



# HEALTH & SAFETY POLICY

Document No: HS 01  
\*All Sites

## HEALTH & SAFETY POLICY

<b>TITLE</b>	Health & Safety Policy
<b>Version:</b>	5
<b>Approved by: Health &amp; Safety Sub Group Date:</b>	21/10/2020
<b>Final Approval by: Delegated responsible officers of CPG/SLT Date:</b>	30/04/2021
<b>Author/lead responsible for policy:</b>	Health, Safety & Fire Manager (Lee Dodds)
<b>Date issued:</b>	April 2021
<b>Review date:</b>	April 2024
<b>Target audience:</b>	All staff including apprentices and learners
<b>Amendments and Additions</b>	Update to existing policy
<b>Replaces/supersedes:</b>	Version 4
<b>Associated Policies:</b>	See section 7
<b>Equality Impact Assessed</b>	<b>Date</b> Y <b>October 2020</b>

Issued by:

Chief Executive

## Contents

1. Introduction
2. Definitions
3. Roles and Responsibilities (Duties)
4. Arrangements (process)
5. Monitoring Compliance
6. Associated policies and references

## **Personal statement from the Chairman and Chief Executive:**

Recent years have borne witness to some significant changes in the field of Health & Safety Management. Employers' duties have expanded in light of new legislation and the penalties for non-compliance have become more significant.

New legislation and guidance has been supplemented with clear aims and objectives from the Health and Safety Executive's Health Services Advisory Committee, Healthcare Commission and the Department of Health. The Trust's compliance with these requirements and national performance targets are now monitored more closely than at any other time in its history. We therefore need to be clear about what has to be achieved and the structure that is in place to be able to deliver it.

It remains a legal requirement for employers to have a written statement of their health and safety policy and to document the arrangements that are in place to ensure its successful implementation.

This document specifies the personal accountabilities of management and staff for ensuring that positive action is taken to implement the policy in order to safeguard the health and safety of our patients, staff and others.

Each and every employee has a clear responsibility for health and safety at work both for themselves and others, and as such we urge you to read this statement in order to fully understand the expectations.

We can all contribute to making this policy work through acceptance of our responsibilities and under no circumstances should any member of staff feel in a position where they have to compromise the health and safety of themselves or others at any time.

**Remember! Safety really is everybody's business.**

Signature(s)

A handwritten signature in black ink, appearing to read 'S. Page', written in a cursive style.

CEO

Trust Chair

## **POLICY STATEMENT**

South Tees Hospitals NHS Trust will ensure, as far as is reasonably practicable, the health, safety and welfare of its patients, staff and others who might be subject to risk from our activities by satisfying all relevant legal and NHS requirements whilst also following best practice. The Trust recognises that successful implementation of this policy requires the active commitment and participation throughout the management structure to staff of all disciplines.

The Trust will, within its control, ensure effective coordination and cooperation with its Private Finance Initiative (PFI) and other partners in order to meet the above objectives.

### **1. Introduction**

This policy applies to all Trust sites and other locations where Trust staff carry out duties as part of their work for the Trust. At locations under the control of other employers, Trust staff are expected to comply with any additional safety requirements of the host employer

### **2. Definitions**

HSE - Health & Safety Executive

RIDDOR - Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations

DSE - Display Screen Equipment

COSHH - Control of Substances Hazardous to Health

MHRA - Medicines and Healthcare Products Regulatory Agency

### **3. Roles and Responsibilities (Duties)**

<b>Role</b>	<b>Responsibilities</b>
<b>Chief Executive</b>	Overall responsibility for the implementation of this policy and Health and Safety within the workplace.
<b>Board Appointed Director for Health Safety</b>	Ensuring a safe environment for patients, staff and visitors.
<b>Ward and Department Managers</b>	<ul style="list-style-type: none"> <li>• Ensuring relevant Trust policies are communicated, understood and complied with by their staff.</li> <li>• Risk Assessments are carried out and reviewed at least annually</li> <li>• Safe Systems of Work which are prepared reflect risk assessments, manufacturers' instructions and current best practice.</li> <li>• Ensure the suitability of equipment used, whilst also ensuring that it is not used unless properly maintained.</li> <li>• Provision of information, instruction training and supervision for staff.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure the Health &amp; Safety Team are aware of any staff who may necessitate the requirement for a RIDDOR submission or to report faulty equipment to the MHRA.</li> </ul>
<p><b>Employees Responsibilities (All Staff employed by the Trust (inclusive of Apprentices and learners))</b></p>	<p>All Trust employees are responsible for actively co-operating in the application of this health and safety policy and particularly:</p> <ol style="list-style-type: none"> <li>a) for taking reasonable care for the health and safety of themselves and of others who may be affected by their acts or omissions;</li> <li>b) for informing their supervisor or manager of any hazardous situation which comes to their attention together with any shortcomings they find in any health and safety measures;</li> <li>c) not to misuse anything (including equipment and documentation) provided by law in the interest of health and safety;</li> <li>d) Following safe working practices applicable to their work at all times.</li> </ol>

#### 4. ARRANGEMENTS (process)

##### **Managing Risk Assessments**

The process of risk assessment is detailed in the Risk Management Policy – G71.

More specific risk assessments are detailed in their respective policies, e.g. lone working, manual handling, etc.

##### **a. Arrangements For Consultation With Employees;**

Consultation with employees on matters including changes to procedures, risk assessments, information and training is implemented at Ward/ Department level during staff briefings, health and safety or risk management meetings. Similar meetings are held at Divisional level, communicating both Ward/Department issues and wider issues from the Operational Health and Safety Group.

Trade Union and staff representative bodies are welcomed at these meetings and have a formal agenda slot at the latter.

##### **b. Arrangements For Maintaining Equipment and Plant**

Building services and non-medical equipment is maintained by or on behalf of the Trust by Serco at JCUH and Estates Department at FHN. Faults or requests for maintenance are reported to

Serco Help Desk at JCUH on 53111, or

Estates Department at FHN on 64001 (or Estates requisition via e-mail)

Medical equipment as defined in the Management of Medical Devices Policy - G77, is routinely maintained by the Medical Engineering Department or contractors under

their control. Equipment found faulty is taken out of service, labeled, de-contaminated as appropriate and reported to Medical Engineering for repair.

**c. Arrangements for Safe Handling of Patients and Objects**

Detailed arrangements, including risk assessment processes for manual handling patients and objects are specified in the Manual Handling Policy - HS02.

**d. Arrangements for Safe Handling of Hazardous Substances;**

The COSHH Policy - HS09 specifies how risks from hazardous substances are eliminated where practicable or adequately controlled.

Biological hazards are dealt with separately within infection control policies

**e. Arrangements for providing Information, Instruction and Supervision;**

All staff will be provided with appropriate information and instructions to enable them to carry out their designated work in a safe and appropriate manner.

Staff will be supervised to a level appropriate to their knowledge, experience, skills and competence. Competence will be assessed at a level of detail dependent on the individual and the level of risks to themselves, patients and others involved in carrying out duties. It may range from assessment of experience, mentoring, observation to preceptorship programmes.

**f. Arrangements For Training**

Training requirements for different staff groups are based on training needs analyses which determines that which is essential and that which is desirable. The Staff Development Review (SDR) process gives opportunity for formal individual review of training completed and required

All staff are required to attend Trust induction training and mandatory refresher training in line with NHS requirements. All staff will also be given local induction training on behalf of their line manager in matters relevant to their role and workplace. See Induction Policy - P40 and Mandatory Training Policy - P48.

**g. Arrangements For Accidents, First Aid And Ill-Health Issues;**

Action to be taken in even of accident or injury is specified in the Incident Reporting and Investigation Policy - G60.

Such action is carried out in parallel with that specified in the First Aid Policy - HS11, the principle of which is to minimise further injury, summon prompt medical attention in case of in-patients and transfer to the Emergency Department in the case of staff, out-patients and others

In the event of a cardiac arrest, the Cardiac Arrest Team should be immediately summoned by dialing Ext 2222 in line with the Resuscitation Policy - G11.

In the event of other ill- health or injuries which compromise the fitness of staff or their ability to carry out their normal work, they should notify their manager and refer them to Occupational Health Department for assessment, advice or therapeutic treatment as appropriate.

In the unfortunate event of a death of an employee at work, then the Action to be taken on the Death of an Employee Guidance - HRG02 is to be followed.

#### **h. Emergency Arrangements.**

Emergency arrangements include the Fire Policy - HS05. Other emergency arrangements are included in Business Continuity plans, which cover site wide systems and in departmental arrangements specific to local hazards.

#### **i. Provision Of Health And Safety Advice**

The Trust's advisory departments are available to provide practical advice and assistance to managers and staff regarding how to ensure staff, patients and others are safe and without risk to health.

Whilst the Health and Safety professionals, within the Corporate Centre, should be considered as the primary source for expert advice on complying with health and safety legislation and relevant Trust policy, managers should also consider the other associated advisory departments as an objective reference source.

The advisory departments which currently exist in the Trust include:

- a. Health & Safety Department
- b. Occupational Health Department – including Back Care Physiotherapy service
- c. Legal Services Department
- d. Medical Physics (radiation safety)
- e. Infection Prevention and Control Department
- f. Operational services, with access to PFI partners (buildings, infrastructure and non-medical equipment)
- g. Medical Engineering (medical equipment)
- h. Human Resources(bullying / worktime)

#### **k. Conformity and compliance with Health and Safety Regulations**

In the event of any unsafe act, or following the result of an internal investigation within the Trust, the Health & Safety Team may be obliged to impose a yellow or red card on the relevant Centre, dependent upon the severity of the incident. The intention of this system is to ensure that control measures are introduced to either reduce, as far as is reasonably practicable, or eliminate any risk which has caused or could cause harm to staff, patients or visitors.

Following the issue of the card a letter will be sent to the relevant Centre detailing the issue, the outcome of any investigation, and the necessary recommendations required to rectify the problem. The letter would also detail a time scale for any improvements.

## 5. Associated Policies and Links

HRG02 – Action to be taken on the Death of an Employee - Guidance

<http://stas16/intranet/wp-content/uploads/2014/05/Action-to-be-taken-on-the-death-of-an-employee-guidance-HRG02.doc>

G11 – Resuscitation Policy

<http://stas16/intranet/wp-content/uploads/2014/11/Resuscitation-policy-G11.doc>

G60 – Incident Reporting and Investigation Policy

<http://stas16/intranet/wp-content/uploads/2014/11/Incident-Reporting-and-Investigation-policy-G60.doc>

G71 – Risk Management Policy

<http://stas16/intranet/wp-content/uploads/2015/04/Risk-management-policy-G71.doc>

G77 – Management of Medical Devices Policy

<http://stas16/intranet/wp-content/uploads/2014/09/Management-of-Medical-Devices-G77.doc>

HS02 - Manual Handling Policy

<http://stas16/intranet/wp-content/uploads/2014/11/Manual-handling-policy-HS02.doc>

HS04 - Slips, Trips and Falls Policy

<http://stas16/intranet/wp-content/uploads/2014/11/Slips-Trips-and-Falls-policy-HS04.doc>

HS06 - Working with Display Screen Equipment Policy

<http://stas16/intranet/wp-content/uploads/2014/01/Working-with-Display-Screen-Equipment-policy-HS06.doc>

HS07 - New and Expectant Mothers at Work Policy

<http://stas16/intranet/wp-content/uploads/2014/01/New-and-Expectant-Mothers-At-Work-Policy-HS07.doc>

HS05 – Fire Policy

<http://stas16/intranet/wp-content/uploads/2014/02/Fire-Policy-HS05.doc>

HS09 - Control of Substances Hazardous to Health Policy

<http://stas16/intranet/wp-content/uploads/2014/01/Control-of-Substances-Hazardous-to-Health-COSHH-HS09.doc>

HS11 - First Aid Policy –

<http://stas16/intranet/wp-content/uploads/2014/01/First-Aid-Policy-HS11.doc>

HS12 - Waste Management Policy

<http://stas16/intranet/wp-content/uploads/2013/12/Waste-Management-Policy-HS12.doc>



HS13 - General Security Policy –

<http://stas16/intranet/wp-content/uploads/2014/12/General-Security-policy-HS13.doc>

HS16 - Dealing With the Safe Handling of Sharps Policy –

<http://stas16/intranet/wp-content/uploads/2014/09/Dealing-with-the-Safe-Handling-of-Sharps-policy-HS16.doc>

HS21 – Management of Violent or Potentially Violent Incidents

<http://stas16/intranet/wp-content/uploads/2014/11/Management-of-Violent-or-Potentially-Violent-Incidents-Policy-HS21.doc>

HS24 – Health and Safety Inspection Policy

<http://stas16/intranet/wp-content/uploads/2014/11/Health-and-safety-inspection-policy-HS24.doc>

HS29 – Latex Policy

<http://stas16/intranet/wp-content/uploads/2014/01/Latex-Policy-HS29.doc>

HS30 – Management of Asbestos Policy

<http://stas16/intranet/wp-content/uploads/2013/12/Management-of-Asbestos-Policy-Management-Plan-HS30.doc>

HS33 – Lone Worker Policy

<http://stas16/intranet/wp-content/uploads/2014/12/Lone-worker-policy-HS33.doc>

HS38 – Medical Gas Safety Policy

<http://stas16/intranet/wp-content/uploads/2014/02/Medical-Gas-Safety-Policy-HS38.doc>

HS39 – Safer Management of Heavier Patients Policy

<http://stas16/intranet/wp-content/uploads/2014/11/Safer-Management-of-Heavier-Patients-Policy-HS39.doc>

P40 – Induction Policy

<http://stas16/intranet/wp-content/uploads/2014/05/Induction-Policy-P40.doc>

P48 – Mandatory Training Policy

<http://stas16/intranet/wp-content/uploads/2015/02/Mandatory-Training-Policy-P48.doc>