

Document Control

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|---|--------------------|--------------------------------------|---|
| Title | | | |
| Electrical Safety Policy | | | |
| Author Kevin Ward | | | Author's job title Deputy Head of Estates |
| Directorate Facilities | | | Department Estates |
| Version | Date Issued | Status | Comment / Changes / Approval |
| 0.1 | Nov 2013 | Draft | Draft Policy |
| 0.2 | Mar 14 | Draft | Minor amendments following consultation, end user checks guidance added to Appendix B and addition of flow chart under Appendix C |
| 0.3 | Mar 14 | Draft | Reference to Fire Safety Policy added (Section 3) IT Equipment added (Section 4.3.2) |
| 1.0 | Mar 14 | Final | Electrical Safety Policy approved at Health & Safety Committee meeting 27 March 2014 and Published on Bob |
| 2.0 | Sept 17 | Final | Full Review. Appendices A-C added. Approval at Health and Safety Committee 21 September 2017 |
| 2.1 | Dec 18 | Revision | Minor Amendment to Appendix A in response to EFA/2018/007. "Patient" removed from title. CE mark of conformity check added. |
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| Lead Director Iain Roy Director of Facilities | | | |
| Superseded Documents Electrical Safety Policy v2.0 | | | |
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| Consulted with the following stakeholders: | | | |
| <ul style="list-style-type: none"> • Estates Technical staff AP's • External AE • Health & Safety Manager • Fire and Security Officer | | | |
| Approval and Review Process | | | |
| <ul style="list-style-type: none"> • Health & Safety Committee | | | |
| Local Archive Reference G:/Facilities Procedural Documents | | | |

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| Local Path G:/Facilities | |
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1. Introduction

- 1.1. The use of electricity makes it essential that all electrical systems are managed without giving rise to danger. Inadequate control and/or improper use of electricity is a danger to life and property. Owners, occupiers, general managers, directors, chief executives and those responsible for electrical services as “duty holders” are accountable for ensuring control.
- 1.2. They are also responsible for the safe management, design, installation, operation and maintenance of the electrical systems.
- 1.3. The prime purpose of this document is to outline the Trust’s policy to achieve safety in all its electrical activities in compliance with its legal and statutory obligations.

2. Purpose

- 2.1. The Executive Board of Northern Devon Healthcare NHS Trust, is fully committed to ensuring the health, safety and welfare of employees, members of the public, patients and visitors who may be affected by the activities of the Trust.
- 2.2. It recognises its duties under the Health & Safety at Work etc. Act 1974 to ensure all reasonably practicable measures are taken to comply with these and other associated regulations.
- 2.3. This electrical safety policy is issued under the authority of the Chief Executive and will apply throughout the Northern Devon Healthcare NHS Trust unless specific exemptions are approved by the Chief Executive.
- 2.4. This policy applies to all persons, (staff, contractors, patients and members of the public) who may be affected by any electrical activity (including use or contact with equipment) carried out on Trust property or property occupied under licence. It also applies to all electrical activities undertaken by Trust employees and / or contractors when working for the Trust at any location.

3. Responsibilities

Chief Executive

- 3.1. The Chief Executive has primary responsibility for ensuring the implementation of this policy document.

Directors, General Managers & Heads of Departments

- 3.2. Individual Directors, General Managers and Heads of Departments have responsibility for complying with the requirements of the policy, in order that staff and contractors can discharge their duties under this policy.

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- 3.3.** They shall ensure that the following is carried out within their area of responsibility:
- Users undertake checks of equipment before use as per section 4.3 of this policy, and that the reporting of circuits or equipment in need of repair is undertaken.
 - Make available electrical systems or equipment to enable repairs to be effected.
 - Provide access to systems for the purpose of routine testing and inspection.
 - Provide access to portable electrical equipment for testing and inspecting at mutually convenient times.
 - Any electrical equipment (with the exception of IT equipment) delivered to and for use in the Trust has been tested and cleared for use by the relevant Facilities Maintenance provider.
 - Condemned equipment is not used and is correctly identified as condemned prior to disposal.

Local Staff

- 3.4.** The primary responsibility for day to day safety of portable equipment when in service lies with the local staff, whether being used by a member of staff, patient or visitor.
- 3.5.** Any staff member using or allowing patients to use portable electrical equipment shall, before using it, visually check that the equipment, including the flexible cable and plug top, is free from mechanical damage and that there is a current safety test label attached (See appendices A, B & C).
- 3.6.** Visual signs that show that equipment is **not in sound condition** are when:-
- There is damage (apart from light scuffing) to the cable sheath
 - The plug is damaged, for example the casing is cracked or the pins are bent
 - There are inadequate joints, including taping in the cable
 - The outer sheath of the cable is not effectively secured where it enters the plug or the equipment. Obvious evidence would be if the coloured insulation of the internal cables cores were showing
 - The equipment has been subjected to conditions for which it is not suitable, e.g. it is wet or excessively contaminated
 - There is indication of damage to the external casing of the equipment or there may be loose parts or screws
 - There is evidence of overheating (burns marks or discolouring).
- 3.7.** These checks also apply to extension leads and associated plugs and sockets.
- 3.8.** Any **defective equipment must not be used**. A warning label shall be fitted and the Facilities Maintenance provider informed.

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- 3.9. All portable equipment shall be maintained in a safe condition in accordance with the requirements of the Electricity at Work Regulations 1989. The Facilities Maintenance provider shall be notified of any electrical equipment brought onto any of the Trusts sites.

NDHCT Estates Staff

- 3.10. The following personnel shall be appointed in writing for LV and HV duties as defined by HTM 06-02: and HTM 06-03
- Designated Person – Director of Facilities
 - Deputy Designated Person (Duty Holder) – Head(s) of Facilities
 - Responsible Person(s) (Management) – Facilities Managers,
 - Facilities Manager (Landlord Provided Properties)
 - Facilities Monitoring Managers (Landlord Provided Properties)
 - Authorising Engineer - External Consultants
 - Authorised Persons
 - Duty level Holders
- 3.11. As designated by the Department in accordance with (rates and duties of personnel). Chapter 4 of HTM 06-02 and HTM 06-03.
- 3.12. The Facilities Department will maintain a register of competent staff and Duty Level Holders. (This applies to NDHCT Facilities and IT personnel only).
- 3.13. When any person receives instructions to undertake work of an electrical nature and they do not feel that it is safe to do so he/she shall report any objections on safety grounds to the person issuing the instruction. In the event of further disagreement the matter shall be referred to relevant responsible person identified in section 4.4.1 for a decision before proceeding.

Portable Appliance Testing

- 3.14. All new portable electrical equipment (with the exception of IT equipment which will be visually checked by the installing IT staff member) delivered to stores or direct to the **user shall not be used until it has been PAT (Portable Appliance Test) tested by the** Facilities Maintenance provider or Medical Devices Maintenance provider.
- 3.15. A case of need must take place carried out by departmental managers or their designate to allow patients or visitors to use personal electrical equipment on any Trust site. An assessment shall take place following advice from reading “Patients Electrical Equipment Guidance for safe use” (Appendix B) document and be recorded on the Patient Personal Electrical Equipment Form (Appendix A). This should be filed locally within the department and be accessible. Staff must not allow any equipment to overload the Trusts electrical systems. If required departmental managers may request advice from the Facilities Maintenance Department.

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- 3.16.** A case of need must take place carried out by department managers or their designate to allow members of staff to use personal electrical equipment on any Trust site. All staff owned personal electrical equipment allowed to be used on a Trust site must be portable appliance tested (PAT) **before** it is allowed to be used and connected to the Trusts electrical systems. Staff must not allow any equipment to overload the Trusts electrical systems. If required departmental managers may request advice from the Facilities Maintenance Department.
 - 3.17.** Personal electric heaters or cooling fans are NOT allowed on any Trust site. Personally owned electrical items with a PAT test label does not sanction use if it has not been authorised and / or it has been identified as an issue following a risk assessment.
 - 3.18.** For example a personally owned toaster in a non-clinical office block may not be allowed due to activation of smoke detectors, the associated loss of productivity due to full evacuation of a building and the potential of fines associated with emergency service responses to false alarms.

Computer Equipment

- 3.19.** IT equipment including computers, scanners and printers will receive a visual inspection by IT Service staff or appointed contractor every five years. The visual inspection will be recorded on a central records systems controlled by the IT Department.
- 3.20.** Multi-functional devices are safety tested and inspected in accordance with the supplier's instructions under manufacturer's service contracts and agreements.
- 3.21.** Laptops, power packs and cables are to receive visual inspection checks by IT Service staff or appointed contractor on a rolling three yearly programme.
- 3.22.** It is the responsibility of end users of IT equipment and laptops to complete their own visual safety checks to ensure there is no visual damage to casing, cables and plugs. Any suspected or obvious damage must be reported to the IT Department without delay for the item to be checked. The item must be used until a safety check has been completed.
- 3.23.** End users of IT equipment must not change, adjust or alter any cables or move computers, scanners and printers without authorisation from the IT Department.
- 3.24.** For further guidance and information refer the Electrical Safety of Computer Equipment Standard Operating Procedure.

4. Source Documents

- 4.1.** It is Trust policy to fully comply with all legal and statutory requirements.

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- 4.2.** Two key pieces of legislation, although there are many, relating to electrical safety are:-
- The Health & Safety at Work etc. Act 1974
 - The Electricity at Work Regulations 1989.
- 4.3.** The Health & Safety at Work etc. Act 1974(HSAWA) is very general and requires all those concerned with an undertaking to do all that is reasonable to ensure the health and safety of all those who may be affected by work undertaken by a business. It imposes duties on employers and employees.
- 4.4.** Employer's duties to provide:-
- A safe system of work
 - All necessary tools and equipment
 - Training and adequate supervision
 - A safety policy statement
 - Systems and provisions to ensure the health safety and welfare of all those affected by their business
- 4.5.** Employees' duties to:-
- Work in accordance with company (Trust) policy
 - Use equipment provided in a safe manner and according to instructions and training
 - Be responsible for their acts and omissions
 - Co-operate with employer to achieve safety
 - Comply with other Trust policies, procedures and guidance such as the Health and Safety Policy, Fire Safety Policy, Fire Risk Assessment and Guide.

Electricity at Work Regulations 1989

- 4.6.** The EAW Regulations are concerned with the complete life of an electrical system i.e. design, construction, operation, maintenance, modification, records, dismantling and disposal.
- 4.7.** The Regulations apply to all electrical systems of any voltage and are designed to prevent injury. Indeed if any person is injured due to an electrical cause (shock, fire, burns) then those involved both directly and managerial must show that they exercised all due diligence and took all reasonable precautions.
- 4.8.** The Trust is responsible for informing employees of their legal responsibilities and it is the employees' responsibility to make themselves fully conversant with their legal and statutory duties and responsibilities and carry them out. Failure to comply with legal requirements may lead to disciplinary action and possible dismissal.

Electrical Low Voltage (LV) and High Voltage (HV) Safety Rules

- 4.9. The recommendations of the Department of Health's publications Health Technical Memorandum (HTM) 06.02 and (HTM) 06.03 are adopted by the Trust as the method of achieving compliance with the legislation associated with electrical safety on LV and HV systems. Electrical Services – electrical safety guidance for Low Voltage systems (ISBN 9780113227587) and for High Voltage systems (ISBN 0-11-322758-2).

Low Voltage definition

- 4.10. The existence of a potential difference (rms value for ac) not exceeding 1000 volts ac or 1500 volts dc between circuit conductors or 600 volts ac or 900 volts dc between circuit conductors and earth. (This definition for voltage incorporates the "extra low voltage" range as defined in BS7671: 2008 Requirements for wiring installations, IEE Wiring Regulations, Seventeenth edition).

High Voltage definition

- 4.11. High Voltage is a potential normally exceeding Low Voltage.

5. Training and information (for NDHCT Facilities personnel)

- 5.1. Each electrical craftsperson shall be issued with a copy of the Trust's Electrical Safety Policy, together with a copy of the Electrical Safety handbook and related documents appropriate to their duties.
- 5.2. All persons concerned with work to which the Electrical Safety handbook apply, shall be given instruction training and assessment and shall ensure they are conversant with the requirements of the handbook. Ignorance of their requirements shall not be accepted as an excuse for neglect of duty.
- 5.3. Such employees and other persons issued with the Electrical Safety handbook shall sign a receipt for their copy of the rules (and any amendments there to) and the Trust's Electrical Safety Policy, and shall keep them in good condition and have them **available** for reference as necessary.
- 5.4. All persons who are employed by the Trust for work on its electrical system shall be trained in and regularly re-trained in Basic Life Support including the treatment for electric shock and resuscitation.
- 5.5. Employees and others, who have not been issued with these documents, can view them through the Facilities Department.

6. Fixed electrical systems

Periodic Testing of LV Systems

- 6.1. All fixed LV electrical systems owned by the Trust shall be periodically inspected and tested in accordance with BS 7671, (current edition).
- 6.2. All Landlord provided properties will be monitored for statutory compliance by the NDHCT Responsible Person as per section 4.4.1

Circuit Identification:

- 6.3. All switchgear and distribution boards owned by the NDHCT shall be uniquely identified by securely attached and prominent labels. Each Distribution board shall have an on-site circuit chart which allows accurate and easy identification of all circuits connected to the switchboard.
- 6.4. Final circuit outlets shall also be labelled to reference them to their controlling switch/fuse and distribution board.
- 6.5. Schematic diagrams showing the Trust's electrical system layout and Circuit / switchgear identification references shall be provided and updated as necessary.

New Works or Additions or Temporary Works:

- 6.6. All new LV work including temporary work and minor additions shall be carried out in accordance with BS 7671, (current edition).

LV Fixed Equipment Maintenance:

- 6.7. All LV electrical equipment (e.g. ventilation systems, lifts, compressors, boiler plant) shall be regularly inspected, serviced and tested to ensure that it is maintained in a safe and serviceable condition. Test periods shall be determined by the Facilities Maintenance department in conjunction with appropriate standards and manufacturers recommendations
- 6.8. Maintenance departmental records will be maintained which will contain details of all inspections, routine servicing, repair and modifications.

LV Switchgear/HV Switchgear and Wiring

- 6.9. All LV switchgear and installations shall be maintained to ensure safety and operational capability is assured. Maintenance intervals shall not exceed the following periods:-
 - Manufacturers recommended intervals
 - 5 years for visual inspection and testing of fixed wiring.
 - Thermal survey every 2 years unless risk assessments indicate otherwise.

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- 6.10.** All HV switchgear and installations shall be maintained in accordance with the manufacturers' recommendations (Western Power Distribution) and HTM 06-03

Standby Emergency Generators:

- 6.11.** Fixed standby emergency generators shall be tested on a regular basis as defined in the Planned Preventative Maintenance (PPM) system in accordance with relevant HTM.
- 6.12.** Generators shall be mechanically and electrically maintained to manufacturer's recommendations so as to ensure their correct operation when required.
- 6.13.** Lightning Conductors
- 6.14.** All lightning protection systems shall be inspected and tested every 12 months.

7. Portable Electrical Equipment (provided for use by NDHCT)

Frequency of Testing

- 7.1.** All personal computers and associated IT equipment are to be tested within a period designated by the head of IT (see Computer Equipment in section 3)
- 7.2.** All other portable electrical equipment is to be inspected and tested at least every 24 months. For testing of patient equipment refer to 'Responsibilities'.
- 7.3.** Portable hand held tools and main kitchen and dining room electrical equipment to be inspected and tested at least every 12 months or more frequently if considered necessary depending on risk assessment.
- 7.4.** Any equipment failing inspection and testing which cannot be repaired immediately is to be fitted with a warning label and made secure to prevent use.
- 7.5.** Extension leads are portable electrical equipment and shall be tested as detailed above.
- 7.6.** An extension lead shall not be plugged into another extension lead. Extension leads should not exceed 5m in length unless agreed with the Facilities Department.
- 7.7.** A barcode number label shall be fitted to equipment that has been PAT tested by the contract company employed to carry out this function or as affixed by the Facilities Maintenance Department, indicating when the equipment was tested, when the next test date is due, and the label should be signed.

230V Equipment

- 7.8. All hand held portable electrical tools shall be battery operated or 110V centre-tapped earthed supply operated, unless there are valid technical reasons, which will be discussed with a Facilities Officer prior to any use, for using a 230V supply operated tool.
- 7.9. Any 230V supply operated hand held tools that are deemed necessary shall be RCD protected when in use.

8. Portable Electrical Equipment (provided for use by others)

- 8.1. All Landlords provided equipment will be monitored for statutory compliance by the NDHCT Responsible Person as per NDHCT Estates Staff of this Policy

9. Contractors

- 9.1. Electrical contractors or other electrical persons shall ensure that they and their staff are trained and competent to carry out electrical work within the requirements of the Electricity at Work Regulations and all relevant legislation, guidance and safe working practices to ensure that they do not put themselves or others at risk. The Trust shall ensure that contractors are members of the appropriate associations and are managed in accordance with the Trust Policy for the Control of Contractors
- 9.2. A register of approved contractors shall be held in the NDHCT Facilities Department.
- 9.3. The ability of a contractor to safely undertake the required work shall be the prime consideration when appointment off the “approved register” is being considered. The following factors should be considered:-
- Qualifications and training of employees to be submitted in writing
 - Technical references from previous clients
 - Insurance cover
 - Safety policy
 - Resources available
- 9.4. Whenever there is a division of responsibilities between the NDH Trust’s management and others, the NDH Trust’s Authorised Person will issue instructions to others as necessary to prevent danger.

10. Monitoring and Records

- 10.1. The effectiveness of this Electrical Safety Policy shall be monitored by the Facilities Department Officers and Local Managers. Any suggestion for modification to its content shall be made to the author of the policy.

10.2. Adequate records shall be maintained by the relevant maintenance providers for the following:-

10.3. Staff training and authorisation

10.4. Tests/work associated with:-

- Commissioning, maintenance, inspection, testing and repair fixed and portable electrical equipment, wiring, switchgear and plant.
- NDHCT electrical distribution systems.

10.5. The Authorising Engineers shall submit an annual report to the Responsible Persons for NDHCT and the Trust Health and Safety Committee on the effectiveness of the Trust's compliance with HTM 06.02 and HTM 06.03.

11. Guidance/procedural documentation

11.1. To provide information and guidance there is supporting documentation associated with this policy ref:

- Health Technical Memorandum 06-01: Electrical services supply and distribution
 - Health Technical Memorandum 06-02: Electrical safety guidance for low voltage systems.
 - 06-02: Electrical Safety handbook.
 - 06-02/06-03: Electrical safety guidance,
 - Safety programme
 - Isolation and earthing diagram
 - Limitation-of-access
 - Logbook
 - Permit-to-work
 - Health technical Memorandum 06-03: Electrical guidance for high voltage systems
 - Sanction-for-test
 - BS7671: 2008 Requirements for wiring installations, IEE wiring regulations. Seventeenth edition
 - Health and Safety Executive (HSE). Maintaining portable electrical equipment
- This information can be accessed via the Facilities Management Directorate.

12. The Development of the Policy

Document Development Process

- 12.1. As the author, the Maintenance and Operations Manager is responsible for developing the policy and for ensuring stakeholders were consulted with. The advice of the Equality and Diversity lead must be sought. For NHS Litigation Authority (NHSLA) policies, the author must seek the advice of the Compliance Manager.
- 12.2. Draft copies were circulated for comment before approval was sought from the relevant committees.

Prioritisation of Work

- 12.3. This is the harmonised Work Shadowing/Experience policy reflecting the incorporation of the community services in Exeter, East and Mid Devon policy with Northern Devon Healthcare NHS Trust policy in April 2011.

13. Consultation, Approval and Ratification Process

Consultation Process

- 13.1. The author consulted widely with stakeholders, including:
 - Facilities Staff
 - Members of the Health and Safety Committee
 - Health and Safety Manager
 - Location Managers

Policy Approval Process

- 13.2. Initial approval of the policy or procedure will be sought from the Health and Safety Committee.

Ratification Process

- 13.3. The policy does not require approval by the Trust Board.

14. Review and Revision Arrangements including Document Control

Process for Reviewing the Policy

- 14.1. The policy will be reviewed every three years. The author will be sent a reminder by the Corporate Governance Manager four months before the due review date. The author will be responsible for ensuring the policy is reviewed in a timely manner.

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- 14.2. The reviewed policy will be approved by the Strategic Workforce Development Committee.
 - 14.3. If this policy has been identified as required by the NHS Litigation Service (NHSLA), the author will ensure the Compliance Manager is sent an electronic copy.
 - 14.4. The author must update the Document Control Report each time the policy is reviewed. Details of what has changed between versions should be recorded in the Document Control Report.

Process for Revising the Policy

- 14.5. In order to ensure the policy is up-to-date, the author may be required to make a number of revisions, e.g. committee changes or amendments to individuals' responsibilities. Where the revisions are minor and do not change the overall policy, the author will make the amendments, record these in the document control report and send to the Corporate Governance Manager for publishing.
- 14.6. Significant revisions will require approval by the Strategic Workforce Development Committee.
- 14.7. The author must update the Document Control Report each time the policy is revised.

Document Control

- 14.8. The author will comply with the Trust's agreed version control process, as described in the organisation-wide Guidance for Document Control.

15. Dissemination and Implementation

Dissemination of the Policy

- 15.1. After approval by the Health and Safety Committee, the author will provide a copy of the policy to the Corporate Governance Manager to have it placed on the Trust's intranet. The policy will be referenced on the home page as a latest news release and staff will be informed that this policy replaces any previous versions.
- 15.2. Information will also be included in the weekly Chief Executive's Bulletin which is circulated electronically to all staff.

Implementation of the policy

- 15.3. Line managers are responsible for ensuring this policy is implemented across their area of work.

16. Document Control including Archiving Arrangements

Library of Procedural Documents

- 16.1.** The author is responsible for recording, storing and controlling this policy.
- 16.2.** Once the final version has been approved, the author will provide a copy of the current policy to the Corporate Governance Manager so that it can be placed on the Trust's Intranet site (Bob). Any future revised copies will be provided to ensure the most up-to-date version is available on the Trust's Intranet site (Bob).

Archiving Arrangements

- 16.3.** All versions of this policy will be archived in electronic format within the Facilities Department policy archive. Archiving will take place by the Workforce Development Facilitator once the final version of the policy has been issued.
- 16.4.** Revisions to the final document will be recorded on the Document Control Report. Revised versions will be added to the policy archive held by Workforce Development Team.

Process for Retrieving Archived Policy or Procedure

- 16.5.** To obtain a copy of the archived policy or procedure, contact should be made with the Facilities Department.

17. Monitoring Compliance With and the Effectiveness of the policy or procedure

Process for Monitoring Compliance and Effectiveness

- 17.1.** Compliance of this policy will be undertaken by maintenance and monitoring of electrical appliances and issues raised to the Health and Safety Committee as required.

Responsibility

- 17.2.** The Maintenance & Operations Manager and Health and Safety Manager will be responsible for monitoring and reporting to Health and Safety Committee.

Standards/ Key Performance Indicators

- 17.3.** Key performance indicators comprise:
- Planned Maintenance Schedule
 - Incident reports

18. Equality Impact Assessment

- 18.1. The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

Table 1: Equality impact Assessment

| Group | Positive Impact | Negative Impact | No Impact | Comment |
|--|-----------------|-----------------|-----------|---------|
| Age | | | X | |
| Disability | | | X | |
| Gender | | | X | |
| Gender Reassignment | | | X | |
| Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership | | | X | |
| Pregnancy | | | X | |
| Maternity and Breastfeeding | | | X | |
| Race (ethnic origin) | | | X | |
| Religion (or belief) | | | X | |
| Sexual Orientation | | | X | |

19. References

- The Health & Safety at Work etc. Act 1974
- The Electricity at Work Regulations 1989
- Department of Health, Electrical services – electrical safety guidance for low voltage and high voltage systems HTM 06.02 and HTM 06.03

20. Associated Documentation

- Health and Safety Policy
- Estates Strategy

APPENDIX A. VISUAL INSPECTION SAFETY CHECKLIST & RISK ASSESSMENT

| Visual Inspection – Personal Electrical Equipment | Satisfactory = ✓ Unsatisfactory = X |
|---|---|
| <u>ELECTRICAL EQUIPMENT</u> | |
| 1. Free from cracks, chemical or corrosion damage to the case, or damage that could result in access to live parts; | |
| 2. No visual damage of overheating; | |
| 3. Check the unit switches on/off correctly; | |
| 4. Check it works satisfactorily; | |
| 5. The space provided affords sufficient ventilation for its use, thus avoiding potential overheating in use; | |
| 6. CE mark of conformity is displayed * | |
| <p>Note: Personal electrical equipment must be turned off after use and at night.</p> <p>*Chargers should carry the manufacturers' brand name or logo, model and batch number and a CE mark.</p> | |
| <u>CABLE</u> | |
| 1. Free from cuts, fraying or damage; | |
| 2. No Joints or connections that may render it unsafe for use, such as taped joints; | |
| 3. Not in a location where it could be damaged; | |
| 4. Only one cable connected into 1 plug, 1 socket; | |
| 5. No serious kinking/flattening of the cable; | |
| 6. Not a trip hazard or run under any floor covering; | |
| 7. No extension lead or adaptor is to be used; | |
| Note: The cable must be in good condition and fit for purpose. | |

| Visual Inspection – Personal Electrical Equipment | Satisfactory = ✓ Unsatisfactory = X |
|---|--|
| PLUG | |
| 1. Not loose in socket-outlet and can be removed from socket-outlet without difficulty; | |
| 2. Free from cracks or damage; | |
| 3. Free from any signs of overheating; | |
| 4. Flexible cable secure in its anchorage – No movement should be apparent; | |
| 5. Pins not bent; | |
| 6. Are plugs moulded (i.e. unable to open) if so safe to use. | |
| 7. No cardboard label left on the bottom; | |
| 8. Is plug fused? If unsure contact Estates help desk | |
| Note: Plugs should not rattle, if so unsafe to use. | |

| Patients Name & number or ID label | List items checked | Outcome (Ok to use/to be removed/ Contact Estates help desk) |
|------------------------------------|--------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |

| Ward / Area: | Date: | Please circle one |
|-------------------------|-------|-------------------|
| Checkers Name: | | SAT / UNSAT |

APPENDIX B - ELECTRICAL EQUIPMENT GUIDANCE FOR SAFE USE

Patients and their visitors regularly bring personal electronic equipment into the Hospital. These devices are of unknown electrical safety or compatibility. The risk of fire caused by Patients equipment is increased when used in the presence of medical gasses. Before personal electrical equipment can be used safely, the measures listed below should be undertaken.

1. Initial Safety Assessment

Using the visual inspection checklist (Appendix A) the admitting member of staff or the member of staff who becomes aware that a device has been brought in, designated by the departmental manager will make an initial assessment of the equipment.

If the item of personal electrical equipment is deemed unsafe / the staff member has concerns or is unsure of the device safety- please select one of the following actions:-

- a) Label and remove equipment to a place of safety until the patient is discharged. Alternatively by agreement, family or the next of kin may be asked to remove it from the Hospital.
- b) Contact Estates Help desk and request a PAT test. Once the PAT Test is complete the equipment may then be used applying the control measures listed below: (Note due to other Trust commitments it may not be possible for the Facilities Maintenance department to action this request immediately and the request will be prioritised).

2. Personal Electrical Equipment Safety Routine

All personal electrical equipment **MUST** be checked for safety reasons. See appendix C flow chart for practical examples.

The use of personal electrical equipment will not be permitted during oxygen therapy or when medical gases are in use in the bed space.

Personal electrical equipment (including chargers) may not be plugged in or switched on during oxygen therapy and/or when medical gases are in use in the bed space.

Electrical equipment with an element or motor carry a higher risk (shavers, hairdryers, hair straighteners etc.) patients should have increased supervision during their use.

Some **personal electrical equipment may interfere with medical electronic monitoring equipment** and may not be permitted (seek advice from Medical Electronics EBME).

One lead and plug only to be used in a single wall socket- **No multi plug adaptors**

Electrical equipment switched on or in use could provide an ignition source in an oxygen enriched environment, where oxygen saturated bedding and clothing will be present. Static discharge is also a risk.

3. General Electrical Safety Statement – Portable Appliances

End users (staff and contractors) of any portable electrical equipment, including electrical profiling beds, air mattresses, food and drinks trolleys, syringe pumps, ultrasound machines etc., must carry out **visual safety checks prior to use**.

Before plugging in, check the condition of casings, cables flexes, plugs, connectors and wall sockets for any obvious signs of damage. Check the portable appliance test and / or safety inspection labels are in date (or in the case of patient personal items, has the Appendix A checklist been completed and it is recorded that a Portable Appliance Test is not required)

Staff are reminded to be vigilant and to take care, ensuring that plugs are removed from sockets and cables are stowed correctly prior to moving any equipment to reduce the likelihood of cable and plug damage and trips and falls.

Should visual checks identify:

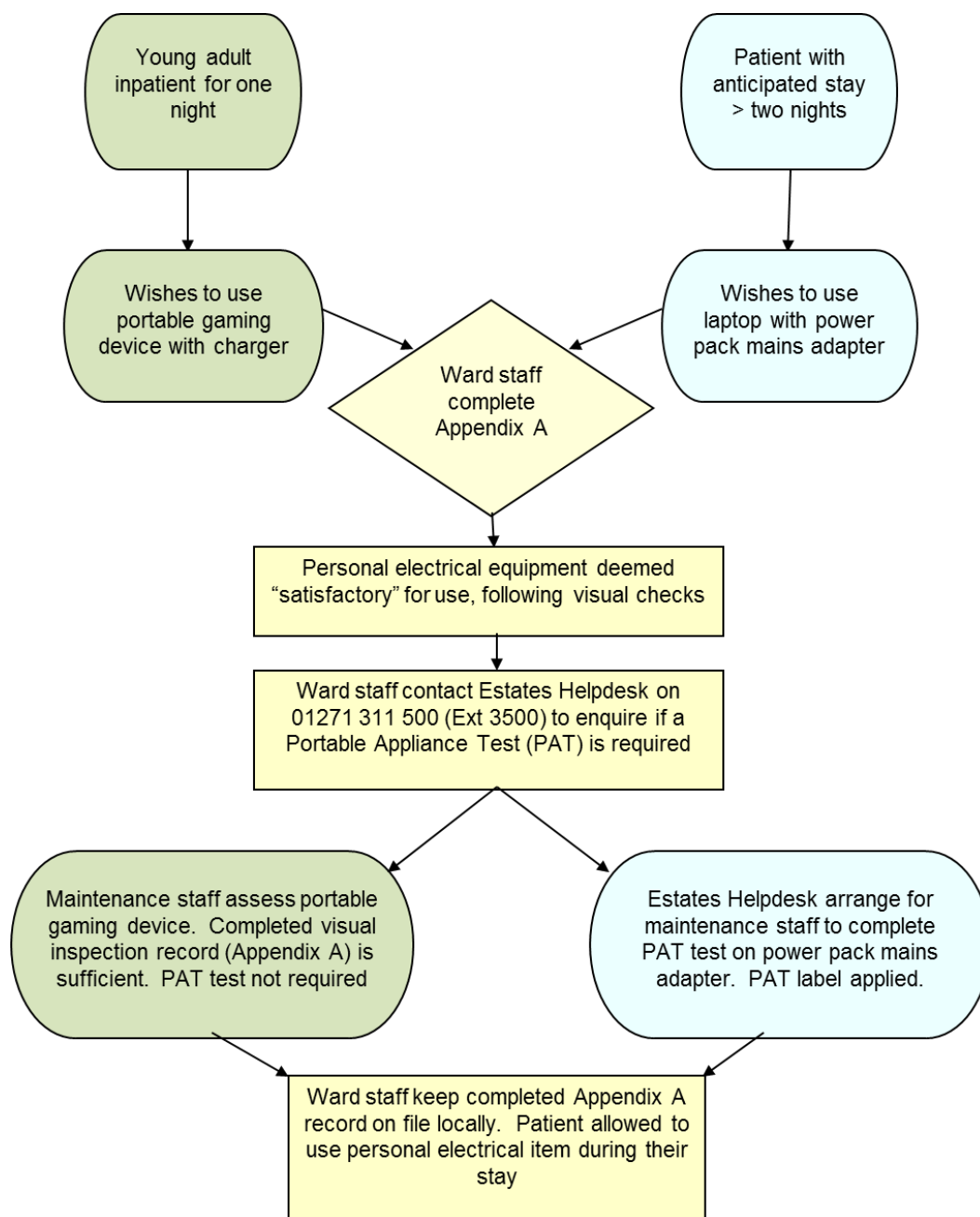
- the plug or connector is damaged.
- the cable has been repaired with tape, is not secure, or internal wires are visible etc.
- burn marks or stains are present (suggesting overheating) on cables, plugs or wall sockets.

The equipment must be switched off and removed from use immediately, labelled “Do not use” and kept securely. Arrangements must be made to have it checked, repaired or replaced.

Repairs should only be carried out by a competent and authorised person such as an authorised Contractor, Maintenance or Electronics Biomedical Engineering staff (someone who has the necessary skills, knowledge and experience to carry out the work safely). End users must never attempt repairs themselves.

Failure to follow these instructions will have fire safety implications and also could lead to electric shock and serious harm.

APPENDIX C - EXAMPLES OF PATIENT PERSONAL ELECTRICAL EQUIPMENT AND SAFETY CHECKS



PLEASE NOTE: Adherence to the Electrical safety policy is essential for everyone's safety. Ensure all staff have read and understood the policy and that the practical safety guidelines in appendix B are applied to all circumstances and situations.