

## Document Control

Title			
			<b>Health and Safety Policy</b>
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<b>Directorate</b>		<b>Department</b>	
Nursing		Corporate Governance	
Version	Date Issued	Status	Comment / Changes / Approval
1.0	Aug 2005	Final	Ratified by Trust Board and published on Tarkanet.
1.1	Mar 2010	Revision	Completely updated and dropped into Trust template and name changed to policy.
1.2	May 2011	Revision	Amendments following consultation prior to approval by Health and Safety Committee.
2.0	Jul 2011	Final	Approved by Health and Safety Committee on 2 <sup>nd</sup> June 2011. Minor amendments by Corporate Affairs to template. Published on Trust's intranet site.
2.1	Feb 2012	Revision	Harmonised policy as a result of the merging of Northern Devon Healthcare NHS Trust and NHS Devon community services. A summary of key issues and differences is on page 3. The reporting and monitoring section have been strengthened as a result of revised NHSLA requirements.
3.0	Feb 2012	Final	Approved by Health and Safety Committee on 02.02.12 following consultation.
3.1	Jul 2012	Revision	Role of Occupational Health Department added (section 4.8). Role of Health and Safety Adviser added (section 4.12). Control of noise at work added (section 5.1). This policy supersedes the Control of Noise at Work policy. Additions approved at the Health and Safety Committee on Thursday 26 <sup>th</sup> July.
4.0	Nov 2014	Final	Revised Chief Executive's Statement. Various amendments to roles and responsibilities. Medical Sharps, Moving and Handling, PPE and Electrical Safety added under sections 5.10 to 5.13
4.1	July 2016	Revision	Various minor amends, job titles, roles etc. Health Surveillance information added (sections 3.8 & 4.9). Working Time Regulations added (section 5.14). Disciplinary actions added (section 5.15).
4.2	July 2018	Revision	Chief Executives Health and Safety Statement updated July 2018 following announcement of collaborative working agreement with RD&E. Approved by H&S Committee July 2018.
4.3	Oct 2019	Revision	Compassionate care, inclusive and compassionate leadership added to Chief Exec Safety Statement. Definitions of Risk and Hazard amended. Roles and responsibilities updated. Reference to apprentices and hyperlink to young person risk assessment added. For

			submission at H&S Group meeting 19 <sup>th</sup> Nov 2019
5.0	Nov 2019	Final	Final version approved at Health and Safety Group meeting 19 <sup>th</sup> Nov 2019 with ratification at the Safety and Risk Committee meeting 4 <sup>th</sup> December 2019
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<b>Superseded Documents</b> Health and Safety Statement. The Control of Noise at Work Policy. Personal Protective Equipment Policy			
<b>Issue Date</b> Nov 2019		<b>Review Date</b> Nov 2022	
		<b>Review Cycle</b> Three years	
<b>Consulted with the following stakeholders: (list all)</b> Chief Executive Clinical Matron - Community COSHH Working Group members DATIX and Incident Manager Director of Finance Divisional Nurse Planned Care Divisional Nurse Unscheduled Care Emergency Preparedness, Resilience and Response Officer Energy and Compliance Manager, Facilities Department Head of Governance Head of Estates, Facilities Department Head of Physiotherapy & Occupational Therapy Head of Quality and Safety Health and Safety Group members Health and Social Care Community Services Managers HR Manager Medical Staffing & Temporary Workforce Patient Safety Lead Professional Lead for Community Physiotherapy and Occupational Therapy Risk Lead, Corporate Governance Specialist Services Business Manager Training Manager and Apprentice Lead Training Manager, Workforce Development			
<b>Approval and Review Process</b> <ul style="list-style-type: none"> <li>Health and Safety Group</li> </ul>			
<b>Local Archive Reference</b> G:\Corporate Governance <b>Local Path</b> G:\Corporate Governance\Compliance Team\Health and Safety\Health and Safety Policy <b>Filename</b> Health and Safety Policy v4.2 Oct2019			
<b>Policy categories for Trust's internal website (Bob)</b> Health and Safety, All Staff		<b>Tags for Trust's internal website (Bob)</b> RIDDOR, COSHH, incident, risk, slips, trips, falls, health and safety, accident	

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## Chief Executive's Statement

Northern Devon Healthcare NHS Trust is committed to maintaining a healthy workforce within a safe working environment applying the core values of diversity, integrity, compassion, excellence and support.

This is recognised as a key priority as any implications on staff health, safety or wellbeing has a direct impact on the ability to deliver high quality and compassionate patient care.

The Trust supports the principles of compassionate and inclusive leadership and acknowledges that the patient is the reason for the existence of the organisation, which has no life, purpose, or value without them.

The Trust recognises its statutory responsibilities regarding the health, safety and welfare of staff, patients, trainees, apprentices, agency workers, contractors, volunteers, visitors, members of the public and employees from other organisations who share our premises.

The Trust will ensure sufficient resources are allocated so that safe systems of work are in place to maintain, control, monitor and where necessary, improve safety performance and standards of health and safety.

The Trust promotes a positive culture and open attitude towards health and safety issues and will communicate and consult with staff on issues affecting health and wellbeing at work.

All staff are personally responsible for providing and safeguarding health and safety. This includes co-operating with the Trust on safety matters, undertaking training as required by job role, completing authorised duties, working within competencies, maintaining professional standards, following safe systems of work, complying with policy and taking care of their own safety and that of others, who may be affected by what they do or fail to do.

This policy outlines the Trust's approach regards the organisation of and the arrangements in place in respect of the management of health and safety. The Policy will be reviewed on a regular basis to ensure it remains current and relevant as the organisation develops.

## Suzanne Tracey



**Chief Executive**  
**Northern Devon Healthcare NHS Trust**

**November 2019**

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## 1. Introduction

This document sets out Northern Devon Healthcare NHS Trust's system for managing health and safety. It provides a robust framework to ensure a consistent approach across the whole organisation, to satisfy statutory standards set by the Health and Safety Executive, the Care Quality Commission, NHS Resolution and other external regulatory bodies.

## 2. Purpose

The purpose of this document is to enable the Trust to demonstrate its commitment towards the successful management of health and safety and outline the means by which this will be achieved. The Trust promotes a positive health and safety culture at all levels throughout the Trust.

The Health and Safety Policy applies to all Trust staff.

Implementation of this policy will ensure that:

- Health and safety risks are reduced, so far as is reasonably practicable, for all patients, staff, trainees, apprentices, agency workers, contractors, volunteers, visitors, members of the public and employees from other organisations who share the premises.
- Staff at all levels are aware of their personal responsibilities and accountability in relation to maintaining and improving good standards of health and safety for the benefit of themselves, staff, patients and any other persons who may be affected by the Trust's undertakings.
- The arrangements for the successful management of health and safety such as risk management are outlined and other supporting policies are brought to the attention of all staff.

This policy supports the Trust's statutory duties, including (but not limited to) those under:

- Control of Substances Hazardous to Health Regulations 2002 (as amended).
- Corporate Manslaughter and Corporate Homicide Act 2007.
- Health and Safety at Work etc. Act 1974.
- Health and Safety Offences Act 2008.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Management of Health and Safety at Work Regulations 1999.
- NHS Constitution for England (updated 2015).
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- Working Time Regulations 1998 (as amended).

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The policy includes:

- The Chief Executives statement of general policy on health and safety at work.
- Details of the responsibilities and accountabilities to manage health and safety.
- The arrangements and procedures for ensuring health and safety across the Trust.

### 3. Definitions

#### 3.1. Risk

The Risk Management Policy defines risk as:

- Risk “is the chance that something will happen that has an adverse impact on the achievement of the Trust’s aims and objectives. It is measured in terms of likelihood (frequency or probability of the risk occurring) and severity (impact or magnitude of the effect of the risk occurring”.

The Health and Safety Executive (HSE) defines risk as:

- Risk “is the chance, high or low, that somebody could be harmed” by any hazards present in the workplace, “together with an indication of how serious the harm could be”.

A risk expresses the likelihood that a hazard will realise its potential to cause harm.

Risk = likelihood of an event occurring x consequence (severity of outcome)

This is expressed in more detail using the Trust’s [Risk Scoring Matrix](#) attached to the Risk Management Policy. The risk score is determined by multiplying the risk consequence score by the risk likelihood score.

The risk score = risk consequence score x risk likelihood score

#### 3.2. Hazard

The Risk Management Policy defines a hazard as:

- “A hazard is something with the potential to cause harm (e.g. bleach) or the potential for not meeting an objective (e.g. finance)”.

#### 3.3 Harm

Harm is defined as “injury (physical or psychological), ill health, suffering, disability, death, loss, damage to property or services.

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### 3.4 Incident

An incident is any unplanned event resulting in, or having a potential for injury, ill-health, damage or other loss.

### 3.5 Near miss incident

A [near miss](#) is recorded when an incident did not lead to harm but could have. This is consistent with the terms “adverse health care event” and “health care near miss” first set out in An Organisation with a Memory (Department of Health, 2000)

Relating to health and safety, a near miss is an unplanned event that occurred which did not lead to, or realise its potential to cause harm, damage or loss.

### 3.6 RIDDOR

The Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR) 2013 place a legal duty on the Trust to report certain categories of incident. RIDDOR reportable incidents include, work related:

- Deaths
- Specified Injuries
- Injured person unable to perform their full range of normal work duties and / or absence from work for more than seven days
- Occupational Diseases
- Certain dangerous occurrences
- Patient accidents resulting in a specified injury
- Certain visitor accidents

Over seven day injuries are applicable where a person is unable to work as a result of a work related injury for more than seven consecutive days (including non-work days) An example being, should a doctor break their finger when it is trapped by a closing door at work and is unable to do their full normal range of work duties for more than seven days (including any rest days), this would be reportable under “over seven day injuries”.

### 3.7 Staff

This policy applies to all staff, both clinical and non-clinical. In addition to those with full time contracts of employment, the term staff also includes those on fixed term or temporary contracts and those with honorary contracts undertaking work duties as instructed by and on behalf of the Trust.

### 3.8 Health Surveillance

Health surveillance is a requisite for ensuring the maintenance of adequate controls of exposure of employees to substances hazardous to health where a [Control of Substances Hazardous to Health](#) (COSHH) risk assessment is indicated. The frequency of health surveillance should be determined by the outcomes of the risk assessment and implementation of appropriate control measures.

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These following factors are elements of COSHH and Risk Assessments and will be the criteria used to identify those staff requiring health surveillance;

- What is the Substance?
- Who uses the substance?
- System of work (How is it used)?
- How often is it used?
- In what circumstances is it used?
- Environmental control measures in use?
- Environmental monitoring results?

## 4. Responsibilities

### 4.1 Role of the Trust Board

The Trust Board is responsible for demonstrating the commitment of the Trust to all matters relating to health and safety and for leading the health and safety agenda.

### 4.2 Role of Chief Executive

The Chief Executive has ultimate responsibility to the Trust Board for all aspects of health and safety within the Trust. The Chief Executive will ensure that:

- Appropriate structures and processes are in place for the discharge of health and safety requirements.
- Adequate resources are provided to comply with health and safety requirements.
- All staff are fully aware of their statutory responsibilities by the inclusion of health and safety in all job descriptions and the annual development and review process.

### 4.3 Role of the Chief Nurse

The Chief Nurse is the nominated lead director for health and safety and is accountable to the Chief Executive.

The Chief Nurse will ensure that:

- Responsibility for health and safety matters is appropriately delegated through Directors, Managers and Heads of Department, who are responsible for implementing the Health and Safety Policy in the areas/services for which they are responsible.
- The Chief Executive and the Trust Board of Executive Directors are kept informed of matters relating to Health and Safety achieved through summary reports presented to the Safety and Risk Committee.
- The Health and Safety Group fulfils its aims and objectives.

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- Health and safety performance is monitored via appropriate Groups (e.g. COSHH Working Group, Fire Safety Group, Medical Gas Group and Operational Security Group).
  - Arrangements for consultation with staff on health and safety matters are put in place as required.

#### **4.4 Role of Executive Directors and Divisional Directors**

Executive Directors and Divisional Directors (Planned Care, Surgery and Unscheduled Care) are responsible for ensuring this policy is effectively implemented in all areas.

They will ensure that:

- Health and safety responsibilities are included in job descriptions and included in the annual development and review process.
- Responsibilities for health and safety are clearly assigned, understood and implemented by their managers.
- Managers are competent to undertake their health and safety responsibilities.
- Health and safety performance measures are agreed and monitored.
- Appropriate resources are identified to maintain or improve health and safety.

#### **4.5 Role of Director of Finance, Performance and Facilities**

In addition to the general duties set out in section 4.4, the Director of Finance, Performance and Facilities is responsible for:

- Ensuring the financial implications are identified of proposals arising from the Trust's commitment to health and safety in relation to the Trust estate.
- Ensuring that appropriate organisation and arrangements are put in place for the control of fire and building security, water services management and legionella prevention, asbestos management, management of contractors, control of waste and building and engineering services.

#### **4.6 Role of Director of People**

In addition to the general duties set out in section 4.4, the Director of People is responsible for the provision of Workforce Development programmes and the provision of Occupational Health services.

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## 4.7 Role of Workforce Development

Workforce Development run or facilitate in-house and external training which includes a blend of taught and e-learning programmes. The Workforce Development Team maintain the:

- The [Training Prospectus](#) which provides information relating to statutory, mandatory and general training. The prospectus can be accessed through the Staff Training Access Resources Platform ([STAR](#)).

Health and Safety training includes induction and refresher training with access to e-learning, work books, and self-directed study as well as face-to-face taught sessions. Topics covered include:

- Breakaway and Physical Intervention
- Conflict Resolution
- Fire and security
- General health and safety
- Infection prevention and control
- Patient and non-patient moving and handling
- Risk assessment
- Slips, trips and falls

Staff receive a local induction for their service, ward or department in addition to attending the Health and Safety general induction as part of the Trust's Corporate Induction / Welcome Day.

Policies and other procedural documents are available via the Trust's intranet site. All staff are required to comply with agreed Trust policies, making themselves aware of procedural documents that relate to their roles and responsibilities.

## 4.8 Role of Occupational Health Department

The Occupational Health Department provides a range of confidential services including pre-employment screening and immunisation. Responsibilities include:

- Undertaking health surveillance where managers have indicated that staff are exposed to substances where the risks and the potential for harm is significant should control measures fail. Managers must inform Occupational Health of the type of exposure and staff can self-refer where they have concerns.
- Providing advice support and assistance for staff on return to work programmes.

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- Informing relevant committees (e.g. Health and Safety Group) should patterns of occupational illnesses or diseases be identified following staff referrals.
  - Informing the Health and Safety Manager of incidents where staff have contracted occupational illnesses or diseases notifiable under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.
  - Offering any additional support and advice where appropriate to do so.

#### 4.9 Role of Managers, Heads of Department and Supervisors

Managers, Heads of Department and Supervisors are responsible ensuring that this policy is effectively implemented in all areas relating to their own ward, service or department.

They will ensure that:

- Health and safety responsibilities are included in job descriptions and included in the annual development and review process.
- The Health and Safety Policy is brought to the attention of all staff.
- Staff, trainees, apprentices, volunteers, those with honorary contracts and anyone carrying out work duties on behalf of the Trust must:
  - Complete a Corporate induction.
  - Receive a local workplace induction, which includes bringing to their attention any specific health and safety issues relevant to their job role.
- All members of staff, trainees, apprentices, volunteers, those with honorary contracts are properly trained, instructed, informed, supervised and equipped to perform the required tasks safely.
- Records of training, refresher training, including health and safety, moving and handling, use of equipment, fire and security, infection prevention and control are maintained, monitored and reviewed as per Trust policy and procedures.
- So far as is reasonably practicable create and maintain rotas managing the allocation of study leave fairly in accordance with Trust policy and procedures such as [eRoster](#) to enable staff to attend statutory and / or other training as is required relevant to their job role.
- Risk assessments are completed and recorded on the Corporate Risk Register for all significant health and safety risks identified in their ward, service or department, in accordance with the Trust's [Risk Management Policy](#).
- Staff are made aware of any hazards associated with their work and the appropriate control measures to be followed. For example: standing on an office swivel chair to reach items from a shelf is hazardous. There is a risk harm should they fall which is likely as a swivel chair is not a suitable or stable working platform. Staff may be

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unaware of the risk and must be informed of the correct procedures to ensure their safety.

- Appropriate actions are agreed to address hazards and manage risks, including the development and implementation of safe systems of work, where required, which are then supervised and monitored appropriately.
- All incidents and [near miss incidents](#) are properly documented, reported and investigated in accordance with the [Incident Reporting, Analysing, Investigating and Learning Policy and Procedures](#) and [RIDDOR](#) requirements.
- Actions are implemented with the aim of preventing a re-occurrence of incidents.
- Safety inspections are carried out in their ward, service or department, as appropriate.
- Where it is identified that the Trust may need to commit additional resources, in excess of normal budget allocations to maintain or improve health and safety, the relevant Executive Director or Divisional Director is supplied with the appropriate information.

#### 4.10 Role of Head of Corporate Governance Department

The Head of Corporate Governance is responsible for the provision of a “competent person” as required by the Management of Health and Safety at Work Regulations 1999.

Responsibilities include ensuring there are robust arrangements in place for:

- Management of clinical and non-clinical risks.
- Incident reporting and investigation processes.
- Health and Safety arrangements.

The Head of Governance is the nominated line manager for the Trust’s Health and Safety Manager and Local Security Management Specialist.

#### 4.11 Role of Health & Safety Manager & Local Security Management Specialist

The Health and Safety Manager and Local Security Management Specialist (LSMS) is responsible for advising and guiding the Trust to ensure that it is meeting or working towards meeting its legislative requirements.

The Health and Safety Manager and LSMS reports to the Head of Governance and works within the Compliance Team.

The Health and Safety Manager and LSMS will ensure that:

- The organisation has arrangements in place to comply with statutory legislation and national guidance in health and safety.
- Competent advice, support and guidance is provided to managers and other staff, raising awareness of health and safety matters such

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as the management of slips, trips and falls and promoting a positive health and safety culture across the Trust.

- Managers are supported to investigate health and safety incidents including RIDDOR reportable incidents and to take appropriate remedial actions to prevent reoccurrences.
- The Trust has appropriate policies, procedures and guidance in place for the protection of patients, staff, trainees, contractors, volunteers, visitors, members of the public and employees from other organisations who share our premises.
- The Trust liaises with appropriate health and safety enforcing agencies or other regulatory bodies, ensuring that appropriate information is provided on request and when appropriate ensuring work is undertaken to mitigate any risks identified by these bodies.
- Health and safety management is monitored via the Trust's Health and Safety Audit programme.
- Advice and support is given to Managers or other staff for the completion of risk assessments and action plans relating to health and safety.
- Reported health and safety incidents are monitored via the Trust's Incident Management Policy and procedures.
- Appropriate training programmes are developed and implemented, in association with the Workforce Development Team and other specialist advisors.
- Support the Legal Claims Manager in investigations relating to civil claims.
- Support the Head of Governance in respect of satisfying CQC fundamental standards.

#### **4.12 Role of Legal Claims Manager**

The Legal Claims Manager will deputise for the Health and Safety Manager and LSMS providing the Trust with two qualified and competent persons to manage Health and Safety issues. Duties include but are not limited to:

- Development and participation in the Trusts Health and Safety Audit programme.
- Safety inspections of sites, wards, services and departments.
- Review of staff and patient accidents escalated for further investigation for the identification and reporting of incidents to the HSE that meet criteria under the RIDDOR Regulations.
- Reporting and escalating any relevant RIDDOR concerns/issues to external regulators

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#### **4.13 Role of Corporate Governance Support Officer (Compliance Team)**

The Governance Support Officer (Compliance) will support the Health and Safety Manager & LSMS to achieve aims and objectives in relation to the management of health and safety as required, including:

- Provide cover and support for the Health and Safety Manager.
- Co-ordination of the Health and Safety Group arrangements.
- Participation in and the co-ordination of health and safety “projects” such as chemical safety under COSHH.
- Review and undertake initial investigation of health and safety related incidents reported on the incident reporting module (DATIX).
- Assist as directed by the Health and Safety Manager & LSMS or the Legal Claims Manager with investigations including RIDDORs and the gathering of statements and evidence.

#### **4.14 Role of Compliance Administrator**

The Compliance Administrator will support the Health and Safety Manager & LSMS in relation achieve aims and objectives in relation to the management of health and safety as required, including:

- Administration of the lone worker project, including day to day management of SkyGuard MySOS devices issued to community staff, provide support and advice, completion and presentation of quarterly reports.
- Assist as directed by the Health and Safety Manager & LSMS or the Legal Claims Manager in health and safety related matters.

#### **4.15 Role of Specialist Advisers**

Specialist advisors will ensure within their relevant fields of expertise that:

- Policies, procedures and practices satisfy requirements for the management of health and safety.
- Provide support to staff, managers and others in respect of the arrangements for the implementation of this policy.
- Promote a positive safety culture through commitment, visible management, communication and active participation in the management of health and safety.
- Participate in and support incident investigations providing assurance to the Trust that any actions taken following an incident are suitable and sufficient. The aim being preventing a recurrence of such an incident.
- Advice and guidance will be provided to the Capital Team, Facilities Department at design stage for new builds and refurbishments relevant to areas of expertise and specialism.

Specialist advisors include the:

- Back Care Advisor
- Fire and Security Advisor
- Health & Safety Manager & Local Security Management Specialist
- Infection Prevention and Control Team
- Legal Claims Manager (and Health and Safety Advisor)
- Occupational Health Department

#### **4.16 Role of Staff Safety Representatives**

The Trust acknowledges the right of recognised unions and professional associations to appoint health and safety representatives to represent their members regarding health and safety related matters. In addition, the Trust will also recognise nominated non-union appointed staff representatives within the Trust in accordance with the:

- Safety Representatives and Committees Regulations 1977 (as amended)
- Health and Safety (Consultation with Employees) Regulations 1996 (as amended)

The Trust will consult with such representatives with a view to developing and maintaining arrangements which will enable the Trust and staff to co-operate fully and effectively in the promotion of health and safety.

The Trust will provide facilities, support and assistance so that health and safety representatives may reasonably carry out their role, including allowing reasonable access to appropriate training to ensure competency.

The functions of the staff health and safety representatives are:

- To investigate health and safety concerns brought to their attention, potential hazards and dangerous occurrences and the causes of incidents.
- To make representation to appropriate managers on the above matters and on general health and safety matters.
- To carry out local health and safety inspections, if they have not inspected in the last three months, where there has been a substantial change in the condition of work and after a notifiable incident, illness or dangerous occurrence.
- To actively participate in Health and Safety Group meetings.
- To represent staff in consultation with Health and Safety Executive or Care Quality Commission inspectors and other enforcing authorities.

#### **4.17 Role of all Staff**

All staff have a legal obligation to co-operate with the Trust in the implementation of health and safety at work. This obligation extends not only

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to their own health and safety but also to others who may be affected by their actions or omissions (what we do or fail to do).

All staff will ensure that they:

- All staff must comply with the Health and Safety Policy. Failure to do so could be deemed to be a disciplinary matter.
- Take reasonable care of their own health and safety.
- Consider what they do or fail to do and how that might affect their safety and that of others. For example, over-riding a window restrictor could result in a vulnerable patient falling from height with severe consequences or failing to deal with a spillage could result in a person slipping and injuring themselves.
- Never participate in horseplay or practical jokes during working hours. Acts of horseplay could have tragic consequences with implications in respect of patient as well as staff safety.
- Co-operate with the Trust on matters relating to health and safety.
- Comply with Trust policies, procedures and working guidelines, following safe systems of work in accordance with training or instruction received, making full and proper use of any available control measures.
- Complete any duties within competencies.
- Never complete duties outside of current job role (unless authorised by the manager or person in control for example in emergency situations)
- Meet the principles and expectations outlined in the Trusts [Code of Conduct](#), the NHS Constitution in relation to health and safety and comply with relevant Codes of Conduct under professional registrations such as (but not limited to) the;
  - Nursing and Midwifery Council Code of Conduct, Performance and Ethics for nurses and midwives.
  - Code of Conduct for Healthcare Support Workers, published by Skills for Care and Skills for Health.
- Undertake all required training, including refresher training as identified on the [Training Needs Analysis](#) document, updating STAR, Managers and / or the Workforce Development Team of completed training as required.
- Correctly use work items provided, including personal protective equipment.
- Inform their Manager, in the first instance, of any concerns around precautions in place, where they consider anyone's health and safety might be at risk.
- Do not interfere with, or misuse anything provided for their health, safety or welfare.
- Report incidents, including near misses, to their manager and ensure that incidents are reported in accordance with the [Incident Reporting](#).

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[Analysing, Investigating and Learning Policy and Procedures](#) without delay.

- Take immediate preventative action following an incident (if required) to avoid a similar incident or event.
- Are conversant with emergency arrangements, including emergency spill containment, evacuation procedures and first aid provision..

#### 4.18 Role of Committees and Groups

The aim of the Health and Safety Group is to provide assurance to the Trust Board that the organisation and arrangements for the management of health and safety satisfy statutory requirements to ensure so far as is reasonably practicable the health, safety and welfare of staff, trainees, apprentices, agency workers, volunteers, service users, visitors and any other persons who may be affected by the Trust's activities.

The Group provides a forum that promotes a culture of co-operation between management and staff representatives. In respect of both proactive and reactive measures relating to the management of health and safety. Staff representatives are communicated and consulted with.

The Group is accountable to the Chief Nurse. Membership of the Group includes the Chief Nurse (Chair), Legal Claims Manager (Deputy Chair), Health and Safety Manager, specialist advisers, senior management, appointed union safety representatives and non-union appointed staff representatives. The meetings are held bi-monthly. Summary reports from the Health and Safety Group are presented to the Safety and Risk Committee (Chaired by the Chief Executive).

Other working groups with health and safety responsibilities include:

- Control of Substances Hazardous to Health Working Group
- Fire Safety Group
- Infection Control and Decontamination Group
- Medical Gas Group
- Operational Security Group

## 5. Arrangements

### 5.1 Risk Management

The patient is the reason for the existence of the whole organisation, which has no life, no purpose, no value without them.

Providing patient care will never be risk free. Effective management of risks provides a means to monitor, review and make changes to improve health and safety by looking at the significant risks that arise in the workplace and then putting reasonable, proportionate and sensible measures in place to control risks as low as is reasonably practicable.

Certain situations may arise where there is a need to balance risks. Circumstances may present the need for temporary or emergency control measures to manage risks at an acceptable level.

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All staff are expected to follow the Trust's [Risk Management Policy](#) which outlines the procedures for the identification, recording, management and monitoring of risks and associated action plans.

The [Risk Management Policy](#) and [Risk Management Strategy](#) support the on-going development of a robust patient and staff safety culture throughout the Trust.

Risk assessments based on hazards that may be encountered in a healthcare, office or maintenance environment and those required by some health and safety and other regulations include:

- [Asbestos](#)
- [Control of Substances Hazardous to Health \(COSHH\)](#)
- [Display Screen Equipment \(DSE\)](#)
- [Driving](#)
- [Fire and Site Security](#)
- Inexperienced persons ([young person, apprentice](#), agency, [new staff](#))
- [Legionella](#)
- [Lone Working](#)
- [Moving and handling \(patient and non-patient\)](#)
- [New and expectant mothers](#)
- [Noise](#)
- [Personal Protective Equipment \(PPE\)](#)
- Scalding
- [Security Management](#)
- [Sharps](#)
- [Slips, trips and falls \(including falls from height\)](#)
- [Smoking](#)
- [Stress](#)
- [Violence and Aggression](#)

This is not an exhaustive list of risk assessments that may be required. The risk assessment form and scoring matrix are attached to the [Risk Management Policy](#)

Certain risk assessments such as [moving and handling](#), [patient falls](#), [violent or aggressive patient](#), [new and expectant mothers](#) and [COSHH](#) have specialist forms that are available on the Trust's intranet.

Should a member of staff believe a workplace hazard has caused a health problem affecting work performance or attendance, the Occupational Health Department can be contacted to make a confidential appointment (for contact details, see [Occupational Health](#) pages on the Trust's Intranet).

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## 5.2 Incident Management

### 5.1.1 Incident reporting

The incident reporting system allows all staff to record any clinical or non-clinical incident which causes harm, damage or loss and also near miss incidents.

All staff are expected to follow the [Incident Reporting, Analysing, Investigating and Learning Policy and Procedures](#) which outlines arrangements for reporting and managing incidents.

Where appropriate reports are submitted to external agencies in compliance with any statutory requirements. This will be managed and co-ordinated by the Corporate Governance Department.

### 5.1.2 Incident Investigation

All staff are expected to follow the [Incident Reporting, Analysing, Investigating and Learning Policy and Procedures](#). The level of investigation undertaken will depend on the severity of the incident.

In the case of a significant incident, the Corporate Governance Department will review and, where appropriate escalate the incident to the relevant executive directors and senior managers who are responsible for taking follow up actions.

The application of root cause analysis techniques are appropriate for high level incidents.

The aim of the investigation process is to monitor and learn from incidents, act on findings and implement measures to prevent similar incidents occurring.

Serious Incident investigation will be managed and coordinated by the Corporate Governance Department.

## 5.3 RIDDOR

The Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR) 2013 place a legal duty on the Trust to report certain categories of incident

If any persons are involved in an incident at work which meets RIDDOR reportable criteria, in addition to completing an on line incident report without delay in accordance with the Incident Management Policy, the Health & Safety Manager must be informed on (01271) 311725 (Ext: 3725).

All RIDDOR reports are completed and submitted to the Health and Safety Executive by the Health and Safety Manager or nominated deputy (e.g. Legal Claims Manager).

All staff must co-operate with the investigation process and complete written statements as required and if requested to do so.

For further information on reportable incidents refer to RIDDOR guidance published on Bob: [RIDDOR Guidance](#)

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## 5.4 COSHH

The Control of Substances Hazardous to Health Regulations 2002 (as amended) places a duty on the Trust to either prevent staff and other persons from being exposed to substances hazardous to health or if prevention is not reasonably practicable to adequately control exposure.

All staff are expected to be aware of their responsibilities under COSHH as detailed in the [Control of Substances Hazardous to Health Policy](#). The policy outlines the arrangements in place for the management of COSHH.

## 5.5 Control of Contractors

The Facilities Department has overall responsibility for the management of buildings and grounds occupied by staff and other persons. The Facilities Department maintain a list of preferred contractors for certain types of work.

There may be certain circumstances where contractors are appointed by Managers of other Services, Departments or Directorates.

The appointing officer or manager from any Service, Department or Directorate involved in the requesting of contractors to site are responsible for ensuring that adequate arrangements are in place in accordance with the [Control of Contractors Policy and Guidance](#).

Responsibilities include:

- Ensuring the competency of Contractors or self-employed persons, appointed to undertake any work on behalf of the Trust.
- Ensuring that the contractor signs in through the Facilities office or that the contractor remains accompanied throughout their time onsite.
- Ensure all contractors receive an induction and are provided with any relevant information relating to health and safety, for example, presence of [asbestos](#) in the fabric of buildings, vulnerable persons, confidentiality, discreet working, consideration of patients, infection prevention and control requirements, public and staff safety.
- Assigning a project manager to manage any project, ensuring that risk assessments completed by Contractors are approved prior to commencement of any projects. The principles of permit to work systems are applied for particularly hazardous non-routine work such as working from height, hot works or work in confined spaces.
- Ensuring an appropriate level of supervision is in place for the project and that incidents are reported via the Trust's incident reporting procedures.
- Comply with the Construction Design and Management (CDM) Regulations 2015 ensuring all responsibilities as the Commercial Client are satisfied including the appointment of duty holders with the necessary and relevant skills, experience, competencies and capacity to complete the task.

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## 5.6 Control of Asbestos

The Capital Contracts Manager, Facilities is the named responsible and competent person for the management of asbestos for the Trust.

All staff are expected to be aware of their responsibilities and the arrangements in place to manage risks associated with asbestos containing materials that are present within the fabric of Trust controlled buildings in accordance with the [Asbestos Policy](#) and the [Asbestos Management Plan](#).

## 5.7 Control of Legionella

The Energy and Compliance Manager, Facilities is the responsible person for water management.

The Facilities Department are responsible for providing specialist support and advice relating to the management of water services within the Healthcare estate that could harbour and support potentially infectious bacteria and other water borne pathogens such as Legionella and Pseudomonas Aeruginosa.

All staff are expected to be aware of their responsibilities and the arrangements in place in accordance with the [Water Services Managements Policy](#).

## 5.8 Slips, Trips and Falls

Slips, trips and falls (including falls from height) provide a significant risk for staff, contractors and any other persons who work or are present on any grounds or premises under the control of the Trust. Similar risks apply to community based staff visiting patient's homes. Slips, trips and falls consistently factor within the top categories of reported staff accidents.

Staff who identify any hazards that may result in a slip, trip or fall should take appropriate actions to manage this risk in accordance with this policy and associated documentation such as the [Risk Management Policy](#) and [Falls Policy](#).

Where appropriate the responsible person must ensure that risk assessments and action plans are completed in accordance with the [Risk Management Policy](#) to address identified hazards such as slippery surfaces, obstructions, uneven surfaces or working from height to ensure that appropriate controls are in place to manage the risk.

The principles of permit to work systems must be applied for particularly hazardous non-routine work for example working from height by Trust maintenance staff.

## 5.9 Patients, visitors and the public

The principles of risk management (see section 5.1) and incident management (see section 5.2) are applied to ensure reasonable care is taken for the safety of all persons who may be affected by the Trust's activities.

The Trust acknowledges its duties under the Occupiers Liability Acts 1957 and 1984 towards legitimate and unlawful visitors to premises and grounds that are under the Trust's control.

The Trust will take such care to ensure visitors are reasonably safe and do not suffer injury on premises or grounds from any dangers present. The Trust acknowledges that children and vulnerable persons may be at greater risk of harm. For example, a no entry sign will not be sufficient to prevent a vulnerable adult from entering an electrical plant room or a child from accessing an area under construction. Further control measures such as locking doors and providing physical barriers are required.

The Trust will co-operate with support services and maintenance contractors and other organisations where premises are shared for the purposes of managing health and safety and will take all reasonably practicable measures to ensure its activities do not cause harm to the wider public.

### 5.10 Control of noise at work

The Control of Noise at Work Regulations 2005 outline exposure action and limit values. It places a duty upon the Trust to ensure that staff and other persons present are not exposed to excessive noise at work that may cause hearing loss, tinnitus or other hearing problems.

Noise can be defined as loud, undesired or unwanted sound. Noise can be a safety hazard at work, interfering with communication. Noise may affect patient well-being, for example, by disturbing sleep or agitating a patient with dementia.

Managers of Wards, Services and Departments are responsible for ensuring that where appropriate noise hazards are identified and risk assessments with action plans are completed to either eliminate noise at source or reduce to as low a level as is reasonably practicable to do so.

Typically noise should not be a problem working in a busy office. Problems may occur should noise be intrusive for most of the working day or if staff have to raise their voices to speak normally when two metres apart for at least part of the day. Such issues may typically arise for maintenance staff operating power tools, machinery and equipment or whilst working within areas such as plant rooms.

Table 1 provides a guide as to if a noise risk assessment is required.

**Table 1: Noise Levels & Exposure Times**

Test	Probable noise level (Db)	Risk assessment required for exposure greater than
Noise is intrusive but normal conversation is possible	80	6 hours
Shouting is required to communicate with someone 2 metres away	85	2 hours
Shouting is required to communicate with someone 1 metre away	90	45 minutes

The Trust's Health and Safety Manager or nominated deputy is responsible for providing support and assistance to Managers for the completion of noise risk assessments, with the support of the Facilities Maintenance Team (provision of technical support such as taking noise metre readings).

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On completion of risk assessments, Managers must inform staff of any measures that have been implemented and ensure any training requirements are met.

Locations and workspaces identified that present unacceptable noise levels that cannot be eliminated by other means must have appropriate signage that visually indicates the need for personal protective equipment (PPE issued as a last resort).

Staff must take responsibility for following standard operating procedures and comply with requirements such as ensuring hearing PPE is worn when authorised to enter “ear protection zones”.

### 5.11 Medical Sharps

The Trust has legal obligations to protect staff and others in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The Trust will substitute traditional unprotected medical sharps with “safer sharps” where it is reasonably practicable to do so, subject to risk assessment.

The term ‘safer sharp’ means medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. For example, a range of syringes and needles are available with a shield or cover that slides or pivots to cover the needle after use.

All staff are responsible to use safer sharps devices as per information, instruction and training provided by the Trust and must report all inoculation injuries including non-contaminated or “clean” needle sticks without delay following the [Incident Reporting, Analysing, Investigating and Learning Policy and Procedures](#)

Staff must never re-cap / re-sheath used and contaminated needles. Further information and requirements are outlined in the [Prevention of Inoculation Injuries Policy](#).

Further information in relation to support available from the Infection Prevention and Control Team regarding the prevention and [management of inoculation injuries](#) can be found on the [Trusts intranet site](#):

Further information regarding safer sharps can be found on the Trust’s intranet site:

- [Safer Sharps \(Overview\)](#)

### 5.12 Moving and Handling

The moving and handling of patients is a regular task in our Hospitals, clinics and patient’s own home, which if not done safely, can cause serious injury to patients and staff.

To enable patient care, non-patient moving and handling activities are a key part of the working day for most staff; such as moving equipment, laundry, catering, clinical or office supplies and waste.

The Back Care Team provides specialist advice, support, training and resources to manage moving and handling risks. Further information in relation to policies, procedures and services can be found on the Trust’s intranet:

- [Moving and Handling Policy](#)

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- [Back Care Pages](#)

### 5.13 Personal Protective Equipment

Personal Protective Equipment (PPE) is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing and safety footwear. It also includes respiratory protective equipment.

Once a risk assessment has been completed, the methods chosen to adequately control the identified risks should, as far as possible, apply the following hierarchical approach:

- eliminate risk;
- control risk at source or by safer design;
- use physical engineering controls and safeguards supported by;
- safe systems of work;
- use of personal protective equipment; and
- immunisation

There are instances where personal protective equipment (PPE) must be considered, i.e. where the risk to health and safety cannot be adequately controlled by other means or it would not be reasonable to implement other control measures.

When PPE is deemed necessary, consideration must be given to the type of PPE needed, its safe use, maintenance and disposal. Staff cannot be charged for any PPE that is required to enable work duties to be completed.

Clinical staff cannot provide patient care without patient contact. The use of PPE as a last resort is required due to the risks associated such as contact with blood and other bodily fluids. This can include disposable gloves, aprons, visors or other eye protection and respiratory protection. Use of PPE such as aprons will also reduce the risk of contamination of uniforms.

In support service roles and as a last resort PPE may be required for example:

- Estates staff completing maintenance tasks and activities, such as working with materials containing asbestos whilst undertaking authorised non-licensed remedial works may require protective clothing and respiratory protection.
- Hotel services staff providing catering services exposed to cold environments in chiller rooms or walk in freezers may require thermal protection for hands, feet and body.

Non-disposable PPE, such as (but not limited to) laboratory coats, lead aprons, overalls, ear defenders and specialist gloves, must be stored appropriately, checked and kept clean and, if faulty, repaired or replaced. If non-disposable PPE is suspected to be, or has been, contaminated with substances such as chemicals or blood or other body fluids, it must be removed safely before leaving the workplace and kept apart from uncontaminated PPE and normal clothes. It should be cleaned and decontaminated or, if necessary, disposed of safely.

A key piece of PPE for working with blood borne viruses is gloves, which play an important role. Further information relating to gloves can be found in the Trust's [Standard Infection Control Precautions Policy](#).

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## 5.14 Electrical Safety

In our hospitals and other healthcare settings the main electrical risks are:

- Contact with live parts causing shock and burns;
- Faults that could cause fires.

The Trust's [Electrical Safety Policy](#) details the arrangements in place to manage the risks associated with the use of electricity in both fixed and portable systems and provides practical advice regarding the management of personal items of electrical equipment brought into hospitals by patients.

All staff must comply with the Electrical Safety Policy.

## 5.15 Working Time Regulations

The Working Time Regulations (1998) implement the European Working Time Directive.

The Health and Safety Executive (HSE) are responsible for the enforcement of:

- Maximum weekly working time limit;
- Night time work limits; and
- Health assessments for night work.

The Arbitration Conciliation and Advisory Service (ACAS) support employers and employees concerning:

- Time off;
- Rest Break Entitlements; and
- Paid Annual Leave Entitlements.

Staff (including junior doctors) are restricted to working a maximum of 48 hours per week on an average, (taking a 20 minute rest break where shifts exceed 6 hours) unless staff have applied the individual right to voluntarily "opt out" where it is safe to do so.

Young adults (16 and 17 year olds) normally cannot "opt out" as they may not routinely work more than 40 hours per week, with a 30 minute rest break if their shift exceeds 4.5 hours.

The [eRoster Policy](#) outlines requirements regarding the management and monitoring of clinical shifts.

### Fatigue

All staff are responsible to ensure that they work within contracted and agreed hours, not voluntarily working additional shifts to the extent that tiredness from working excessive hours jeopardises the safety of themselves, other staff, contractors, patients or the public.

Managers are responsible to monitor shift patterns and address issues associated with individuals working excessive hours, where it is believed significant health, safety or welfare risks are identified.

All staff are responsible to incident report any issues associated with working shift patterns that may result in a health and safety risk either to themselves or others. For example, a member of staff working a night shift for another employer reporting the very next morning to work the day shift for the Trust.

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## Other Employment

Staff are required to comply with the Working Time Regulations including full declaration of hours worked and breaks taken. Staff must declare in writing to their line manager if they are employed in any roles outside of their primary role (either internal or external to the Trust). In turn their line manager will acknowledge the declaration by replying in writing and copies entered into the staff member's personal file. Staff with other employment must inform their line manager on a weekly basis of hours worked in addition to their primary role. This will provide the necessary information for their line manager to calculate accumulative hours worked per week.

Staff must not undertake employment outside of their contracted role for the Trust whilst on sick leave, this include any work during "off peak" times such as weekends and evenings unless a GP certificate advises otherwise.

## Health and Wellbeing

The Trust has responsibilities under Health and Safety law to ensure the safety of staff, patients and others and it is recognised that managing hours of work is an integral part of promoting staff [health and wellbeing](#).

### 5.16 Non-Compliance with Health and Safety Policy

Failure to comply with requirements of the Health and Safety Policy may result in actions taken against staff in accordance the [Disciplinary Policy and Procedure](#) and / or [Counter Fraud Bribery and Corruption Policy](#).

## 6. Training Requirements

The Workforce Development Team run or facilitate in-house and external training which includes a blend of taught and e-learning programmes. The Workforce Development Team maintain the:

- The [Training Prospectus](#) which provides information relating to statutory, mandatory and general training. The prospectus can be accessed through the Staff Training Access Resources Platform ([STAR](#)).

Booking for all health and safety training will be undertaken through Workforce Development via the Electronic Staff Record. Records must be kept of all training undertaken in the Trust. These records will be held centrally and reported Trust wide through ESR records. Individuals are encouraged to keep a copy of this in their portfolio.

## 7. Monitoring Compliance

### 7.1 Monitoring Arrangements

Compliance of this policy against all minimum statutory requirements will be monitored with an agreed audit programme (at least three yearly). Reactive monitoring of reported incidents in accordance with the Incident Management Policy will be completed by the Health and Safety Manager and / or Legal Claims Manager or Governance Support Officer (Compliance) on a rolling basis.

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Completion of risk assessments and associated action plans in accordance with the Health and Safety Policy, [Incident Reporting, Analysing, Investigating and Learning Policy and Procedures](#) and [Risk Management Policy](#) are performance monitored via the Trust's risk management arrangements.

Quarterly incident reports are presented to the Health and Safety Group for information. Where appropriate, a category of Health and Safety incidents from the report will be extracted and presented to another relevant group or committee, for example incidents involving medical gases are presented at the Medical Gas Group and incidents involving chemicals are presented at the COSHH Working Group. This ensures the same information is shared across relevant groups. Incidents, associated action plans and / or actions taken following an incident are discussed and reviewed by the relevant group or committee.

The identification of trends or themes initiates where appropriate the sharing of information by Groups, Committees and / or specialist advisers. For example should a COSHH related incident occur on one community site, it may be necessary to share information from actions taken or identification of best practices with other Matrons or locality managers.

Quarterly incident reports are presented to specialist advisors for monitoring and review of accidents by category. For example, staff slips trips and falls are reviewed the Trust's Health and Safety Manager who will where appropriate seek assurance from the managers of a risk that appropriate actions have been taken. Advice and support is provided by specialist advisors to the managers of risks relating to the completion of action plans and / or appropriate actions to be taken.

## 7.2 Responsibility

The Health and Safety Manager and Local Security Management Specialist will be responsible for monitoring and reporting to the Health and Safety Group.

The Health and Safety Manager Local Security Management Specialist will be responsible for monitoring the management of slips, trips and falls involving staff and others (including falls from height).

Monitoring compliance with this policy will be the responsibility of the Health and Safety Manager and Local Security Management Specialist as part of the Health and Safety Audit programme for the Trust,

Health and Safety incidents that meet the criteria of a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) are submitted to the Health and Safety Executive by the Health and Safety Manager and Local Security Management Specialist and / or Legal Claims Manager.

Support and advice will be provided to improve practice by the Trust's Health and Safety Manager and Local Security Management Specialist and /or specialist advisers as appropriate.

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### 7.3 Methodology

Audits will be achieved by the use of a standard health and safety audit tool, which includes checks on compliance with Trust working practices, organisation arrangements and procedures including:

- Incident reporting
- Risk assessments
- Staff training
- Safe use of work equipment
- Electrical safety
- Lone working
- Control of substances harmful to health
- Workplace environment
- Display screen equipment
- Managing stress
- Flammable and explosive substances

This is not an exhaustive list. Audits will be undertaken by the Health and Safety Manager and / or other staff working within Corporate Governance such as (but not limited to) the Legal Claims Manager, Governance Support Officer (Compliance) and Compliance Administrator on at least a three yearly basis. The audit process includes completion of a walk around which may identify issues that require addressing. Key members of staff at each location will take part in the audit process for example a Matron, Ward Manager or equivalent.

Where non-compliance is identified, action plans are formulated and agreed with the locality manager or nominated responsible person.

The Risk and Incident Team facilitate reports that enable the reactive monitoring of incidents reported and entered onto the Datix system.

### 7.4 Reporting Arrangements

The result of the audit will be reviewed by the Corporate Governance Team. Executive summaries of audits will be submitted to the Health and Safety Group to note.

Audit results

The Health and Safety Manager and /or Legal Claims Manager will develop an action plan to improve compliance and ensure improvements in performance occur. Action plans will be implemented by the Health and Safety Manager and /or Legal Claims Manager who will nominate managers with responsibilities to ensure identified and agreed actions are completed.

Where non-compliance is identified, support and advice will be provided to improve practice.

Lesson learned and the sharing of best practices is achieved locally through training and governance days and if necessary externally with the Health and Safety Executive.

## 8. Equality Impact Assessment

The following equality impact assessment has been completed, no negative impacts have been identified. Positive impacts are identified for young persons e.g. apprentices and new and expectant mothers.

**Table 1: Equality impact Assessment**

Group	Positive Impact	Negative Impact	No Impact	Comment
Age	x			Working Time Directive requirements positively impact for the protection of workers under the age of 18.
Disability			x	
Gender			x	
Gender Reassignment			x	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment)			x	
Marriage and civil partnership			x	
Pregnancy	x			Health and Safety Policy and supporting New and Expectant Mothers Policy, prevents certain work duties from being undertaken to protect mother and baby
Maternity and Breastfeeding	x			As above
Race (ethnic origin)			x	
Religion (or belief)			x	
Sexual Orientation			x	

## 9. References

- Control of Substances Hazardous to Health (Fifth Edition) Approved Code of Practice (L5). HSE Books.
- Commons Topic 4: Safety Culture. HSE Information Sheet. Human Factors. HSE website.

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- Health and Safety at Work etc Act 1974. HSE Books.
  - Health and Safety Executive (HSE). (2003). *Health and Safety Regulation: A short guide*. London: HSE. Available at: [www.hse.gov.uk](http://www.hse.gov.uk)
  - Health and safety executive (HSE). (2005). *The Work at Height Regulations 2005 (as amended): A brief guide*.
  - <http://www.hse.gov.uk/>
  - <http://www.hse.gov.uk/healthservices/>
  - Management of Health and Safety at Work Regulations 1999 approved code of practice and guidance. L21. HSE Books.
  - NHS Employers. (2010). 'Health and safety essential guide'. NHS Employers website.
  - Occupiers' Liability Act 1957
  - Occupiers' Liability Act 1984
  - Reporting accidents and incidents at work. Brief Guide. INDG453 Rev 1. HSE books.
  - Safety Representatives and Committees Regulations 1977 and Health and Safety (Consultation with Employees) Regulations 1996. Approved Code of Practice and Guidance. HSE Books.
  - Successful health and safety management. HSG 65. HSE Books.
  - The Control of Noise at Work Regulations 2005
  - The Health and Safety (Sharps Instruments in Healthcare) Regulation 2013
  - The Health and Safety at Work etc. Act 1974
  - The Management of Health and Safety at Work Regulations 1999 SI 1992/3242
  - [The NHS Constitution for England](#). Department of Health. Oct 2015.
  - The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013: Guidance for employers in the healthcare sector. HSE Books.
  - The Work at Height Regulations 2005 SI 2005/735
  - The Working Time Regulations (as amended). [HSE website](#).
  - Workplace (Health, Safety and Welfare) Regulations 1992 SI 1992/3004
- The Health and Safety Executive (HSE) website provides further information on managing the risks associated with slips, trips and falls: [www.hse.gov.uk](http://www.hse.gov.uk).
- 'Falls from Height'. HSE website page.
  - 'Slips Resources'. HSE website page
  - 'Watch Your Step Campaign'. HSE website page.
  - 'Slips Assessment Tool'. Online tool.
  - 'Local Authority Circular: Falls from Windows in Health and Social Care'. HSE website. (2007)

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- 'Local authority circular: Reducing the Risk of Falls from Tail Lifts'. HSE website. (2009)
  - *Slips and Trips in the Health Services. Health Services Sheet Number 2.* (2003)
  - Preventing Slips and Trips at Work. (2007)
  - Personal Protective Equipment: <http://www.hse.gov.uk/toolbox/ppe.htm>

## 10. Associated Documentation

- [Asbestos Policy](#)
- [Asbestos Management Plan](#)
- [Control of Contractors Policy and Guidance](#)
- [Control of Substances Hazardous to Health Policy](#)
- [Counter Fraud Bribery and Corruption Policy](#)
- [Decontamination Policy](#)
- [Display Screen Equipment \(DSE\) Policy](#)
- [Disciplinary Policy and Procedure](#)
- [Drugs and Alcohol at Work Policy](#)
- [Electrical Safety Policy](#)
- [Falls Policy](#)
- [Fire Safety Policy](#)
- [First Aid Policy](#)
- [Gritting at North Devon District Hospital Procedure](#)
- [Incident Reporting, Analysing, Investigating and Learning Policy and Procedures](#)
- [Patient Isolation and Staff Exclusion Policy](#)
- [Lone Working Policy](#)
- [Management of Inoculation Injuries Policy](#)
- [Management of Work Related Stress Policy](#)
- [Moving and Handling Policy](#)
- [New and Expectant Mothers at Work Policy](#)
- [eRoster Policy](#)
- [Prevention of inoculation injuries policy](#)
- [Risk Management Policy](#)
- [Risk Management Strategy](#)
- [Staff Screening and Staff Immunisation Policy](#)
- [Standard Infection Control Precautions Policy](#)
- [Supporting Staff involved in an incident, complaint or claim Policy](#)

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- [Violence and Aggression Policy](#)
  - [Water Services Management Policy](#)