items, follow the “4Cs” protocol. For full guidance on this protocol, refer to the ProtectUK guidance titled Unattended and suspicious items.

Delivered items

Delivered items, which may include malicious letters, parcels, packages and anything delivered by post or courier, have been a commonly used tactic by criminals and terrorists. A properly conducted risk assessment should give a good idea of the likely threat to an organisation and indicate the precautions needed.

Delivered items may be explosive, incendiary, contain sharps or blades, or chemical, biological or radiological (CBR) material.

A delivered item may have received some rough handling in the post and so is unlikely to detonate through being moved. Any attempt at opening it may set it off or release the contents. Threat items come in a variety of shapes and sizes; a well-made device will look harmless but there may be tell-tale signs or indicators.

Indicators of a suspicious package

General indicators that a delivered item may be of concern include:

- An unexpected item, especially if hand delivered

- A padded envelope, such as a ‘Jiffy bag’ or other type of bulky package
- An additional inner envelope or other contents that may be difficult to remove
- Labelling or excessive sealing that encourages opening at a particular end or in a particular way
- Oddly shaped or lopsided packages
- An envelope flap stuck down completely (normally gummed envelope flaps leave slight gaps at the edges)
- Being marked as ‘to be opened only by…’, ‘personal’ or ‘confidential’
- An item addressed to the organisation or a title (rather than a specific individual)
- Unexpected or unusual origin (postmark and/or return address)
- No return address or a return address that cannot be verified
- Poorly or inaccurately addressed or the address is printed unevenly or unusually
- Unfamiliar writing or unusual style
- Unusual postmark or no postmark
- More stamps than needed for the size or weight of the package
- Greasy or oily stains coming from the package
- Odours coming from the package

Further reading can be found in the ProtectUK guidance titled Mail Handling and in the National Protective Security Authority’s Screening Mail and Courier Deliveries guidance.

Action to be taken

If it is believed that a contaminated package has been received, do not open it and complete the following actions:

- Do not touch the package any further or move it to another location
- Ensure the package remains on a flat surface; keep it separate so it is easily identifiable
- Turn off all electrical equipment and isolate or switch off air conditioning
- Evacuate the room and clear the immediate area and each adjacent room, including any rooms above and below
- Isolate the room from further use. Place a clear visible warning on the door and prevent others approaching or accessing the cleared areas
- Do not use mobile phones or two-way radios in the cleared area or within 15 metres of the suspect package
- Communicate regularly with staff, visitors and the public
- Notify the police immediately and follow their instructions. Ensure the practice manager is informed
- Make sure informants and witnesses remain available to brief the police and that the accuracy of their observations is preserved. Encourage witnesses to immediately record their observations in writing and discourage them from discussing the incident or their observations with others prior to the arrival of the police

- If there is a suspected chemical incident, avoid coming into contact with others to avoid the risk of any further contamination. Possible signs of exposure include streaming eyes, coughs and skin irritation. Do not rub your eyes, touch your face or other people. Seek immediate help from the emergency services

- Should evacuation commence, evacuate by word of mouth. Do not use the fire alarm system.

- Take your personal belongings to assist in eliminating suspicious articles left behind after evacuating

- Any suspicious package found outside the building must not be touched or moved and the police should be informed immediately

Whilst the obvious rendezvous area would be that of the organisation's fire evacuation point, this may be too close to the building or the location of the suspect package. Therefore, the evacuation point may have to be decided at the time of any incident.

Further scene management will be provided by the police upon their attendance.

Risk management

Responsibility for the initial decision-making remains with the organisation's management and must form part of an inclusive process for managing risk. This will be succeeded by the police upon their arrival.

Required actions

It is vital that regular drills are carried out to ensure that all staff are familiar with bomb threat procedures, routes and rendezvous points.

PEEP and GEEP

Any disabled staff member should have their own personal emergency evacuation plan (PEEP) and be individually briefed on their evacuation procedures. For patients and other visitors, this organisation has a general emergency evacuation plan (GEEP). Similarly, this group should be briefed on evacuation procedures and quickly identified and assisted in the event of a threat.

Positive security actions

Good housekeeping improves the safety of the premises, reduces the opportunity for leaving suspicious items or bags, and helps to manage false alarms and hoaxes.

At this organisation, we will conduct a regular and systematic check of the premises which will be proportionate to the foreseeable and plausible risk. We will also promote understanding among all staff members.

Security housekeeping includes:

- Role-play training to ensure that all staff are familiar with bomb threat and suspect package procedures, routes and rendezvous points

- Identifying who in the venue will coordinate and take responsibility for conducting searches

- Dividing the venue into areas of a manageable size for one or two searchers; ideally staff should follow a search plan and search in pairs to ensure the area is covered effectively

- Ensuring that those conducting searches are familiar with their areas of responsibility; those who regularly work in an area are best placed to spot unusual or suspicious items

- Focusing on public areas such as the waiting room, enclosed areas (e.g., patient toilets, stairs, corridors, lifts, etc.), evacuation routes and assembly points, car parks and other external areas

- Developing appropriate techniques for staff to be able to routinely search public areas without alarming any visitors or customers present

Familiarising employees through testing and exercising will increase the likelihood of an effective response to an evacuation and aid the decision-making process.

Annex U – Working at height

Introduction

This policy sets out the responsibilities of the organisation in order to comply with the Work at Height Regulations 2005. Any tasks that may require the use of access equipment in order to work at height will be suitably assessed, and adequate controls will be put in place to ensure the safety of those at risk.

Working at height requirements

The Work at Height Regulations 2005 require that:

- All working at height is properly planned and organised
- Those involved in working at height are competent
- The risks from working at height are assessed and appropriate work equipment is used
- The risks from fragile surfaces are properly controlled
- Equipment for working at height is properly inspected and maintained

Hierarchy for managing and selecting equipment

There is a simple hierarchy for managing and selecting equipment for working at height:

- Avoid working at height wherever possible
- Use work equipment or other measures to prevent falls where working at height cannot be avoided
- Where the risk of falling cannot be eliminated, use work equipment or other measures to minimise the distance and consequences of a fall should one occur

In accordance with the regulations, the organisation will do everything reasonably practicable to prevent falls. This principle will apply to all working at height where there is a risk of a fall liable to cause personal injury.

As well as building construction and maintenance work equipment, other examples of equipment include the use of kick stools and stepladders. These could be for activities such as accessing storage boxes or files which are stored at height or any cleaning/maintenance tasks completed at height, such as light bulb replacement.

Risk assessing working at height

The organisation will prepare working at height risk assessments when required and will ensure that:

- Working at height is avoided wherever possible
- Falls are prevented where working at height cannot be avoided
- The consequences of a fall will be minimised
- Suitable equipment and training to ensure the work is undertaken safely will be provided
- Information identified in the risk assessment will be shared

- Safety equipment used will be regularly inspected to ensure it is in good working order
- Working at height arrangements will be monitored and reviewed at regular intervals
- There is an emergency plan, and equipment is in place in the event of a fall or accident

Actions of employees

Employees have general legal duties to take reasonable care of themselves and others who may be affected by their actions, and to cooperate with their employer to enable its health and safety duties and requirements to be complied with.

For example, the law states they must:

- Report any safety hazard they identify to their employer
- Use the equipment and safety devices supplied or given to them properly, in accordance with any training and instructions (unless they think that would be unsafe, in which case they should seek further instructions before continuing)

Should an employee have any questions pertaining to any health and safety matter, they should speak to either their line manager or the nominated health and safety representative.

Working at Height eLearning is available in the HUB.

Annex V – External inspection of premises checklist

Subject	Requirement IAW The Regulations	Organisation comment
Access	Access to the premises must be suitable for all patients, including those with disabilities. Ramps for wheelchairs and pushchairs should be in place.	
Lighting	Lighting should be sufficient to permit staff and patients to move safely around the practice car park and main entrance areas.	
Refuse	The refuse bins should be stored within the appropriate area and suitable receptacles used.	
Building	The external condition of the building must be monitored for signs of subsidence, damage, poor state of repair, etc. All defects are to be reported immediately and an action plan put in place to remedy such issues.	
Traffic routes	Car park areas must be clearly marked to indicate pedestrian areas and areas for vehicles. The use of one-way systems is recommended.	
Car park	Parking bays must be clearly identified, and speed limits prominently displayed. Any defects such as unevenness / potholes, etc. should be reported and repaired within a timely manner. Signs should be put in place to advise staff and patients of any potential hazards. Ideally there should be an area allocated and marked for disabled staff / patients.	
Pathways	Footpaths must be clearly marked, the surface must be even, free from trip hazards, and where possible separate from traffic (vehicle) routes.	
Gates	Gates must be made of suitable material, fitted with safety devices where applicable and protected against breakage.	

Automatic doors	Automatic doors must have in-built safety features to prevent individuals from becoming trapped.	
Doors	If doors are ‘swing doors’, they should have a transparent viewing panel to prevent accidental injury.	
Windows	All windows, when open, should not pose any undue risk to staff or patients. If necessary, warning signs are to be put in place to prevent accidental injury.	
[Add as required]		

Annex W – Internal inspection of premises checklist

Subject	Regulatory requirements	Comment
Ventilation	The workplace must be adequately ventilated. Windows or other openings may provide sufficient ventilation but, where necessary, mechanical ventilation systems should be provided and regularly maintained.	
Temperatures	Individual personal preference makes it difficult to specify a thermal environment that satisfies everyone. For workplaces where the activity is mainly sedentary (for example, offices), the temperature should normally be at least 16°C. If work involves physical effort, it should be at least 13°C (unless other laws require lower temperatures).	
Lighting	Lighting should be sufficient to enable people to work and move about safely. If necessary, local lighting should be provided at individual workstations and at places of particular risk. Lighting and light fittings should not create any hazard. Automatic emergency lighting, powered by an independent source, should be provided where sudden loss of light would create a risk.	
Cleanliness	Every workplace and the furniture, furnishings and fittings should be kept clean, and it should be possible to keep the surfaces of the floors, walls and ceilings clean.	

	Cleaning, and the removal of waste, should be carried out as necessary by an effective method. Waste should be stored in suitable receptacles.	
Workstations and seating	Workstations should be suitable for the people using them and for the work they do. People should be able to leave workstations swiftly in an emergency. If work can or must be done sitting, seats that are suitable for the people using them and for the work they do should be provided. Seating should give adequate support for the lower back, and footrests should be provided for workers who cannot place their feet flat on the floor.	
Safety	The workplace and certain equipment, devices and systems should be maintained in efficient working order (efficient for health, safety and welfare). Risk assessments are to be undertaken as required and reviewed regularly.	
Staircases	Open sides of staircases should be fenced with an upper rail at 900 mm or higher, and a lower rail. A handrail should be provided on at least one side of every staircase, and on both sides if there is a particular risk. Additional handrails may be required down the centre of wide staircases. Access between floors should not be by steep stairs.	
Automatic doors	Automatic doors must have in-built safety features to prevent individuals from becoming trapped.	
Doors	If doors are 'swing doors', they should have a transparent viewing panel to prevent accidental injury.	
Windows	Openable windows, skylights and ventilators should be capable of being opened, closed or adjusted safely and, when open, should not pose any undue risk to anyone.	

Sanitary conveniences and washing facilities	Suitable and sufficient sanitary conveniences and washing facilities should be provided at readily accessible places. They, and the rooms containing them, should be kept clean and adequately ventilated and lit. Washing facilities should have running hot and cold or warm water, soap and clean towels or other means of cleaning and drying. Men and women should have separate facilities unless each facility is in a separate room with a lockable door and is for use by only one person at a time.	
Drinking water	An adequate supply of high-quality drinking water, with an upward drinking jet or suitable cups, should be provided. Water should only be provided in refillable, enclosed containers where it cannot be obtained directly from a mains supply. The containers should be refilled at least daily (unless they are chilled water dispensers where the containers are returned to the supplier for refilling).	
Changing facilities	Adequate, suitable and secure space should be provided to store workers' own clothing and special clothing. As far as is reasonably practicable, the facilities should allow for drying clothing. Changing facilities should also be provided for workers who change into special work clothing. The facilities should be readily accessible from workrooms and washing and eating facilities, and should ensure the privacy of the user, be of sufficient capacity and be provided with seating.	
Rest and eating facilities	Suitable and sufficient, readily accessible rest facilities should be provided. Seats should be provided for workers to use during breaks. Rest areas or rooms should be large enough and have sufficient seats (with backrests) and tables for the number of workers likely to use them at any one	

	time, including suitable access and seating that is adequate for the number of disabled people at work. Work areas can be counted as rest areas and as eating facilities, provided that they are adequately clean and there is a suitable surface on which to place food. Where provided, eating facilities should include a facility for preparing or obtaining a hot drink. Where hot food cannot be obtained in or reasonably near to the workplace, workers may need to be provided with a means of heating their own food (e.g., a microwave oven). Suitable rest facilities should be provided for pregnant women and nursing mothers. They should be near to sanitary facilities and, where necessary, include the facility to lie down.	
[Add as required]		