

HEALTH AND SAFETY POLICY

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1. HEALTH & SAFETY, STATEMENT OF INTENT

1.1 Yeovil District Hospital NHS Foundation Trust is committed to ensuring the health, safety and welfare of its staff, patients, visitors and any other persons affected by our working practices. This will be achieved by having policies and management structures in place to identify and manage risks across the Trust and for all staff to take appropriate action to identify and eliminate the likelihood of accidents, injuries and losses to the organisation.

1.2 The Trust will take all measures required to meet its general duties under the Health and Safety at Work Act 1974 in the provision of:

- Providing safe means of entry to and exit from all work areas of the Trust.
- Ensuring all equipment is selected, used, inspected, maintained and disposed of safely and in accordance with current health, safety and environmental legislation.
- Providing and maintaining a safe and healthy working environment and conditions with adequate facilities for staff welfare at work.
- Ensuring arrangements are in place for safe handling, transporting and storage of articles and substances.
- Ensuring suitable and sufficient information, instruction, training and supervision is provided to enable all employees to identify hazards and to work safely without risk to themselves or others.

1.3 The Trust will take all measures to comply with Fire Safety legislation to ensure that all premises are safe for occupation. This will include managing arrangements to reduce the risk of fires occurring and to ensure emergency procedures are practiced. Furthermore the Trust will manage procurement and waste management strategies to minimise the impacts on local communities and the wider environment. This information will be set out in relevant policies

1.4 Sufficient financial resources will be provided to enable the Trust to comply with legislation where reasonably practicable. Improvements in Trust facilities and premises will be targeted for staff wellbeing linked to the provision of efficient clinical services.

1.5 This policy relates to all of YDH departments including those wholly owned subsidiaries and joint ventures, specifically Symphony Healthcare and Day Case UK

This Statement is to be brought to the attention of all relevant employees and be made available in workplaces.

Signed: *(Signature to be inserted)* **Date:** *(Date to be inserted of Approving Committee where approval took place)*

CHIEF EXECUTIVE – Jonathan Higman (Yeovil District Hospital NHS Foundation Trust)

HEALTH AND SAFETY POLICY

2. INTRODUCTION

Workplaces are as hazardous as they are made by the people who work in them and manage them and safety is everyone's responsibility. This policy recognises that everyone has a role in the provision of a safe working environment for staff visitors and patients alike. In all workplaces the Trust has a responsibility for their Health and Safety as does each employee to themselves and others. High standards of awareness and responsibility will reduce the likelihood of accidents resulting in injury, pain, losses and potential prosecution. Working in a secure and safe environment will improve the morale of staff and provide a safe environment for patients and service users. This commitment is set out in the Chief Executive's Statement of Intent.

3. SCOPE OF THIS DOCUMENT

This policy applies to all employees (including contractors, volunteers, students, locum and agency staff working on the premises) of the Trust and to all members of the public, patients and contractors whilst they are on sites managed by the Trust and/or subsidiary companies of YDH.

This policy outlines responsibilities and procedures for managing health and safety arrangements and should be read in conjunction with the Risk Management Strategy, Incident Reporting and Investigation Management Policy, Fire Safety Policy and safety procedures set out under H&S regulations.

4. DEFINITIONS

- **Risk Assessment:** The process whereby hazards and risks are evaluated alongside controls designed to reduce the risk.
- **Reasonably Practicable:** The process of balancing time, cost and effort against the reduction in risk achieved.
- **Duty of Care:** The general duty placed on all members of society to take reasonable care of themselves and others
- **Acts or Omissions:** Wrongly doing or failure to do something which subsequently causes injury or loss to another person.
- **Statutory Instruments:** These are regulations made under the Health and Safety at Work Act which detail the requirements of duties of employers in relation to the requirements of the law.
- **Approved Codes of Practice and 'Health & Safety Guidance:** These are documents published by the Health and Safety Commission (HSC) and the Health and Safety Executive (HSE) that detail the best practice methods required to meet statutory requirement. Alternatively, any equivalent standards such as Health and Technical Memorandums (HTMs) are used in Healthcare.
- **New or Expectant Mothers:** An employee who is pregnant; who has given birth within the previous six months, or who is breastfeeding.
- **Young Persons:** Any person who has not reached the age of eighteen.

- **Enforcing Authorities:** There are two enforcement authorities that have roles to play in enforcing Health and Safety legislation, they are:
 - **Health and Safety Executive (HSE):** The authority commissioned by the Health and Safety at Work Act 1974 for promoting safe workplaces are the primary enforcing authority.
 - **Local Authorities:** The local authority safety inspector that looks at commercial enterprises including nurseries/pre-schools, kitchens and catering outlets.

5. ROLES AND RESPONSIBILITIES

5.1 Chief Executive and the Board of Directors

The Chief Executive has responsibility for the Fire, Health and Safety across the Trust for all staff employed by the YDH Group and through management arrangements ensures that sufficient arrangements and resources are allocated to manage safety throughout the Trust.

The Board of Directors have a joint responsibility to:

- Demonstrate commitment to Health and Safety leadership
- Ensuring that structures exist for the management of Health and Safety across management teams and engagement in the YDH Fire, Health & Safety and Security Committee
- Ensuring the risk management strategy supports the Health and Safety arrangements
- Ensuring that adequate financial, material and physical resources are identified to mitigate risks in their area of control

5.2 Trust Director Lead for Health and Safety

The Chief Nurse and Deputy CEO is the Director Lead responsible to the Trust Board on matters of Security and Fire, Health and Safety.

5.3 Simply Serve Ltd (SSL)

The Managing Director, directors and managers of Simply Serve Ltd are the responsible persons for management of buildings and services for sites under their management area. The coordination and close working between the Director Lead for Security, Fire and Health & Safety is important to ensure that premises and services are managed safely. SSL provides a managed service to the Trust for Security and Fire, H&S advice including subsidiary companies in line with contracted arrangements and as such will manage Health and Safety under the responsibility of the Managing Director.

5.4 Symphony Healthcare

The Directors and managers of Symphony Healthcare are responsible for implementing this policy and safety arrangements identified within. They are responsible for the management of buildings and premises with Simply Serve Ltd. Risk management and incident reporting systems will be aligned with the YDH NHS Foundation Trust systems.

5.5 Managers and Professional Leads

Managers and professional leads have a key role in leading and co-ordinating Health and Safety matters. They are responsible for ensuring that their staff comply with the Health and Safety Policy and Procedures. Managers are responsible for:

- Nominating and supporting workplace Health & Safety Monitors to support safety arrangements including: Fire Wardens, COSHH Monitors and Safety Reps
- Ensuring ward/department risk assessments are documented and that suitable controls are in place to manage identified risks
- Ensuring emergency procedures are communicated to all staff under their responsibility for the local area
- Creating and encouraging a positive safety culture within departments, preventing harm whilst supporting the reporting of incidents and concerns over workplace safety
- Ensuring that all accidents, incidents and near misses are reported and investigated in line with the Trust's Incident Reporting and Investigation Management Policy and that appropriate action is taken to prevent a reoccurrence
- Ensuring that all staff receives appropriate training, information, instruction and supervision in line with Trust policies including local induction for new starters
- Ensuring that approved Personal Protective Equipment (PPE) is made available, used, maintained and replaced as necessary
- Ensuring that all visitors and contractors brought on site by or on behalf of them work safely and in line with Trust policies and procedures
- Ensuring all work equipment has pre-use checks conducted against it and that all defective equipment is clearly identified, taken out of service if necessary and reported to the appropriate department for repair or disposal

5.6 All Employees

All Employees (incl. Volunteers) have a responsibility and a 'Duty of Care' to work safely, to prevent injury or harm to themselves, fellow staff and others who may be affected by their acts or omissions. All staff are required to comply with this policy and are to:

- Understand and comply with all risk assessments findings and safe systems of work relevant to their role
- Report any incident, accident, untoward occurrence, near miss, security concern, confidentiality breach, or potential risk which has or may lead to injury or damage.
- Report any defect in machinery or equipment to their manager or supervisor

- Use equipment correctly, including the completion of pre-use checks, and not interfere with safety mechanisms, guards or anything provided for the safety of staff and others
- Correctly wear, maintain and store any PPE provided them
- Undertake instruction or safety training as required by the Trust

5.7 Safety Representatives

Appointed Health and Safety Representatives have a role in the promotion and improvement of Health and Safety by:

- Understanding and promoting the Health and Safety Policy as employees.
- Representing employees in consultation with the management via the Joint Consultative Negotiations Committee (JCNC) and Health and Safety Committee as appropriate.
- Making representation to management on specific H&S related issues.

5.8 Workplace Health and Safety Monitors

Workplace health and safety monitors are to be nominated by their departmental managers to champion workplace safety and specifically to carry out the following:

- Identifying workplace and work activity hazards (non-clinical), evaluating risks and documenting risk assessments on behalf of their managers.
- Assisting with workplace inspections, identifying areas of concern and raising them to their Line Manager for action.
- Raising awareness on Health and Safety issues to peers and managers
- Conducting training as necessary to raise staff awareness on safety issues

5.9 Occupational Health Services

Occupational Health has the role of promoting and maintaining the physical, mental and social well-being of all employees. The Trust contracts services to discharge the following responsibilities:

- Advising on health surveillance requirements for staff
- Facilitating access to a confidential counselling services
- Advising managers, employees and Human Resources on individual cases where a return to work arrangement is required.
- Providing immunisations against infectious diseases
- Staff support and counselling

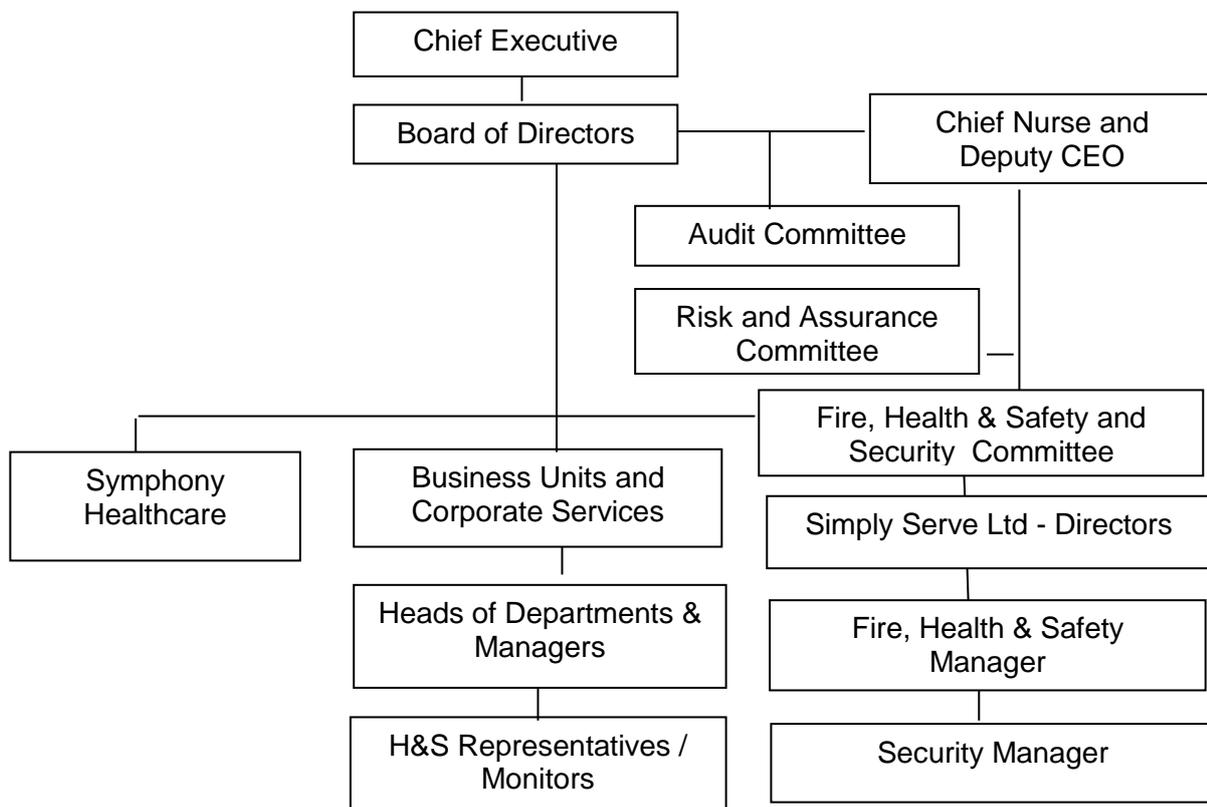
5.10 Clinical Governance

Clinical governance is the system through which the Trust continuously improves the quality of services and safeguards high standards of care and patient safety. Risk management is a fundamental part of clinical governance leadership and systems are established to manage risk at all levels throughout the organisation as identified in the Trust's Risk Management Strategy.

5.11 Fire, Health & Safety and Security Committee

The function of the YDH Fire, Health & Safety and Security Committee is to develop a strategic framework for the management of procedures across the Trust. The Committee is split into two parts with the Security Strategy and reporting areas being the 1st part of the meeting with Fire, Health & Safety compliance against the Health & Safety Policy forming the 2nd part of the meeting. Meetings are held quarterly. The combined Committee reports to the Risk and Assurance Committee onto the Audit Committee.

5.12 Organisational Chart



6. ARRANGEMENTS FOR HEALTH AND SAFETY

6.1 Safe Workplaces, Premises, Equipment and Materials

The Trust acknowledges its duty to ensure safety across Trust sites in the building and facilities that they occupy in line with the Health and Safety at Work Act and relevant legislation. This requires coordination and cooperation with Simply Serve Ltd to manage the safety and occupation of premises, including ensuring emergency arrangements are in place to keep safe staff, patients and service users.

6.2 Accidents and Incidents

The Trust acknowledges its duty to investigate accidents and incidents as well as report those that are so required in accordance with RIDDOR by:

- Operating an open “no blame” culture
- Providing and encouraging access to reporting processes.
- Providing feedback to staff that have made reports or been involved in incidents
- Investigation of serious incidents and near misses
- Reviewing incidents, trends and investigations at appropriate committees

Details of the reporting procedure can be found in the Incident Reporting and Investigation Management Policy.

6.3 Monitoring Safety

The Trust acknowledges the need to both proactively and reactively monitor its safety management system reported back through the YDH Fire, H&S and Security Committee. It achieves this by:

- Carrying out department / ward safety and risk based management risk assessments and audits following an annual programme
- From risk assessment identifying in particular ‘Significant’ or ‘High’ risk assessed in line with the Risk Management System for appropriate management in line with risk priorities
- Reviewing trend analysis of audit data including incident and security data

Refer to **Appendix 1** for H&S Departmental Health & Risk Assessment and Audit Process

6.4 Consultation with the Workforce

The Trust acknowledges its duty to communicate effectively with its workforce under the Safety Representatives and Safety Committees Regulations 1996, The Health and Safety (Consultation with Employees) Regulations 1996 and the Information and Consultation with Employees Regulations 2008. It achieves this by:

- Having appointed Trades Union Safety representatives in post
- Facilitating a Health and Safety Committee and providing notes from meetings
- Utilising the CONECT communications briefings

6.5 Display Screen Equipment (DSE)

The Trust acknowledges its duty to manage the use of DSE in the workplace in accordance with the Display Screen Equipment Regulations 2002

<https://www.hse.gov.uk/msd/dse/>, satisfying those duties by providing;

- Instructions on setting up workstations and carrying out DSE self-assessments

- Collective or one to one training as required
- Specialist ergonomic assessment when need identified
- Specialist DSE equipment against ergonomic assessment
- Arrangements for eye testing for DSE for recognised 'Users'

Details of the Trust's DSE management system can be found on the YCloud (intranet).

6.6 Electrical Safety

The Trust acknowledges its duty to manage electricity, electrical supplies and equipment in accordance with the Electricity at Work Regulations 1999 <http://www.hse.gov.uk/lau/lacs/19-3.htm> . It satisfies this by executing its duties through Simply Serve Ltd, by:

- The use of competent, qualified, trained and experienced contractors and maintenance personnel to conduct all work involving electricity.
- Annual inspection and testing of lightning protection systems
- 5 yearly fixed installation testing and inspection
- Having a programme of Portable Appliance Testing (PAT)
- Following a permit system for works assessed as high risk
- Implementation and introduction of standard electrical safety methods such as Residual Current Detection (RCD), Low voltage or battery powered tools, extension cable control and replacement

Details of the Trust's electrical management procedures are managed by SSL.

6.7 Environmental Monitoring

The Trust acknowledges its duties contained within the COSHH Regulations 2002 <http://www.hse.gov.uk/coshh/> managed through environmental monitoring that controls in respect of exposure to hazardous substances are in place are working, and for new processes are measured to ensure that Exposure Limits are not exceeded. This is achieved by:

- Risk assessment of workplaces and environmental measurement
- Monitoring based on risk assessment or accident/incident data
- Occupational Health surveillance results against benchmark data

Details of the COSHH Procedure can be found on YCloud (intranet).

6.8 Fire Safety

The Trust acknowledges its duty to cooperate and coordinate responsibilities (Article 22 of the FSO) with fire safety arrangements in the occupied premises in accordance with the Regulatory Reform (Fire Safety) Order 2005 <https://www.gov.uk/workplace-fire-safety-your-responsibilities> details of which can be found in the Fire Safety Policy managed through SSL.

6.9 First Aid

The Trust recognises the requirements of the Health & Safety (First Aid) Regulations 1981, providing adequate and appropriate equipment, facilities and personnel to ensure staff receive immediate attention if they are injured or taken ill at work. The First Aid Policy identifies the provision and arrangements in place.

6.10 Hazardous Substances

The Trust acknowledges its duty to control hazardous substances (including biological agents) in the workplace in accordance with the Control of Substances Hazardous to Health Regulations 2002 <http://www.hse.gov.uk/coshh/> , satisfying those duties by;

- Training local COSHH Assessors and targeted awareness training.
- Providing a database of COSHH Assessments and Material Safety Data Sheets.
- Provision of appropriate engineering controls such as LEV and secure storage and controls such as safe systems of work and correctly fitted, approved PPE.
- Provision of spill training and equipment in identified risk areas.
- Providing occupational health surveillance identified by risk assessment.

Details of the Trust hazardous substances strategy can be found on the intranet in the Hazardous Substances Procedure.

6.10.1 Asbestos Management

The Trust acknowledges its duty as the 'Duty Holder' to manage asbestos in the workplace in accordance with the Control of Asbestos Regulations 2012 <http://www.hse.gov.uk/asbestos/regulations.htm>, and manages its responsibilities through Simply Serve Ltd, acknowledging YDH managers and staff require to comply with the Asbestos Management policy and associated procedures.

6.10.2 Legionella Management

The Trust acknowledges its duty as the 'Duty Holder' to manage the release of Legionella Bacteria from its water systems in accordance with the Control of Substances Hazardous to Health Regulations 2002 and ACoP L8 <http://www.hse.gov.uk/legionnaires/> and manages its responsibilities through Simply Serve Ltd, acknowledging YDH managers and staff require to comply with the Water Safety Policy.

6.11 Health & Safety Training

The Trust acknowledges its duty to provide training to all staff in the Health and Safety at Work etc. Act 1974 and Management of Health and Safety at Work Regulations 1999 by:

- Providing Induction training for all staff at a Trust level and local induction at a department level at the start of employment

- Delivering mandatory training for all staff at 2 yearly intervals
- Targeted training in areas such as:
 - Fire Wardens
 - Use of Evacuation equipment
 - Manual Handling (equipment and skill based)
 - General Health and Safety awareness
 - General COSHH awareness
 - First Aiders

6.12 Health Surveillance

The Trust acknowledges its duty to provide occupational health support to its workforce that may be exposed to hazardous substances or activities by:

- Carrying out pre-employment medical questionnaires and examinations
- Annual surveillance against baseline data of identified risks, i.e.
 - Noise exposure
 - Vibration exposure
 - Occupational disease
 - Respiratory sensitizer or irritant exposure
- Return to work assessments

Follow guidance through the HSE website; <http://www.hse.gov.uk/health-surveillance/>

Full details of the Occupational Health services can be found on the intranet under <http://ycloud/teams/humanresources/occupationalhealth/SitePages/Home.aspx>

6.13 Laser Hazards

The Trust acknowledges its duty to manage the use of Lasers on its premises in accordance with the Management of Health and Safety at Work Regulations 1999 by:

- Appointing a Laser Safety Advisor to the Trust and Laser Safety Officers
- Assessing Laser safety hazards
- Writing and implementing Laser safety rules for areas using lasers
- Monitoring laser safety procedures

Guidance on laser safety can be found through the HSE website.

6.14 Lone Working

The Trust acknowledges its duty to manage lone working in the Management of Health and Safety at Work Regulations 1999. It satisfies that duty by:

- Restricting lone working activities
- Carrying out lone worker assessments when role cannot be avoided

- Providing options of communication for lone working back to base
- Supporting arrangements for buddy systems
- Recommending booking systems and checking processes
- Use of CCTV images where coverage allows

Full details of the Trust lone worker strategy can be found on the intranet in the Lone Working Procedure. Follow guidance through the HSE website: <http://www.hse.gov.uk/toolbox/workers/lone.htm>

6.15 Machinery, Tools and Equipment

The Trust acknowledges its duty to purchase, install, use, repair, maintain, inspect, sell and dispose of machinery, tools and equipment in accordance with Section 16 of the Health and Safety at Work Act 1974, The Management of Health and Safety at Work Regulations 1999, The Provision and Use of Work Equipment Regulations 1998 and The Lifting Operations and Lifting Equipment Regulations 1998, satisfying these duties by:

- Training for staff in equipment servicing and maintenance as appropriate
- Following manufacturers guidance and use of safety guards and controls
- Planned preventative maintenance systems

6.16 Manual Handling (MH)

The Trust acknowledges its duty to manage manual handling in the workplace in accordance with the Manual Handling Operations Regulations 1998 <http://www.hse.gov.uk/msd/manualhandling.htm> , satisfying those duties by:

- Provision of load management and ergonomics awareness training to all staff
- Promoting back care and ergonomics
- Provision of specific targeted MH training on recognised techniques and aids to identified staff groups
- Provision of risk assessment and targeted training
- Mandatory Manual Handling training in line with Trust TNA

Refer to the Manual Handling policy found on the YCloud (intranet).

6.17 New and Expectant Mothers

The Trust acknowledges its duty to manage the work load of new and expectant mothers in the Management of Health and Safety at Work Regulations 1999, satisfying those duties through:

- Occupational Health assessment of capabilities if requested
- Local alteration of job specifics during pregnancy through management assessment

- Provision of time to rest in order to allow attendance at work to continue
- Provision of maternity leave in accordance with UK Legislation

Full details of the Trust strategy regarding new and expectant mothers can be found in the HR manual.

Follow guidance provided through the HSE Website <http://www.hse.gov.uk/mothers/>

6.18 Noise Hazards

The Trust acknowledges its duty to manage exposure to noise in the workplace in accordance with; The Control of Noise at Work Regulations 2005

<http://www.hse.gov.uk/noise/regulations.htm> , satisfying those duties by;

- Carrying out noise assessments for identified processes and areas
- Maintaining machinery and equipment in accordance with schedules
- Identifying quieter machinery and equipment or engineered methods of reducing noise levels on existing equipment
- Providing hearing protection and warning signs as appropriate
- Providing occupational health support for personnel identified as exposed to regular high levels of noise exposure

Follow guidance provided through the HSE website.

6.19 Personal Protective Equip (PPE) & Respiratory Protective Equipment (RPE)

The Trust acknowledges its duty to provide appropriate PPE to staff as identified by risk assessment in accordance with the Personal Protective Equipment Regulations 1992 <http://www.hse.gov.uk/coshh/basics/ppe.htm>, and where appropriate other specific legislation relating to PPE such as Noise, COSHH, Lead, Asbestos and Ionising Radiation, satisfying those duties by;

- Providing free of charge all PPE identified by risk assessment to relevant staff
- Providing training on the correct use, maintenance and storage of PPE
- Provision of fitting for certain types of PPE
- Audit and inspection of PPE at pre-determined levels in line with UK legislation where applicable.

Follow guidance through the HSE website.

6.20 Risk Assessment

The requirement for Risk Assessment is set out in Regulation 3 of the Management of Health and Safety at Work Regs 1999. There is a requirement for all managers and departments to carry out a department and / or specific risk assessments to identify Hazards and Risk with the aim of identifying and reducing the risk of harm to employees and others who may be exposed from work activity, or through access to premises.

The Trust Risk Management Strategy in accordance with the Health and Safety Executive guidance on [Controlling Risks in the Workplace](#) identifies responsibilities and includes details on the 5 Steps to Risk Assessment.

Risk Assessment information and forms can be found on YCloud under [Clinical Governance /Risk Management](#).

6.21 Slips, Trips and Falls

The Trust acknowledges its duty to manage its floors, walkways and access routes in order to prevent Slips, Trips and Falls (STF) to staff, patients and visitors under the Workplace (Health, Safety and Welfare) Regulations 1999, satisfying those duties by:

- Awareness training at induction
- Ward/ department risk assessment
- Planned cleaning regime and supervisors audits
- Temporary and permanent repairs to identified poor surfaces
- Provision of non-slip foot wear in identified areas

Details regarding the Trust's management strategy to prevent STF regarding Patients can be found in the Prevention and Management of In-Patient Falls Policy.

6.22 Sharps Safety

The Trust acknowledges the risks from sharps like syringe needles, scalpel blades and many other sharp devices are routinely used as part of healthcare practice. Injuries from contaminated sharps pose a significant risk to the physical and mental health of the staff.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (Reference B), identifies requirements on controlling sharps which is detailed in the Sharps safety Policy, including:

- Identifying and reducing sharps injuries through use of safer sharps where possible
- Raising awareness through Infection Control training
- Having in place procedures for dealing with sharps injuries
- Having safe disposal procedures in place for sharps

6.23 Management of Work Related Stress

The Trust acknowledges its duty to manage workplace-based stressors in the Management of Health and Safety at Work Regulations 1999, satisfying those duties by:

- Surveying the workforce and conducting work related stress risk assessments
- Providing staff training including identifying and dealing with stress

- Occupational health support
- Alteration of workloads and flexible hours to assist staff where appropriate
- Counselling services available
- Developing staff health & wellbeing initiatives

Full details on the Trust's Stress management procedure can be found under [Human Resources Policy Manual](#).

6.24 Vibration Hazards

The Trust acknowledges its duty to manage exposure to vibration in the workplace in accordance with The Control of Vibration at Work Regs 2005 <http://www.hse.gov.uk/vibration/hav/regulations.htm>, satisfying those duties by:

- Carrying out risk assessment on workplaces and work processes and equipment
- Recording all recognised vibrating equipment and their levels of use
- Collating bench test data for vibrating equipment and specific measured data for higher risk procedures
- Occupational health surveillance for personnel exposed to vibrating tools where limits are exceeded
- Provision of appropriate training and PPE for personnel using vibrating equipment

Follow guidance through the HSE website.

6.25 Violence and Aggression

The Trust acknowledges its duty to protect staff from violence and aggression (V&A), including bullying, verbal abuse and harassment from other members of staff, patients and visitors.

- Providing security, V&A and targeted training including targeted Conflict Resolution Training (CRT) in line with the Training Needs Analysis
- Carrying out security risk assessments and implementing security strategies from risk identification
- Provision of security personnel for buildings and protection of staff and patients
- Engagement with external agencies to reduce

Details of Violence Prevention and Reduction standards can be found in the Security Strategy.

6.26 Waste Management

The Trust acknowledges its duty to manage the waste that it produces in accordance with the Environmental Protection Act 1990, its subordinate legislation and applicable NHS strategies. It satisfies this by executing its duties through Simply Serve Ltd:

- Providing facilities for segregated disposal of waste streams and facilities for recycling of materials at point of use

- Providing guidance on safe handling and disposal procedures
- Providing a waste removal service
- Using competent, licensed waste removal contractors for the onwards disposal of all waste streams
- Cataloguing consignment and transfer notes as part of the cradle to grave evidence chain
- Conducting duty of care visits to final disposal sites

Details of the Trust Waste Management strategy can be found through SSL procedures.

6.27 Welfare Facilities

The Trust acknowledges its duty to provide adequate welfare facilities to staff in the Workplace (Health, Safety and Welfare) Regulations 1992, satisfying those duties by:

- Provision of occupational health support to all staff.
- Provision of facilities to heat and consume food and access to free potable drinking water.
- Provision toilet, washing, showering and changing facilities.
- Provision of storage for personal and issued clothing where necessary

Guidance is provided through the HSE, document Approved Code of Practice L24 <http://www.hse.gov.uk/pubns/priced/l24.pdf>

6.28 Working at Height (WAH)

The Trust acknowledges its duty to manage WAH in the workplace in accordance with the Working at Height Regulations 2005 <http://www.hse.gov.uk/work-at-height/the-law.htm>, satisfying those duties by;

- Providing suitable equipment and systems to access areas of height as identified by risk assessment.

6.29 Ionising Radiations

The Trust acknowledges its duty to manage exposure to X-Rays and Ionising radiations in the workplace in accordance with the Ionising Radiation Regulations 1999, satisfying those duties by;

- Appointing a Radiation Protection Adviser (RPA) for the Trust
- Appointing local Radiation Protection Supervisors (RPS)
- Writing and communicating local rules and risk assessments
- Putting safety systems in place for managing ionising radiation

Refer to the [Ionising Radiation Safety Policy](#) managed by the Radiology Manager

6.30 Young Persons

The Trust acknowledges its duty to protect young persons in the Management of Health and Safety at Work Regulations 1999, satisfying those duties by:

- Risk assessment of placement role
- Provision of competent supervision and mentoring
- Prevention of access to high risk areas and tasks

Details can be found on the intranet in the Young Persons Procedure and the Recruitment and Selection, Volunteer and Work Experience Policies.

Follow guidance through the HSE website: <http://www.hse.gov.uk/youngpeople/risks/>

7. IMPLEMENTATION, MONITORING AND EVALUATION

The implementation of this policy and its associated procedures is monitored and evaluated by the Fire, Health and Safety Manager and Health and Safety Committee through the results of safety audits and incident data.

The monitoring of associated procedures will be undertaken every one to three years dependant on the procedure. Further monitoring or review may be undertaken due to training needs analysis identifying an omission, changes in legislation, equipment, locations, process or personnel or in the event of a significant accident.

8. APPLICABILITY

This policy applies to all staff employed by the Trust, whether on a permanent or temporary basis.

9. EQUALITY IMPACT ASSESSMENT

This policy has been assessed and implemented in line with the policy on procedural documents and an equality impact has been carried out to ensure the policy is fair and does not discriminate any staff groups. A completed Equality Impact Assessment can be found at **Annex A** at the end of this policy.

Annex A – Equality Impact Assessment Tool

SOMERSET EQUALITY IMPACT ASSESSMENT

BEFORE COMPLETING THIS EIA PLEASE ENSURE YOU HAVE READ THE EIA GUIDANCE NOTES – AVAILABLE FROM YOUR EQUALITY OFFICER

ORGANISATION PREPARED FOR	YEOVIL DISTRICT HOSPITAL		
VERSION	5	DATE COMPLETED	01/04/2021

DESCRIPTION OF WHAT IS BEING IMPACT ASSESSED

HEALTH & SAFETY POLICY

EVIDENCE

What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the [Office of National Statistics](#), [Somerset Intelligence Partnership](#), [Somerset's Joint Strategic Needs Analysis \(JSNA\)](#), Staff and/ or [area profiles](#), should be detailed here

Health & Safety at Work Act 1974

Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?

We ratify and approved the policy and actions within the policy through the YDH Fire, Health & Safety and Security Committee which involves Trades Union representatives

ANALYSIS OF IMPACT ON PROTECTED GROUPS

THE PUBLIC SECTOR EQUALITY DUTY REQUIRES US TO ELIMINATE DISCRIMINATION, ADVANCE EQUALITY OF OPPORTUNITY AND FOSTER GOOD RELATIONS WITH PROTECTED GROUPS. CONSIDER HOW THIS POLICY/SERVICE WILL ACHIEVE THESE AIMS. IN THE TABLE BELOW, USING THE EVIDENCE OUTLINED ABOVE AND YOUR OWN UNDERSTANDING, DETAIL WHAT CONSIDERATIONS AND POTENTIAL IMPACTS AGAINST EACH OF THE THREE AIMS OF THE PUBLIC SECTOR EQUALITY DUTY. BASED ON THIS INFORMATION, MAKE AN ASSESSMENT OF THE LIKELY OUTCOME, BEFORE YOU HAVE IMPLEMENTED ANY MITIGATION.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	• Potential issue with persons with physical disability, hearing, sight impairment or specific learning needs requiring site specific risk assessments carried out for workplaces.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage and civil partnership	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Pregnancy and maternity	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race and ethnicity	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other, e.g. carers, veterans, homeless, low income, rurality/isolation, etc.	•	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
Reviewing Health & Safety risk assessments to include identifying persons with restrictions when it comes to disabilities and working in coordination with Occupational Health and Human Resources	01/04/2021	Adrian Pickles	Constant review and feedback from staff	<input type="checkbox"/>

If negative impacts remain, please provide an explanation below.

There may be times when risk assessment of workplaces and/or return to work assessment require specific recommendations for change and reasonable adjustments to be made in line with providing access to work. Equipment modifications and specialist equipment may be required. All reasonable adjustments are to be agreed with Occupational Health, Human Resources, Manager and Financial involvement.

Completed by:	Adrian Pickles (Fire, Health & Safety Manager)
Date	01/04/2021
Signed off by:	YDH Fire, Health & safety and Security Committee
Date	21/04/2021
Equality Lead/Manager sign off date:	Adrian Pickles
To be reviewed by: (officer name)	Fire, Health & Safety Manager
Review date:	01/12/2023

Appendix 1 – Process for Departmental Health & Safety Risk Assessments

Objective	Process	Notes																																									
	<p>To carry out Health & Safety Department Risk Assessments (RAs) in line with the Health and Safety Policy under monitoring arrangements. Also, to comply with the Risk Management Strategy (RMS) under Managers / Heads of Departments responsibilities.</p> <p>Conducting Risk Assessment in line with the Management of Health & Safety at Work Regulations 1999</p>	<p>Set out in Managers Responsibilities in policies</p>																																									
	<p>Department Risk Assessments to be conducted in line with the time frames outlined below using a standard template. A schedule of Departmental RAs to be held by the H&S Manager or added to the Risk Management System as developed.</p> <p>Where access is required notification one week prior to RA being carried out to be provided to Manager / Head of Department</p> <p>Risk Assessments to be held on TDrive: T:\EFM\Health and Safety Trustwide\R - Risk Assessment</p>	<p>Health & Safety Manager</p>																																									
	<p>Intervals of Risk Assessment reviews:</p> <ul style="list-style-type: none"> 12 Monthly – When carried out as a manual process (<i>this review period may be different when the Risk Assessment process is developed in the Risk Management System</i>) <p>RAs conducted with action plans developed in 5 working days. Manager reviews within 5 working days for response back to H&S team. Upload to YCloud from manager review and approval.</p> <p>Areas of risk highlighted as ‘Significant’ or ‘High’ risk concerns to be reviewed in line with the Risk Management Strategy</p>	<p>Programme held by Health & Safety Manager / Advisor</p> <p>Upload to Ycloud by H&S team</p>																																									
	<p>Outcomes from RA and action plans to be based on risk scoring in line with the Trust risk assessment format. Actions to be identified against management areas against the following guidelines:</p> <p>The table below is the Risk Matrix as identified in the RMS. Risk is scored by assessing the ‘Likelihood’ of the hazard being exposed against the ‘Consequence’ – This is the risk assessed by the person conducting the assessment. Actions to be taken against the level of risk should be proportionate to the risk score. No timeframes are provided for completion of actions against risk in the Risk Management Strategy.</p> <p>Trust Risk Matrix</p> <table border="1" data-bbox="363 1532 1283 1774"> <thead> <tr> <th rowspan="2">Consequence</th> <th colspan="5">Likelihood</th> </tr> <tr> <th>Rare 1</th> <th>Unlikely 2</th> <th>Possible 3</th> <th>Likely 4</th> <th>Certain 5</th> </tr> </thead> <tbody> <tr> <td>Negligible - 1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Minor - 2</td> <td>2</td> <td>4</td> <td>6</td> <td>8</td> <td>10</td> </tr> <tr> <td>Moderate - 3</td> <td>3</td> <td>6</td> <td>9</td> <td>12</td> <td>15</td> </tr> <tr> <td>Major - 4</td> <td>4</td> <td>8</td> <td>12</td> <td>16</td> <td>20</td> </tr> <tr> <td>Catastrophic - 5</td> <td>5</td> <td>10</td> <td>15</td> <td>20</td> <td>25</td> </tr> </tbody> </table> <p>KEY: Low risk Moderate risk Significant risk High risk</p> <ol style="list-style-type: none"> Procedural actions identified with responsibilities in the risk action plan. Communication through email. Managers’ responsibility identified for areas of improvement in line with risk score. Physical actions for SSL EFM to be documented in the action plan to be allocated as Project/ Minor Works/ Maintenance works tickets. Where significant costs and /or investment and resource is required 	Consequence	Likelihood					Rare 1	Unlikely 2	Possible 3	Likely 4	Certain 5	Negligible - 1	1	2	3	4	5	Minor - 2	2	4	6	8	10	Moderate - 3	3	6	9	12	15	Major - 4	4	8	12	16	20	Catastrophic - 5	5	10	15	20	25	<p>Health & Safety Manager / Advisor reviews priority of risk action</p> <p>Trust Risk Matrix adopted for risk scoring</p>
Consequence	Likelihood																																										
	Rare 1	Unlikely 2	Possible 3	Likely 4	Certain 5																																						
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Major - 4	4	8	12	16	20																																						
Catastrophic - 5	5	10	15	20	25																																						

	the actions may be subject to financial bids with risk register inclusion managed in line with the Risk Management Strategy	
Monitoring	Use of Tracker table forms part of YDH Fire, H&S and Security Committee reporting process. Tracker to identify 'Significant' and 'High' risk actions. 'Low' or 'Moderate' risk actions not required to be reviewed on the Committee. Evidence to be updated in RA action plan at time of review.	