



Health and Safety Policy

(including First Aid and Control of Substances Hazardous to Health (COSHH))

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The table below logs the history of the steps in development of the document.

Version	Date	Author	Status	Comment
1	19/06/2013	L Handley	Health and Safety Support to CCG	Policy reviewed following change to organisation from Primary Care Trust to Clinical Commissioning Group
2	15/11/2016	P. Challenger	Health and Safety Support to CCG	Policy Review
3	26/09/2017	D. Gibson	Health and Safety Support to CCG	Policy reviewed to align Airedale, Wharfedale and Craven CCG, Bradford City CCG and Bradford Districts CCG into a single policy Updating of risk matrix in line with the Integrated Risk Management Framework

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1 Introduction

NHS Airedale, Wharfedale and Craven Clinical Commissioning Group (AWCCCG), NHS Bradford City Clinical Commissioning Group (BCCCG) and NHS Bradford Districts Clinical Commissioning Group (BDCCG) (thereafter known as the CCGs) acknowledge a duty of care for the health, safety and welfare of staff, visitors and external contractors.

This policy recognises that all CCG staff have a role in the provision of a safe working environment, and details the responsibilities of staff for producing effective health and safety management throughout the CCGs.

An effective auditing system is maintained to monitor the progress made in achieving the health and safety policy and associated objectives.

2 Aims and Objectives

The aims and objectives of the policy are to:

- promote standards of health, safety and welfare across all CCG areas and ensure they comply fully with the Health and Safety at Work etc Act 1974 and all other relevant statutory provisions
- ensure that CCG owned equipment and systems of work are safe and risk managed so as to ensure the health of employees or others who come into contact with any activities of the CCGs
- ensure that agreements are in place to cover the maintenance of buildings which CCG staff may work in and any equipment which the CCGs staff operate.
- comply with the Health and Safety (First Aid) Regulations 1981 (amended October 2009) by ensuring that first aid cover is available for staff who may become ill or injured whilst at work (this includes visitors) and the provision of first aid equipment and training in first aid for relevant staff.
- ensure there are suitable arrangements for the safe handling, storage and transportation of articles and substances as appropriate.
- encourage full and effective consultation on health, safety, welfare and amenity matters and work closely with any safety representative appointed by trade unions to achieve the above objective
- promote a safer workplace by increasing awareness of the risk of slips, trips and falls and the process for reporting and investigating such incidents
- encourage staff awareness of health and safety issues
- comply with the Health and Safety (Display Screen Equipment) Regulations 1992

3 Scope

This policy must be followed by all staff who carry out work for the CCGs, including while on another organisation's premises or staff who are travelling during their working hours. This includes staff on temporary or honorary contracts, secondments, pool staff and students. It also applies to volunteers, visitors and contractors. The policy also applies to Governing Body and Clinical Board / Executive members.

Independent contractors undertaking works within CCG areas, e.g. for property maintenance works, are responsible for the development and management of their own procedural documents and for ensuring compliance with relevant legislation and best practice guidelines.

4 Accountability

4.1 The Governing Bodies

The Governing Bodies are responsible for ensuring that the necessary support and resources are available for the effective implementation of the health and safety policy.

The Governing Bodies will also receive assurance that health and safety procedures are effective within the CCGs via reporting from the Audit and Governance Committees who have delegated responsibility for the details monitoring of health and safety arrangements.

4.2 Audit & Governance Committee

The Audit and Governance Committees are responsible for the monitoring of Health and Safety arrangements and will provide assurance to the Governing Bodies via reporting of the minutes of their meetings.

4.2 Chief Officer

The Chief Officer is the accountable officer and is responsible for health and safety within the CCGs.

The Chief Officer is responsible for ensuring that there is expert, up-to-date health and safety advice and services available within the CCGs. The Chief Officer will also be responsible for ensuring that effective systems and practices are in place to maximise health and safety at work and for promoting safe working practice throughout the CCGs.

Through consultation with NHS Property Services Limited in relation to estates, the Chief Officer and other specialist advisors will ensure that all risks are considered when planning new building work, major alterations and any change of use of accommodation.

4.3 Directors

Directors have the responsibility within their area for ensuring that safe working practices throughout the CCGs are in place with regard to health and safety. Each director is also responsible for promoting a culture so that all staff report incidents, accidents and near misses through the incident reporting system.

Health and safety should also be considered when planning or purchasing services or equipment for the short, medium and long term.

4.4 Associate Director of Corporate Affairs

The Associate Director of Corporate Affairs has the following responsibilities (supported by the Head of Governance and the Health and Safety Team at Bradford District Care NHS Foundation Trust who provide specialist advice).

- manage work in relation to health and safety within the CCGs
- ensure that systems and processes are in place for the CCGs to meet statutory and regulatory health and safety obligations
- lead and co-ordinate external relations with the Health and Safety Executive
- ensure health and safety reports are presented on a regular basis to the Audit and Governance Committees
- support directors/managers in ensuring that all equipment is purchased, maintained and disposed of in accordance with best practice.
- ensure first aid risk assessments are completed for all locations where CCG staff work on a regular basis. There is no legislation which requires a trained first aider on work premises. The provision or otherwise of a trained first aider should be the subject of an informed decision following the completion of a first aid risk assessment. The minimum requirement is for a person to be appointed to ensure that there is an adequately stocked first aid box and to call the emergency services.

The Associate Director of Corporate Affairs will obtain specialist advice and support in relation to health and safety requirements as appropriate from the Health and Safety Team at Bradford District Care NHS Foundation Trust and / or NHS Property Services as appropriate.

4.5 Heads of Service/Managers

Heads of service/managers are responsible for ensuring safe working practices and safe systems of work within their areas of responsibility by carrying out risk assessments. All corporate risks should be reflected on the risk register reporting management system.

Heads of service/managers are responsible for ensuring that they and their staff are adequately trained. This includes monitoring attendance at mandatory training courses, and being familiar with the contents of the health and safety policy and associated procedures.

Heads of service/managers are responsible for undertaking control of substances hazardous to health (COSHH) risk assessments for any substances used within their services, and for completing risk assessments for all staff, patients and visitors including carers and external contractors, i.e. young workers, pregnant and nursing mothers in their areas of responsibility, and acting to remove/reduce as far as possible any health and safety risks identified. Specialist advice and support is provided by Bradford District Care NHS Foundation Trust.

Heads of service/managers are responsible for devising control strategies for risks identified and for ensuring their staff report incidents, accidents and near misses. They will also support staff involved in accidents and during the investigation of incidents.

Heads of service/managers are responsible for reporting work-related accidents, diseases and dangerous occurrences in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). This applies to all work activities and is also applicable for some non-staff accidents/incidents/sickness. Reportable incidents typically result in over 7 days' sickness/illness, fractures or death due to accidents/incidents at work or in locations for which the CCGs are responsible.

Heads of Service/Managers are responsible for ensuring that new staff are made aware of the first aid arrangements during their first week in post by completion of the local induction form.

Heads of service/managers are responsible for ensuring as far as possible, the safety of staff who travel for business reasons. They should ensure that staff who travel as part of their role are aware of, and comply with, the requirements that the motor vehicle they use is covered by a relevant insurance policy which provides cover while the vehicle is on official business, including cover against risk or injury, and that where appropriate the vehicle has a valid MOT certificate. The driver should also have an appropriate driving licence and not be aware of any reason why they should not safely and legally drive a vehicle.

Heads of service/managers are responsible for ensuring that all staff comply with the requirements of the display screen equipment policy.

4.6 Employees

All employees are responsible for:

- ensuring the health, safety and welfare of themselves and of those who may be affected by their actions or omissions
- ensuring that any slip, trip or fall hazards are removed or isolated as soon as possible and follow the CCG incident reporting/risk assessment processes to prevent injury or re-occurrence
- reporting any issues relating to health and safety including illness/disease

- reporting to line managers as appropriate in line with the incident reporting system, any incident, first aid provided to staff or visitors, accident or near miss observed that could affect health and safety including slips, trips and falls
- ensuring that effective measures are taken to ensure that CCG premises, property and equipment (and leased/rented premises in which CCG staff work for any periods, and property or equipment with which they are working) are maintained in a safe condition
- co-operating with any person with health and safety responsibilities
- using work equipment as they have been trained and/or in accordance with manufacturer's instructions
- observing safe methods of work and safety procedures
- taking responsibility for **not** intentionally or recklessly interfering with or misusing anything provided in the interests of health, safety or welfare
- seeking advice and assistance as required
- complying with all CCG policies and procedures.
- attending all mandatory training and other training as appropriate
- staff volunteering to administer first aid at work must ensure their training remains in date; ensure first aid boxes contain appropriate stock, know about the first aid arrangements in their area including the location of equipment and bring to the attention of their manager any concerns regarding the adequacy of first aid arrangements
- staff who travel as part of their business role should be aware of, and comply with, the requirements that the motor vehicle they use is covered by a relevant insurance policy with provides cover while the vehicle is on official business including cover against risk or injury, and that, where appropriate, the vehicle has a valid MOT certificate. The driver should also have an appropriate driving license and not be aware of any reason why they should not safely and legally drive a vehicle
- in the case of employees who regularly work away from their main base or in isolated locations from which access to accident and emergency facilities may be difficult, staff should inform their line manager/team of their intended locations before visiting. If a staff member is hurt or injured whilst on community visits and if it is possible to do so they should telephone their base to advise of the situation.
- where staff work at home a risk assessment should be completed by the line manager and home working should be authorized by the line manager. The CCGs will only be liable and responsible for equipment purchased and provided by the CCGs for home working.

5 Training

In line with the Health and Safety at Work etc Act 1974 the CCGs will provide health and safety training to all staff, ensuring that staff are aware of their responsibilities for the provision and maintenance of a safe and healthy environment for staff, patients and visitors. This will enable employees to work safely and understand their obligations under the Act and associated legislation, including the Corporate Manslaughter and Corporate Homicide Act 2007.

Current health and safety related training for staff is as follows:

- Health and Safety training should be completed by all staff every three years.
- Fire Safety is a mandatory training course that should be completed annually by all staff.
- Moving & Handling mandatory training should be completed every two years
- Infection Prevention training should be completed by relevant staff only, every three years.

All training is available on-line. Additional face-to-face training is provided as required. Records are kept of all mandatory training undertaken.

6 Public Sector Equality Duty

The Equality Act 2010 includes a general legal duty to:

- Eliminate unlawful discrimination, harassment victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not have it

The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Public bodies have to demonstrate due regard to the general duty. This means active consideration of equality must influence the decisions reached that will impact on patients, carers, communities and staff.

It is no longer a specific legal requirement to carry out an Equality Impact Assessment on all policies, procedures, practices and plans but, as described above, the CCGs do need to be able to demonstrate they have paid due regard to the general duty.

This policy sets out how the CCGs ensure health and safety are managed legally and effectively. It is not believed that this policy will impact on or affect differently or adversely any of the groups with protected characteristics.

7 Implementation and Dissemination

This policy will, following ratification by the Audit and Governance Committees be disseminated via the CCGs intranets and the staff briefing process.

This Health and Safety Policy will be reviewed on an annual basis or when procedural, legislative or best practice changes occur.

8 Monitoring Compliance and the Effectiveness of the Policy

Performance indicators will include:

- reporting and investigation of health and safety incidents
- risk assessments undertaken; and
- evidence of risk mitigation (e.g. implementation of agreed actions arising from risk assessments)

Performance reporting will be via the Health and Safety Update Report to the Audit and Governance Committees.

9 References

The requirements in relation to all aspects of Health and Safety within the CCGs are contained within current legislation as detailed below.

The Health and Safety at Work etc Act 1974

The Management of Health and Safety at Work Regulations 1999

The Workplace (Health, Safety and Welfare) Regulations 1992

The Provision and Use of Work Equipment Regulations 1998

The Lifting Operations and Lifting Equipment Regulations 1998

The Manual Handling Operations Regulations 1992

The Health and Safety (Display Screen Equipment) Regulations 1992

The Personal Protective Equipment at Work Regulations 1992

The Regulatory Reform (Fire Safety) Order 2005

The Control of Substances Hazardous to Health Regulations 2002

The Electricity at Work Regulations 1989

The Confined Spaces Regulations 1997

The Noise at Work Regulations 2005

The Working from Height Regulations 2005

The Health and Safety (First Aid) Regulations 1981

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995

The Construction (Design and Management) Regulations 2007

The Gas Safety (Installation and Use) Regulations 1998

The Health and Safety (Safety Signs and Signals) Regulations 1996
The Ionising Radiations Regulations 1999
The Control of Pesticides Regulations 1986
The Health and Safety (Information for Employees Regulations) 1998
The Corporate Manslaughter and Corporate Homicide Act 2007
The Health & Safety Executive document 'Successful Health & Safety Management'
Great Britain National Audit Office 'A Safer Place to Work' 2003 ISBN 0 10 292143
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10 Associated Documentation

The Health and Safety Policy should be read in conjunction with the CCGs' other related policies dealing with Health and Safety issues:

- Integrated Risk Management Framework
- Incident Reporting Policy and Procedures
- Fire Safety Policy
- Lone Worker Policy
- Display Screen Equipment Policy
- Manual Handling Policy
- New and Expectant Mothers Policy

Appendix 1: RISK ASSESSMENT

Step 1 What are the hazards?	Step 2 Who might be harmed and how?	Step 3 What are you already doing?	Step 3 What further action is necessary?	Step 4 How will you put the assessment into action?		
Spot hazards by: ↓	Identify groups of people Remember: ↓	List what's already in place to reduce the likelihood of harm or make any harm less serious	You need to make sure that you reduce risks 'so far as is reasonably practicable'. An easy way to do this is to compare what you are already doing with good practice. If there's a difference, list what needs to be done	Remember to prioritise. Deal with those hazards that are high-risk and have serious consequences first		
				Action by whom	Action by when	Action complete
<i>Walking around your workplace</i>	<i>Some workers have particular needs</i>	<i>List any procedures you have in place</i>	<i>What extra or new procedures do you need to put in place or review</i>			
<i>Asking your staff what they think</i>	<i>People who may not be in the workplace all the time</i>	<i>List training protocols or arrangements for controlling a hazard</i>	<i>What extra or new training is required</i>			
<i>Checking manufacturer's instructions</i>	<i>Members of the public</i>	<i>List any signage you display if the hazard is obvious</i>	<i>Do you need to communicate your findings and to who</i>			
<i>Think about long term health hazards</i>	<i>If you share your workplace, think about how your work affects others present</i>					
	<i>Say how the hazard could cause harm</i>					

Step 5 – Review date	<p>Review your assessment to make sure you are still improving, or at least not sliding back.</p> <p>If there is a significant change in your workplace, remember to check your risk assessment and where necessary amend it.</p>
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RISK ASSESSMENT FORM Identified hazard:

Who might be harmed?							
How might they be harmed?	Risk grading (principle/initial) Low Risk Moderate Risk High Risk Serious Risk Critical Risk	Existing control measures - what are you already doing?	New control measures - what further action is necessary?	Residual risk grading (following treatment / review) Low Risk Moderate Risk High Risk Serious Risk Critical Risk	Responsible person to action	Action by when	Action complete Y/N

Low risk (1 to 3)	Moderate risk (4 to 6)	High risk (8 to 12)	Serious risk (15 to 16)	Critical Risk (20 to 25)
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Name of Assessor
 Job Title
 Managers Signature

Date of Assessment:

Review date

All risks should be reviewed at least once a year or if circumstances change

Qualitative Risk Assessment Matrix – Level of Risk

Risk Grading = Consequence x Likelihood

Consequence	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Insignificant 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

Risk Category	
Critical Risk (20-25)	Black
Serious Risk (15 - 16)	Red
High Risk (8 - 12)	Yellow
Moderate Risk (4 - 6)	Green
Low Risk (1- 3)	White

Consequence	1. Insignificant	2. Minor	3. Moderate	4. Major	5. Catastrophic
Harm	Minor bruises/ discomfort/ affects wellbeing.	Some minor injuries/ ill-health - minor. <3 days absence	Many minor injuries/ ill-health – temporarily incapacitating. RIDDOR reportable.	Some major injuries/ ill-health - permanently incapacitating	Multiple injuries/infections Unexpected Death

APPENDIX 2

Control of Substances Hazardous to Health (COSHH):

The aim is to ensure that no individual is exposed to avoidable risks to their health or safety resulting from substances used within the work environment. The primary objective of the Control of Substances Hazardous to Health Regulations 2002 is to control the identification, provision and safe use of all hazardous substances by ensuring that:

- All substances used in the provision of the service are of the lowest risk available
- The processes on which they are used, or from which they are produced, follow the safest possible procedures. The use of high-risk substances is reduced to, and maintained at, the lowest possible levels.
- The necessity for the wearing of protective clothing is regarded as a last resort when minimisation and/or elimination of risks and/or hazards cannot possibly be fully achieved.
- The safest possible working conditions and procedures are provided and followed.
- All hazardous substances are properly assessed and accurate records of assessment maintained. Adequate training and supervision is provided, as dictated by individual needs.
- All employees are provided with relevant information regarding hazardous substances.

COSHH Assessments: The manager has the responsibility to ensure the risks of all hazardous substances in their work environment are identified and adequately managed.

Exemptions: Formal COSHH assessments are not required for routine commercially obtainable products that are used as intended and are provided with adequate safety information, unless they are used in volume, stored in bulk or used in a process which combines them with another substance that significantly alters their nature. Safety data sheets for each product will suffice.

Drugs and medicines do not require a COSHH assessment if they are under the control of a medically trained professional. Assistance and advice is available from health and safety staff at Bradford District Care NHS Foundation Trust. COSHH

Assessments must be made available to everyone on site where the hazardous substance is present.

Contractors: Where contractors are employed on site (e.g. Cleaners) the contract must stipulate that they must have a COSHH file which is readily available on request. Safety data sheets for each product will suffice.

Health Surveillance: It will be the responsibility of each manager to ensure that employees who are, or are liable to be, exposed to a substance hazardous to health, are kept under suitable health surveillance. Where necessary, managers should seek advice from more senior managers or directors, health and safety staff, occupational health or risk management.

The purpose of surveillance is to:

- Protect the health of individual employees by early detection of adverse changes that might be attributed to exposure to substances hazardous to health.
- Assist in the evaluation of control measures.
- Collect, maintain and use data for the detection and evaluation of hazards to health. Assess, as appropriate, the immunological status of employees.

Individual health records, with particular reference to substances hazardous to health, will be maintained by and stored in the Occupational Health Department. All such records will be kept for a minimum period stated within the related CCGs policy or national standards whichever is greater.

The Occupational Health Department will carry out suitable health surveillance.

Training:

Where significant risk is identified, staff will be consulted on the COSHH assessment process and trained on the safe use, handling and storage of that substance.

In departments where substances are routinely used, a COSHH Assessor will be appointed and trained to a recognized standard (refreshed at periods no greater than three years)