HEALTH & SAFETY POLICY AND PROCEDURES

Policy Author(s) | Andy Collins, Health & Safety Lead (Midlands & Lancashire CSU)
Accountable Manager(s) | Simon Banks, Chief Officer
Ratified by (Committee) | Integrated Governance Committee
Date Ratified | 13th April 2016
Target Audience | All CCG Staff
Review Date | April 2018
Unless new guidance has been issued

<table>
<thead>
<tr>
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<th>Version No</th>
<th>Brief Description of Change</th>
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</thead>
<tbody>
<tr>
<td>January 2014</td>
<td>1</td>
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<tr>
<td>April 2016</td>
<td>2</td>
<td>Review &amp; updates to RIDDOR, Driving for Work and Risk Assessment Process</td>
</tr>
</tbody>
</table>
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>1.1</td>
<td>Health &amp; Safety Audit &amp; Review</td>
<td>3</td>
</tr>
<tr>
<td>1.2</td>
<td>NHS Halton CCG Health &amp; Safety Policy Statement</td>
<td>4</td>
</tr>
<tr>
<td>1.3</td>
<td>Key Legal Duties</td>
<td>5</td>
</tr>
<tr>
<td>1.4</td>
<td>Leading Health &amp; Safety at Work</td>
<td>6</td>
</tr>
<tr>
<td>2.0</td>
<td>NHS Halton CCG Management Structure for Health &amp; Safety</td>
<td>8</td>
</tr>
<tr>
<td>3.0</td>
<td>Health &amp; Safety Contact Information</td>
<td>12</td>
</tr>
<tr>
<td>4.0</td>
<td>Policies &amp; Procedures</td>
<td>15</td>
</tr>
<tr>
<td>4.1</td>
<td>Risk Assessment Policy</td>
<td>15</td>
</tr>
<tr>
<td>4.2</td>
<td>Accident &amp; Incident Investigation and Reporting Policy</td>
<td>20</td>
</tr>
<tr>
<td>4.3</td>
<td>Alcohol, Drugs &amp; Substance Abuse Policy</td>
<td>24</td>
</tr>
<tr>
<td>4.4</td>
<td>Asbestos Policy</td>
<td>24</td>
</tr>
<tr>
<td>4.5</td>
<td>Communication &amp; Consultation</td>
<td>25</td>
</tr>
<tr>
<td>4.6</td>
<td>Disabled (&amp; Temporarily Disabled) Employees Policy</td>
<td>25</td>
</tr>
<tr>
<td>4.7</td>
<td>Driving at Work Policy</td>
<td>26</td>
</tr>
<tr>
<td>4.8</td>
<td>Display Screen Equipment Policy (DSE) Policy</td>
<td>29</td>
</tr>
<tr>
<td>4.9</td>
<td>Electrical Safety Policy</td>
<td>33</td>
</tr>
<tr>
<td>4.10</td>
<td>Emergency Policy</td>
<td>34</td>
</tr>
<tr>
<td>4.11</td>
<td>Environmental Policy</td>
<td>35</td>
</tr>
<tr>
<td>4.12</td>
<td>Fire Safety Policy</td>
<td>36</td>
</tr>
<tr>
<td>4.13</td>
<td>First Aid Policy</td>
<td>37</td>
</tr>
<tr>
<td>4.14</td>
<td>Home Worker</td>
<td>39</td>
</tr>
<tr>
<td>4.15</td>
<td>Manual Handling Policy</td>
<td>39</td>
</tr>
<tr>
<td>4.16</td>
<td>New &amp; Expectant Mother’s Policy</td>
<td>40</td>
</tr>
<tr>
<td>4.17</td>
<td>Occupational Health</td>
<td>42</td>
</tr>
<tr>
<td>4.18</td>
<td>Office Safety Policy</td>
<td>42</td>
</tr>
<tr>
<td>4.19</td>
<td>Overseas Travel</td>
<td>44</td>
</tr>
<tr>
<td>4.20</td>
<td>Out of Hours &amp; Lone Working Policy</td>
<td>44</td>
</tr>
<tr>
<td>4.21</td>
<td>Personal Safety &amp; Violence Policy</td>
<td>45</td>
</tr>
<tr>
<td>4.22</td>
<td>Safety Audits &amp; Inspections Policy</td>
<td>48</td>
</tr>
<tr>
<td>4.23</td>
<td>Stress at Work Policy</td>
<td>50</td>
</tr>
<tr>
<td>4.24</td>
<td>Temporary Workers Policy</td>
<td>51</td>
</tr>
<tr>
<td>4.25</td>
<td>Training</td>
<td>52</td>
</tr>
<tr>
<td>4.26</td>
<td>Visitors Policy</td>
<td>53</td>
</tr>
<tr>
<td>4.27</td>
<td>Welfare Facilities Policy</td>
<td>53</td>
</tr>
<tr>
<td>4.28</td>
<td>Work at Height Policy</td>
<td>53</td>
</tr>
<tr>
<td>4.29</td>
<td>Workers Under the Age of 18 Policy</td>
<td>54</td>
</tr>
<tr>
<td>4.30</td>
<td>Winter Conditions Policy</td>
<td>54</td>
</tr>
<tr>
<td>4.31</td>
<td>Work Equipment Policy</td>
<td>55</td>
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</table>

## External Appendices:

1. Health & Safety Induction Checklist
2. Risk Assessment
3. Driving to Work Eligibility Form
4. 10 Vital Care Checks for Staff
5. Display Screen Equipment (DSE) Checklist
6. Emergency Response Form
7. Fire Safety Checklist
8. Personal Emergency Evacuation Plan (PEEP)
9. Fire Emergency Plan
10. Workplace Checklist
1.0 Introduction

This policy reflects the requirements of health and safety legislation. The document is divided into five sections:

1. Section 1 – General Policy and Responsibilities
2. Section 2 – Site Information and Contacts
4. Section 4 – Health and Safety Guidance
5. Section 5 – List of Health and Safety Forms

This Health and Safety Policy has been developed in conjunction with the Health and Safety Lead and has been signed off for implementation by the Chief Officer as a means of providing focus and direction for NHS Halton CCG Health and Safety Management System.

The Policy provides the framework for setting and reviewing objectives and targets from a management perspective. It also lays down the procedures for implementing these policies which are to be followed by all employees.

The NHS Halton CCG Policy will be documented, maintained and communicated to all employees and other interested parties. The policy will be re-enforced and implemented through the day to day actions of managers. Copies of the policy are available from the Halton Hub.

The policy will be reviewed to ensure its continued relevance and suitability as part of the ongoing management review activities. As a minimum, the document will be reviewed and updated every two years. The review will cover all sections of the policy and procedures documents to ensure that:

- The responsibilities reflect the current staffing of NHS Halton CCG
- The organisational arrangements stay the same; and
- The document reflects changes to legislation

The policy will also be reviewed as necessary if there are changes in legislation, appointments or working methods.

1.1 Health and Safety Audit and Review

The organisation will ensure that regular Health and Safety audit reviews and reviews of Fire Risk Assessments are undertaken to ensure that this policy remains relevant and is being implemented. Reviews will assess whether employees:

- Understand and are carrying out all the responsibilities in the policy
- Are following the procedures in the policy, which are still effective
- Are keeping and compiling any necessary records
- Are preparing all the necessary reports and sending them to the relevant people within NHS Halton CCG

The review will also assess:

- Management and employee attitudes to health & safety.
- The effectiveness of the training carried out and the need for more training.
- The effectiveness of the policy to reduce the incidence of accidents or near misses, dangerous occurrences and ill health in the workplace.
NHS Halton CCG will comply with relevant Health and Safety Acts and Regulations, together with industry standards and best practice relevant to NHS Halton CCG operations.

Occupational health and safety policy and arrangements will be proportionate to the level of risks arising from NHS Halton CCG activities.

NHS Halton CCG accepts the duty to prevent injury and ill health to employees, visitors, contractors and temporary workers, as well as any members of the public who might be affected by NHS Halton CCG operations.

This policy will be communicated to all employees and stakeholders who may be affected by NHS Halton CCG operations. In order to ensure that information about how risk will be managed reaches those exposed to risk, Health and Safety policies and procedures have been developed for our activities. All relevant information is available from the Halton Hub.

The key health and safety objective is to minimise the number and severity of instances of occupational accidents and illnesses and ultimately achieve an accident-free workplace and activities.

All employees will be provided with relevant equipment, information, training and supervision.

Each individual is responsible for taking reasonable care of their own and other people's welfare and to report any situation which may pose a threat to the well-being of any other person.

Finances and resources reasonable to implement this policy will be made available.

All significant work-related injuries, incidents and near misses will be reported, investigated and recorded. Accident and investigation records are crucial to the effective monitoring and revision of the policy and must therefore be accurate and comprehensive.

NHS Halton CCG is committed to continual improvement in performance related to the way that safety and health risks are managed. Our Health and Safety Policy will be continually monitored and updated every two years, or when there are changes in the nature and scale of NHS Halton CCG operations.

The specific arrangements for the implementation of the Policy and the personnel responsible are detailed in our Health and Safety Policy and Procedures document.

Simon Banks, Chief Officer
Signed on behalf of NHS Halton CCG
13th April 2016
1.3 Key Legal Duties

Legal Responsibilities of Employers

The key responsibilities of employers under health and safety legislation are to:

- Produce and maintain a written Health and Safety policy
- Assess risks to employees, customers and others who could be affected by work activities
- Arrange for effective planning, organisation, control, monitoring and review of preventive and protective measures
- Ensure access to competent Health and Safety advice
- Consult employees about their risks at work and current preventive and protective measures.

Legal Liability of the Executive Management Team (EMT) for health and safety failings

Further to the general responsibilities of employers, EMT members have the following legal liabilities:

- If a Health and Safety offence is committed with the consent or connivance, or is attributable to the neglect of any director, manager or other similar officer of the organisation, then that person (and the organisation) can be prosecuted under Section 37 of the Health and Safety at Work Act 1974
- Those found guilty are liable to fines, and in some cases imprisonment. In addition the court can disqualify an individual under the Company Directors Disqualification Act 1986
- Individual directors are also liable for the common law offence of gross negligence manslaughter, where the grossly negligent behaviour of individuals causes death.

Corporate Manslaughter and Corporate Homicide Act 2007

The principle elements of the Corporate Manslaughter Act which came into force on 6th April 2008 are:

- It is an offence if the way in which an organisation manages or organises its activities cause a death, amounts to a gross breach of a duty of care to the deceased
- A substantial failure must have been at a senior level
- Senior level means the people who make significant decisions about the organisation
- An organisation found guilty will be subject to an unlimited fine
- The courts may issue a publicity order (requires the organisation to publish details of conviction and fine) and a remedial order (requires the organisation to take steps to address the failures behind the death)
- The organisation and not individuals will be prosecuted.

Corporate manslaughter will normally be considered in the context of involuntary manslaughter by means of gross negligence. There are a wide variety of circumstances in which consideration may need to be given to indicting a company for manslaughter arising out of its operations. The victims of fatal accidents may be employees or customers of the company in question or members of the public.

Common examples are:

- Work-related fatal accidents arising out of unsafe systems of work
- Fatal accidents resulting from the provision of unsafe goods or services
Fatal road traffic accidents in cases where company vehicles or working procedures are unsafe.

A director or senior manager can be prosecuted both for what he/she knows might be a neglect of duty leading to a company committing an offence, and also for what he ought to have known would be neglect. Senior Managers must understand their duties, and what they need to do to comply with Health and Safety law. They need to be able to show that they have taken all reasonable steps to manage risks, and have effective health and safety management systems in place, including arrangements for involving their workforce.

**Gross Breach**

- The organisation’s conduct must have fallen far below what could have been reasonably expected
- Judges will have to take into account any health and safety breaches by the organisation – and how serious and dangerous those failings were.

**Duty of Care**

A duty of care exists for example in respect of the:

- Systems of work and equipment used by employees
- The condition of worksites and other premises occupied by an organisation
- Products or services supplied to customers.

The Act does not create new duties – they are already owed in the civil law of negligence and the new offence is based on these.

**Corporate Manslaughter Act in practice**

Although the Corporate Manslaughter Act should not make any difference for organisations like NHS Halton CCG, who are effectively managing risk, the recent rise in the number of cases filed for prosecution means that the implications of the Act need to be recognised as part of good health and safety management practices.

The police will certainly be carrying out more investigations under the Act and if they feel there are gross management failings they will consider prosecution, involving the HSE as appropriate. A particular area that may be tested in the courts will be occupational road risk and this could impact on otherwise low-risk organisations that have people who drive for work.

**1.4 Leading Health & Safety at Work**

The HSE’s guidance on managing for health and safety model is based on ‘Plan, Do, Check, Act’ approach.

The move towards Plan, Do, Check, Act achieves a better balance between the systems and behavioural aspects of management. It also treats health and safety management as an integral part of good management generally, rather than as a stand-alone system.
The fundamental principles of the guide are as follows:

<table>
<thead>
<tr>
<th>Plan</th>
<th>The Governing Body should set the direction for effective health and safety management.</th>
</tr>
</thead>
<tbody>
<tr>
<td>check</td>
<td>Monitoring and reporting are vital parts of a health and safety culture.</td>
</tr>
<tr>
<td>do</td>
<td>Introduce management systems and practices that ensure risks are dealt with sensibly, responsibly and proportionately.</td>
</tr>
<tr>
<td>act</td>
<td>A formal Governing Body review of health and safety performance is essential.</td>
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</table>

**Plan**

**Core actions of the EMT:**

- Think about where you are now and where you need to be
- Say what you want to achieve, who will be responsible for what, how you will achieve your aims, and how you will measure your success. This is documented in this Health and safety Policy
- How you will monitor your performance
- Consider fire and other emergencies. Co-operate with anyone who shares your workplace and co-ordinate plans with them
- Being aware of any legal changes and identifying if they apply
- Decide how best to communicate, promote and champion health and safety.

**Do**

**Core actions of the EMT:**

- Identify your risk profile
- Assess the risks, identify what could cause harm in the workplace, who it could harm and how, and what you will do to manage the risk
- Decide what the priorities are and identify the biggest risks
- Organise your activities to deliver your plans
- In particular, aim to:
  - Involve workers and communicate, so that everyone is clear on what is needed and can discuss issues – develop positive attitudes and behaviours
Provide adequate resources, including competent advice where needed
Implement your plan
Decide on the preventative and protective measures needed and put them in place
Provide the right tools and equipment to do the job and keep them maintained
Train and instruct, to ensure everyone is competent to carry out their work
Supervise to make sure that arrangements are followed

Check

Core actions of the EMT:

- Measure your performance
- Make sure that your plans have been implemented, ‘paperwork’ on its own is not a good performance measure
- Assess how well the risks are being controlled and if you are achieving your aims
- Investigate the causes of accidents, incidents or near misses

Act

Core actions of the EMT:

- Review your performance
- Learn from accidents and incidents, ill health data
- Revisit plans, policy documents and risk assessments to see if they need updating
- Take actions on lessons learned, including from audit and inspection reports

2.0 Health & Safety Responsibilities

NHS Halton CCG Management Structure for Health & Safety

The following chart represents the management organisation and responsibilities for health & safety within NHS Halton CCG.
2.1 Chief Officer

The Chief Officer is responsible for setting health & safety policy. They make sure that all risks are properly managed and resourced (that is, where necessary, adequate funding is made available to reduce the risk) and that they have the support of other EMT members to carry out their duties.

The Chief Officer has delegated Health and Safety duties to the EMT while keeping overall responsibility.

2.2 Executive Management Team

The EMT has accepted the duties from the Chief Officer and will carry out these duties by making sure that:

- Health & Safety performance is reviewed regularly
- The health & safety policy statement reflects current organisation priorities
- The management systems allow health & safety performance to be reported effectively
- They are kept informed about significant health & safety failures and the outcome of the investigations into their causes
- The Team addresses the health & safety implications of all its decisions
- Adequate funds are made available to meet the requirements of the policy
- The appropriate insurance cover is provided and maintained
- A statement on health & safety is included in NHS Halton CCG annual report
- There is time at appropriate meetings, including EMT meetings, to discuss health & safety
- Displaying the Health and Safety Law poster, a copy of NHS Halton CCG Health and Safety Policy Statement and Employer’s Liability Certificate
- Ensuring the site(s) has adequate fire marshals and first aiders at all times
- Ensuring that any actions arising from the health and safety audits are addressed.

2.3 Heads of Service and Line Managers

The manager's health & safety responsibilities are to make sure that:

- Any health & safety objectives highlighted through risk assessment are met and standards are monitored within their area of responsibility
- Completing the H&S Induction Checklist for new starters and long-term temporary employees, warn new employees about known dangers – Appendix 1
- Employees in their area of responsibility are provided with a working environment that is, as far as possible, safe and without risk to health, with adequate facilities and arrangements for welfare at work
- Training, supervision, instruction and information is provided to employees in health & safety procedures and policies, as necessary
- Immediate and appropriate steps are taken to investigate and deal with any risks to health & safety arising from work activities in their area of responsibility
- Any health & safety issues are brought to the immediate attention of senior management, as necessary
- All accidents and near misses are properly recorded and reported and an investigation is carried out to identify the causes
- Safe access to and from the workplace is maintained at all times
- All employees receive adequate and appropriate health & safety training in their tasks.
Throughout this policy, ‘management’ means the person in charge of the work area, no matter what their actual title. Also, the responsibilities outlined above should apply no matter whether the area of control is a department, team and so on.

2.4 Employees

The employees’ health & safety responsibilities are to make sure that they:

- Understand the health & safety policy and appreciate their responsibilities
- Do not put themselves or other people at risk through their actions or failure to act
- Act responsibly at all times
- Do not abuse the welfare facilities
- Co-operate on all aspects of health, safety and welfare
- Follow the requirements of the health & safety policy
- Tell management about any change to their state of health, either temporary or permanent, which might affect their working ability or their suitability to carry out any particular task or tasks
- Work in line with the information and training provided by the line manager
- Do not misuse or interfere with anything that has been provided for health & safety reasons
- Report any accident or near miss, however small, to their manager and fill in the online Incident Form (Datix)
- Undertake NHs Halton CCG’s Health & Safety and Fire mandatory training modules

2.5 Subcontractors (including NHS Property Services)

- All work must be carried out in line with the regulations relating to the work activity and take account of the safety of others on the site and the general public
- All plant or equipment brought on to site by subcontractors must be safe and in good working condition. It must also be fitted with any necessary guards and safety devices, and have any necessary certificates available for checking. The subcontractor must give the Health and Safety Lead information and assessments on noise levels of plant, equipment or operations before work starts
- All electrical equipment must meet the latest British Standards for industrial use, and be in good condition
- Subcontractors must report any injury or damage caused by their employees to the Health and Safety Lead
- Subcontractor’s employees must follow any safety instructions that the Health and Safety Lead gives them
- Any material or substance brought on site, which has health risks, must be used and stored in line with regulations and current recommendations. Subcontractors must carry a risk assessment on any substance or process that could harm health, and give the risk-assessment report to the Health and Safety Lead before works start
- Subcontractors must keep workplaces tidy and clear away all rubbish, waste materials and so on as work proceeds
- Subcontractors carrying out high-risk activities must give us a detailed method statement. The method statement must be agreed with the Health and Safety Lead before work starts and copies must be available on site so that everyone can keep to the agreed method statement. In addition, for activities such as roof work, live electrical work, and hot work, a permit to work system must be used and this will be managed by the NHS Property Services nominated authorised person.
2.6 Competent Persons

The Health and Safety Lead fulfils the role of Competent Person and is responsible for co-coordinating health and safety activities and for acting as the primary source of health and safety advice. The role of the Competent Person may include:

- Administering the accident investigation and reporting procedure
- Liaising with Enforcement Authorities, Insurers and other external bodies
- Submitting reports as required by Reporting of Injuries, Diseases and Dangerous Occurrences regulations
- Co-coordinating the health and safety inspection programme
- Identifying health and safety training needs
- Providing or sourcing health and safety training
- Identifying the implications of changes in legislation or HSE guidance
- Preparing/submitting progress reports on an annual health and safety action programme
- Sourcing additional specialist health and safety assistance when necessary
- Keeping and maintaining the Health and Safety Policy Manual and updating with any new procedures when given
- Recording any hazardous substances and materials and carry out workplace assessments where appropriate.

2.7 Fire Marshalls

Fire Marshals will:

- Participate in all required fire marshal training
- Know who works in their allotted area
- Ensure that all employees in their area are familiar with their assembly points, and nearest escape routes

2.8 First Aiders

All first aiders must have the necessary training and qualifications, as evidenced by a current First Aid Certificate. It is the responsibility of all first aiders to maintain a valid certificate of competence and to advise their manager when it is due to expire. The first aider will also keep a record of training and qualifications. The list of first aiders and their locations are displayed on notice boards. All information of a personal nature obtained in the course of first aid duties will be treated as confidential.

First aiders will:

- Act in accordance with their training at all times
- Summon further medical help where necessary
- Look after the casualty until recovered or further medical assistance has arrived
- Ensure their own safety at all times
- Record all treatments for which they are responsible, with specific details of the injury or other reason for treatment
- Encourage the injured party to complete an incident form (via Datix)
- Provide witness statements for the treatment provided where appropriate
Ensure that the First Aid Box for which they are responsible, at the first aid point at which their name is affixed, is appropriately stocked and maintained in a clean, tidy condition, obtaining replacement items as necessary

- Keep their manager informed of annual leave dates, wherever possible

### 2.9 Committee Structure

![Committee Structure Diagram]

The CCG Team Meetings

Four times per year the Team Meeting will focus on health & safety and will provide an opportunity for representatives to confer with senior management on health and safety issues. Typically, the topics covered by the Forum are to:

- Identify and prioritise safety issues
- Identify training requirements for employees
- Review safety records including accidents and incidents
- Agree changes in working practices, if required
- Review the implications of any changes in Health and Safety Legislation.

The Health & Safety Lead will attend these meetings and will report to the Integrated Governance Committee who in turn reports to the Governing Body. The Chief Officer sits on all three groups, therefore allowing information to flow both ways.

### 3.0 Site Information & Contacts

#### 3.1 Head Office Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>NHS Halton CCG</th>
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<tbody>
<tr>
<td>Address</td>
<td>Runcorn Town Hall, Heath Road, WA7 5TD</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>01928 593475</td>
</tr>
<tr>
<td>Health &amp; Safety Contact</td>
<td>Andy Collins, Health and Safety Lead</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:Andy.collins1@nhs.net">Andy.collins1@nhs.net</a></td>
</tr>
<tr>
<td>No of Locations</td>
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### 3.2 Site Information

<table>
<thead>
<tr>
<th>Address 1</th>
<th>Alexandra Business Park, 2nd Floor, Court Building, Prescot Road, St Helens WA10 3TP</th>
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<tbody>
<tr>
<td>Telephone No.</td>
<td>0151 495 5469</td>
</tr>
<tr>
<td>Health &amp; Safety Contact</td>
<td>Andy Collins, Health and Safety Lead</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:andy.collins1@nhs.net">andy.collins1@nhs.net</a></td>
</tr>
<tr>
<td>Address 2</td>
<td>Municipal Buildings, Kingsway, Widnes WA8 7QF</td>
</tr>
<tr>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Health &amp; Safety Contact</td>
<td>Andy Collins, Health and Safety Lead</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:andy.collins1@nhs.net">andy.collins1@nhs.net</a></td>
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### 3.3 Health & Safety Contacts

<table>
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<th>Position</th>
<th>Name</th>
<th>Telephone</th>
<th>E-Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Safety Lead</td>
<td>Andy Collins</td>
<td>07943 865456</td>
<td><a href="mailto:andy.collins1@nhs.net">andy.collins1@nhs.net</a></td>
</tr>
<tr>
<td>Head of Corporate Services</td>
<td>Angela Delea</td>
<td>01928 593794</td>
<td><a href="mailto:Angela.delea@haltonccg.nhs.uk">Angela.delea@haltonccg.nhs.uk</a></td>
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<tr>
<th>Area</th>
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<tr>
<td>First Aiders</td>
<td>Michelle Jevons (or nurses on site in the office)</td>
<td>0151 511 8911</td>
</tr>
<tr>
<td>First Marshals</td>
<td>Faye Woodward Natalie Vinton Paula Dickinson</td>
<td>01928 593008 01928 593724 01928 593792</td>
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### 3.4 Health & Safety Documentation

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<td>Incident Form</td>
<td>Datix electronic information system</td>
<td>Health and Safety Lead</td>
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<td>Accident reporting procedures/records</td>
<td>Health &amp; Safety Manual/Datix</td>
<td>Health and Safety Lead/CMCSU</td>
</tr>
<tr>
<td>Asbestos records</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Annual Audit reports</td>
<td>ML CSU</td>
<td>Health and Safety Lead</td>
</tr>
<tr>
<td>Building maintenance records</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Claims experience – E.L./Property Damage</td>
<td>Bevan House</td>
<td>Locality Lead</td>
</tr>
<tr>
<td>Cleaning schedule records</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Document Description</td>
<td>Responsible Party</td>
<td>Responsible Unit</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>COSHH Assessments/Material Safety Data Sheets</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Dimensional site plan showing Buildings &amp; Plant</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Display screen equipment workstation</td>
<td>ML CSU</td>
<td>Health and Safety Lead</td>
</tr>
<tr>
<td>Electrical maintenance/PAT records</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Emergency lighting records</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Employer’s Liability Certificate</td>
<td>CCG Head Office</td>
<td>Lead Nurse</td>
</tr>
<tr>
<td>Enforcement/Improvement notices</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Fire alarm service records</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Fire alarm test records</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Fire evacuation records</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Fire extinguisher records</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Fire Risk Assessment</td>
<td>Halton Council / Property Services</td>
<td>Head of Corporate Services</td>
</tr>
<tr>
<td>Fire Marshals list</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Fire/emergency evacuation procedure/training</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>First aid procedure/facilities</td>
<td>H &amp; S Manual</td>
<td>Head of Corporate Services</td>
</tr>
<tr>
<td>First Aiders/Appointed Persons (qualified) list</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>H&amp;S at Work Act poster</td>
<td>CCG Head Office</td>
<td>Head of Corporate Services</td>
</tr>
<tr>
<td>H&amp;S inspection reports</td>
<td>ML CSU</td>
<td>Health and Safety Lead</td>
</tr>
<tr>
<td>H&amp;S organisation/chart</td>
<td>H&amp;S Manual</td>
<td>Head of Corporate Services</td>
</tr>
<tr>
<td>H&amp;S policy/procedures</td>
<td>H&amp;S Manual</td>
<td>Head of Corporate Services</td>
</tr>
<tr>
<td>H&amp;S Representatives/Co-ordinators list</td>
<td>H&amp;S Manual</td>
<td>Head of Corporate Services</td>
</tr>
<tr>
<td>H&amp;S training records</td>
<td>CCG Head Office</td>
<td>Head of Corporate Services</td>
</tr>
<tr>
<td>Historical data – Accidents</td>
<td>ML CSU</td>
<td>Health and Safety Lead</td>
</tr>
<tr>
<td>Historical data – Incidents – Fire/explosions/damage/spillage/releases</td>
<td>ML CSU</td>
<td>Health and Safety Lead</td>
</tr>
<tr>
<td>Incident/near miss reporting procedures/records</td>
<td>H&amp;S Manual</td>
<td>Health and Safety Lead</td>
</tr>
<tr>
<td>Lift maintenance testing/records</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Lighting maintenance records</td>
<td>Halton Council</td>
<td>Halton Council</td>
</tr>
<tr>
<td>Minutes of Health and Safety Forum</td>
<td>CCG Head Office</td>
<td>Head of Corporate Services</td>
</tr>
<tr>
<td>Work equipment testing/records</td>
<td>CCG Head Office</td>
<td>Head of Corporate Services</td>
</tr>
</tbody>
</table>
4.0 Policies and Procedures

This section contains the management policy for specific health & safety topics. Some of the policies are explained in more detail in an associated procedure.

4.1 Risk Assessment Policy

Identifying potential hazards and managing risks to safety and health is essential in ensuring that a safe working environment is maintained. Risk assessment is fundamental to all health & safety requirements and standards.

Risk assessments identify any risks to the health and safety of employees and others affected by NHS Halton CCG activities. As part of the risk assessment process, control measures should be put in place to either remove or reduce risk to health & safety from the workplace.

To comply with legislation, Line Managers and Team Leaders must complete written risk assessments on activities that could, or do, present a significant health and safety risk to either NHS Halton CCG employees or others affected by NHS Halton CCG activities. These assessments will be carried out where the risk is likely to be encountered, and measures will be taken to make sure that the people at risk are informed about the assessment findings and precautionary measures to be taken. Risk assessments will be reviewed if no longer valid, or if there has been a significant change in the matters that the assessment relates to.

Sources:
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at work Regulations 1999

4.1.a Risk Assessment Procedure

A risk assessment is the careful examination of what could cause harm to people whilst at work. The overall aim should always be to ensure that enough precautions have been taken to prevent harm from happening. The Health & Safety Executive (HSE) defines a risk assessment as a process involving the identification of hazards arising out of work activities and evaluating the extent of the risks involved, taking into account the existing precautions and their effectiveness.

A hazard is something with the potential to cause harm, which includes substances, equipment, work methods, the work environment and other aspects of work organisation.

A risk is the likelihood of potential harm from a hazard being realised. The extent of the risk will depend on:

- The likelihood of harm occurring
- The potential severity of that harm, i.e. of any resultant injury or adverse health effect
- The population that might be affected by the hazard, i.e. the number of people who might be exposed
The HSE give further guidance on how a risk assessment should be carried out and this is summarised in Figure 1.

Figure 1 – Risk Assessment Process

When a risk has been assessed by line managers and team leaders, they should use the principles of prevention, control and protection in the following order:

- Avoid risks if possible
- Tackle risks where they appear
- Change the method of work to suit the individual
- Use technological developments
- Include risk control measures in procedures within an overall planned structure to reduce risks
- Give priority to controls which cover the whole workforce or activity
- Provide information and training to employees and self-employed people
- Confirm that the control measures identified by the risk assessment are effective

4.1.b  Risk Evaluation

To make sure that the greatest risks are tackled first, you need to be able to rank those risks. To do this, you need to judge both the likelihood of damage happening (the probability) and the potential damage that would happen if the worst happened (the severity). By giving a value to each task’s probability and severity, and multiplying those together, that task has its own risk.

You should consider the following issues as well as the work activity.

- The number of people exposed
- How often and for how long people are exposed to the hazard
- The failure of services, plant, machinery parts and safety devices
- Exposure to the weather
- Protection from personal protective equipment
- Unsafe acts (unintended mistakes or breaking procedures deliberately)

These estimations should normally take account of all the people exposed to the hazard. So, any hazard is more serious if it affects more people. But some of the larger risks may be associated with an occasional task carried out by just one person.
Once the hazards and the personnel at risk have been identified, the next stage in the risk assessment process is to evaluate the level of risk. This is an important part of the risk assessment process because it allows the assessor to prioritise where appropriate control measures need to be taken.

Risk may be defined as the probability that harm will occur and it may be evaluated by determining the product of the severity of harm and the probability of that harm occurring. This evaluation may be done subjectively by judging from experience that, for example, there is a high, medium or low risk. However, in order to better quantify the level of risk a numerical risk estimator may be used.

**Probability x Severity = Risk Level**

For each hazard, the severity and probability of harm occurring is decided and the risk estimator model indicates a risk rating of Low, Medium or High. Any precautions or control measures already in place are taken into account. Tables 1 and 2 show the definitions of probability and severity.

Table 1 – Probability of Harm Occurring

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Certain</td>
</tr>
<tr>
<td>4</td>
<td>Likely</td>
</tr>
<tr>
<td>3</td>
<td>Possibly</td>
</tr>
<tr>
<td>2</td>
<td>Unlikely</td>
</tr>
<tr>
<td>1</td>
<td>Rare</td>
</tr>
</tbody>
</table>

Table 2 – Severity of Harm

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Fatal</td>
<td>Single or multiple fatalities.</td>
</tr>
<tr>
<td>4</td>
<td>Major harm</td>
<td>Resulting in major injuries and ill health that are RIDDOR reportable.</td>
</tr>
<tr>
<td>3</td>
<td>Serious harm</td>
<td>Resulting in significant injuries and ill health including 7-day RIDDOR reportable</td>
</tr>
<tr>
<td>2</td>
<td>Minor</td>
<td>Requiring first aid only</td>
</tr>
<tr>
<td>1</td>
<td>No harm</td>
<td>Near miss incidents</td>
</tr>
</tbody>
</table>

The risk estimator shown in Table 3 is then used to evaluate the risk.
Table 3 – Risk evaluation matrix

<table>
<thead>
<tr>
<th>Risk Estimator</th>
<th>Severity</th>
<th>1 No Harm</th>
<th>2 Minor Harm</th>
<th>3 Moderate Harm</th>
<th>4 Serious Harm</th>
<th>5 Fatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Very likely</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>4 Probable</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>3 Possible</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>2 Remote</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>1 Improbable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

In order to prioritise where action needs to be taken to reduce risk, the risk evaluations are grouped into high, medium and low risks as shown in Table 4.

Table 4 – A simple risk-based control plan

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Action and timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Risk control measures must be implemented to reduce the risk ‘as low as is reasonably Practicable’ (ALARP). Action to reduce the risk should be given top priority with senior management</td>
</tr>
<tr>
<td>Medium</td>
<td>Cost-effective risk control measures should be implemented to reduce the risk to a level that is ALARP</td>
</tr>
<tr>
<td>Low</td>
<td>The risk is considered acceptable and no additional risk control action is normally required. Cost-effective risk control measures may be implemented to further reduce the risk with</td>
</tr>
</tbody>
</table>

4.1.c The Risk-Assessment Form

The main part of the risk assessment form is shown in Figure 2 at the end of this section. The full risk assessment form is available as a separate document under the Health and Safety forms section on NHS Halton CCG shared file area.

Relevant information needs to be gathered on the risks and hazards of the task being assessed. The risk assessment form assists in this process creates a written record of that assessment process.

The first part of the form is used to record the date of assessment, review date, description of the task to be assessed, the department or area and who may be exposed to the hazards.

Hazard Identification and Risk Assessment

The hazards need to be considered - in doing this, it is important that employees who work in the area are consulted and any existing documentation that may have a bearing on the risk assessment taken into account (e.g. documented procedures and policies, equipment used, services used (electricity, gas etc.) and maintenance procedures).
Once the hazards for the task have been identified you should then decide what the potential harm from the hazards is and what existing control measures are in place. An example is given in Table 5.

Table 5

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Potential Harm</th>
<th>Existing Risk Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using computer workstations in a poor posture</td>
<td>Repetitive strain injury</td>
<td>Induction training given</td>
</tr>
<tr>
<td>Lifting heavy files on to shelving</td>
<td>Injury, especially to the lower back</td>
<td>None</td>
</tr>
</tbody>
</table>

For each hazard the level of risk is estimated taking into account the existing control measures. So for the above two examples see Table 6 below:

Table 6

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Probability</th>
<th>Severity</th>
<th>Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using computer workstations</td>
<td>4</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Lifting heavy files</td>
<td>4</td>
<td>4</td>
<td>16</td>
</tr>
</tbody>
</table>

4.1.d Additional Risk Control Measures

For each hazard with a medium to high risk, additional action needs to be considered that will reduce the risk as shown in Table 7.

Table 7

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Additional Control Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using computer workstations incorrectly</td>
<td>1. Carry out full DSE workstation assessment.</td>
</tr>
<tr>
<td></td>
<td>2. Ensure corrective actions implemented.</td>
</tr>
<tr>
<td>Lifting heavy files on to shelving</td>
<td>1. Use trolleys to transport files.</td>
</tr>
<tr>
<td></td>
<td>2. Use steps to gain access to shelves.</td>
</tr>
<tr>
<td></td>
<td>3. At risk staff to carry out manual handling</td>
</tr>
</tbody>
</table>

With these new control measures in place the risk is re-assessed as shown in Table 8 below.

Table 8

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Probability</th>
<th>Severity</th>
<th>Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using computer workstations</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Lifting heavy files</td>
<td>2</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>
It can be seen that in this example the risk will be reduced in both of the examples. In some situations, it may not be possible to reduce the risk to a low level and a medium risk can be accepted provided that employees are fully informed of the level of risk and protective measures in place. A high residual risk must not be accepted. The person responsible for carrying out or implementing the additional control measures completes the relevant section of a Risk Assessment Form (Appendix 2), which includes a target completion date.

**Communication**

After the risk assessment has been completed, it is essential that employees who are carrying out the task are informed of the protective and preventive risk control measures. There is a section on the risk assessment form (Appendix 2) for recording how and when information is given.

**Review**

The risk assessment should be reviewed by the line manager, if there are any changes that may affect the level of risk, such as change in the numbers of people exposed to the hazards, or removal or failure of risk control measures. The EMT should review all new and updates to existing risks on the risk register. It should also review, annually, risks that have remained for long periods of time. Risks will then be reported to the Integrated Governance Committee for oversight and recommendations.

### 4.2 Accident and Incident Investigation and Reporting Policy

An **accident** is an unplanned and unwanted event that causes physical harm (injury or illness or death) to a person or damage to property (or both).

An **Incident** is an unplanned or unwanted event that does not cause physical harm or damage, but could have done so.

The employee must report all accidents and incidents to a supervisor or manager as soon as possible. All accidents, however small, must be recorded on an Incident Form (via Datix through the following link below; [https://nww.datix.cheshiremerseysidecsu.nhs.uk/datix/datixnew/index.php?form_id=6&module=IN_C](https://nww.datix.cheshiremerseysidecsu.nhs.uk/datix/datixnew/index.php?form_id=6&module=IN_C)). The incident form will be reviewed and any necessary investigations will be completed by a competent person or Health & Safety Lead.

If NHS Halton CCG staff are involved in an accident/incident on Halton Council premises then they must also complete an incident form with Halton Council. These incidents will be investigated jointly by the contact for Halton Council and the Health and Safety Lead for the CCG.

The regulations (Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)) set out the circumstances under which NHS Halton CCG must tell the relevant authority (normally by phone) and send them a written report using F2508 within 15 days of the event. These are:

- death at work
- specified injury at work
- a person who was injured at work but at the time of their death they were either at home or in hospital; and
- a dangerous occurrence
Over 7 Day Injury
If an employee cannot return to normal duties as a result of an injury at work for more than seven days in a row (including weekends), NHS Halton CCG will send a report to the relevant authorities within 15 days of the event.

If an employee suffers from an occupational disease, it must be reported immediately to the relevant authority on form F2508A. The disease must only be reported if the Health and Safety Lead has received a written statement of diagnosis of the employee from a doctor.

Records of accidents and injuries will be kept for three years from the date they were made.

Sources:
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

4.2.a Incident Investigation Procedure

The procedures set out below must be followed if any employees suffer any of the following types of injury:

- Injury that causes death
- Specified injury (including fractures, amputations, loss of eyesight, hospitalisation for 24 hours or more and so on (detailed on page 22))
- An injury resulting in the employee being absent for seven days (including weekends) or more
- Occupational illness or disease (including dermatitis, permanent cramp due to repetitive movements and carpal tunnel syndrome (detailed on page 22))
- Any other incident resulting in damage to property or injury to employees or members of the public

Employees must report the incident to their manager as soon as possible. It must be recorded on an incident form (which is available via Datix).

The details that must be recorded in the Incident Form are:

- The name of the person suffering the injury
- The date and time of the injury
- The name of the person reporting the injury
- The cause of the injury
- Any action taken as a result of the injury
- The nature of the injury (for example, which part of the body is affected)

The incident must be reported to the Health and Safety Lead, who will decide if the incident should be reported to the enforcing authority. If so, the Health and Safety Lead will fill in the necessary details on the official reporting form (F2508, F2508A, and so on) and send it to the enforcing authority within the time period set by law.

Seven-day accidents (accidents resulting in the injured person being unable to work for seven consecutive days) must be reported (within 15 days) to the HSE (or to the local authority’s environmental health department) that serves the area where the accident happened.

Serious incidents (those which can be reported immediately without waiting for seven days) must be reported by phone or fax to the HSE without delay.
Management will take the appropriate steps to make sure that:

- the incident is investigated as soon as possible
- the results of that investigation are recorded on the incident investigation form (Datix);
  and
- measures are put into place to prevent the incident happening again

If there is no line manager in the area at the time of the incident, the employee involved in the incident must report on the Incident Form and to management as soon as possible. A work colleague can do this for them if the injured person is unable to do this.

If a member of public (or other person who is not an employee) is injured as a result of a work activity by one of NHS Halton CCG employees (and that member of public is taken to hospital for treatment), the incident must be reported to the Health and Safety Lead without delay.

If an incident has happened which is classified as a dangerous event, the incident must be reported to management without delay, even if no-one was injured.

4.2.b Accident Management Procedure

Death or specified injury

If there is an accident connected with work and an employee (or a self-employed person working on the premises) is killed or suffers a specified injury, including as a result of physical violence, or a member of the public is killed or taken to hospital, the Health and Safety Lead will tell the enforcing authority without delay (for example, by phone). The Health and Safety Lead will send a filled-in accident report form (F2508) to the enforcing authority within 15 days.

Over-seven day injury

If there is an accident connected with work (including an act of physical violence) and an employee or a self-employed person working on the premises suffers an over-seven-day injury, the Health and Safety Lead will send a filled-in accident report form (F2508) to the enforcing authority within 15 days. An over-seven-day injury is one which is not a specified injury but results in the injured person being away from work or unable to do their normal work for more than seven days (including non-work days).

Occupational disease

If a doctor tells an employee that he or she is suffering from a work-related disease that needs to be reported, the Health and Safety Lead will send a completed disease report form (F2508A) to the enforcing authority.

Dangerous occurrence

If something happens which does not result in an injury that can be reported, but clearly could have resulted in an injury, it may be a dangerous occurrence which must be reported immediately (for example, by phone) to the enforcing authority. The Health and Safety Lead should be contacted to get a full list of the events which should be reported.

General

The Health and Safety Lead will be responsible for making sure that accidents are reported to the relevant enforcing authority within the time periods set by law, and is investigated in line with standard NHS Halton CCG procedure.
The Health and Safety Lead will also be responsible for checking whether accidents or injuries need to be reported by referring to the list of injuries, diseases or dangerous events in the Schedules to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. (There is a list of these at the end of this section.)

The NHS Halton CCG Lead will also be responsible for making sure that all employees have a copy of the NHS Halton CCG accident reporting procedures (and what can be reported).

Records will be kept of any injury, disease or dangerous occurrence that can be reported. This will include:

- the date and method of reporting;
- the date, time and place of the event;
- personal details of those involved; and
- a brief description of the nature of the event or disease

If action is needed to prevent the accident, injury, disease or dangerous occurrence happening again, the health and Safety Lead will be responsible for making sure that measures have been put in place as well as monitoring the measures to check they are effective.

Definitions of major injuries, dangerous occurrences and diseases that can be reported:

1) Specified injuries
The list of 'specified injuries' in RIDDOR 2013 (regulation 4 )includes:

- A fracture, other than to fingers, thumbs and toes
- Amputation
- Any injuries likely to lead to permanent loss of sight or reduction of sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) - covering more than 10% of the body and/or causing significant damage to the eyes, repertory system or other vital organs
- Scalping’s requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which: leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours

2) Occupational Diseases

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis
- Hand-arm vibration syndrome
- Occupational asthma
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

3) Dangerous Occurrences
Dangerous occurrences are certain, listed near-miss events. Not every near-miss event must be reported. There are 27 categories of dangerous occurrences that are relevant to all workplaces, for example:
4.3 Alcohol, Drugs and Substance Abuse

NHS Halton CCG will refuse entry to the workplace to anyone who arrives at work under the influence of drugs or alcohol. For their own safety, and that of their work colleagues and members of the public, any employee who believes that another is under the influence of drugs or alcohol should report this to their line manager immediately.

NHS Halton CCG will help employees who acknowledge their addiction by offering advice and guidance and encouragement to help them overcome it.

For further information please see your Local Human Resources Lead

4.4 Asbestos Policy

Asbestos is the collective name for a group of fibrous minerals which are mechanically strong and resistant to heat and chemicals. Asbestos has been used in a wide range of applications in the past because of its excellent thermal insulation, fireproofing and other physical and chemical properties.

Inhaling asbestos fibres can lead to asbestos related diseases – these are cancers of the lungs and chest. Asbestos does no harm provided it is in good condition and remains undisturbed. However, when it is disturbed or damaged it can release fibres into the air, which when inhaled can become a danger to human health.

Regulation 4, Control of Asbestos Regulations 2012, the duty holder (Halton Council) has a duty under the to carry out a risk assessment on work with or near asbestos materials or any material suspected as, or likely to contain, asbestos.

Responsibilities/Duties
In accordance with the Regulations Halton Council will:

- Determine the location of materials likely to contain asbestos
- Presume that materials contain asbestos unless there is evidence that they do not
- Make a written record (the Register) of the location of asbestos and suspected asbestos material and keep it up-to-date
- Keep a check on the condition of asbestos and suspected asbestos materials to ensure that they are not deteriorating
- Assess the risk of exposure from asbestos and suspected asbestos materials and record the action necessary to ensure that
any material known or suspected to contain asbestos that may create a risk of exposure (because of its state and location) is repaired or, if necessary, removed. This can only be conducted by approved and licensed contractors who will be monitored by the enforcing authority.

- any material known or suspected to contain asbestos is maintained in a good state of repair.
- information about the location and condition of material containing asbestos, or suspected to contain asbestos, is known and is given to anyone likely to disturb it.
- Prepare and implement a written management plan to control these risks and ensure that information about the location and condition of any asbestos is provided to any person who is liable to disturb it.

4.5 Communication and Consultation

Under the Health & Safety (Consultation with Employees) Regulations 1996, NHS Halton CCG must consult employees in good time on matters of health & safety in the workplace. NHS Halton CCG will tell all employees about any substantial measures NHS Halton CCG may introduce which can affect health & safety in the workplace, including:

- Appointing or naming people to co-ordinate emergency procedures and help with health & safety
- Planning and organising necessary health & safety training for employees and health & safety information
- Providing any health & safety information NHS Halton CCG have to provide to employees, under any relevant statutory provisions; and
- Assessing the health & safety consequences for employees of introducing (and planning) new technologies in the workplace.

By law, NHS Halton CCG must consult employees direct, or an elected representative of employee safety. If a representative of employee safety has been elected, management will tell employees the names of those representatives and the group of employees represented by those representatives.

As NHS Halton CCG is based within Halton Council building it is vital they the two organisations communicate effectively to share information around fire risk assessments, building risk assessments and emergency procedures etc. This information must be communicated in a two way process and then communicated to staff as appropriate.

For further information please see your Local Human Resources Lead.

Sources:
- The Health and Safety at Work Act 1974
- Health and Safety (Consultation with Employees) Regulations 1996
- The Management of Health and Safety at Work Regulations 1999
- Health & Safety (Consultation with Employees) Regulations 1996

4.6 Disabled or Temporarily Disabled Employees Policy

If persons with disabilities are employed, or where existing employees become disabled, it will be ensured that the workplace is adapted for their needs including arrangements to ensure their health, safety and welfare.
In the case of temporary disability such as a broken limb, it may be necessary to exclude the individual from the workplace if adaptations are not reasonably practicable in the short timescales involved.

When individuals have been issued with a fit note by a doctor, they are not permitted to work unless either the date to which they have been signed as unfit to work has been reached. If the fit note indicates they may be fit to work subject to certain conditions, relevant changes will be made, if necessary using occupational health advice. NHS Halton CCG ensures that the needs of disabled staff are taken account of within risk assessments and if necessary, undertake an individual risk assessment for the work of the particular employee, taking into account their abilities and disabilities.

A Personal Emergency Evacuation Plan (PEEP) to cover evacuation in the event of a fire emergency will also be carried out if necessary.

Sources:
- The Health and Safety at Work Act 1974
- The Management of Health and safety at Work Regulations 1999
- The Disability Discrimination Act 1995

4.7 Driving for Work Policy

NHS Halton CCG recognises that:

- A third of all deaths on the road are people driving for work.
- 53% of all crashes are people driving for work.
- 20 people are killed and 200-250 seriously injured every week.
- NHS Halton CCG is still liable if the employee is driving their own car whilst at work.

NHS Halton CCG is committed to ensuring that:

- All at risk drivers are identified.
- Driving risk assessments are carried out, considering the following: the driver, their health and fitness, the vehicle, maintenance of the vehicle, management policies and procedures, hours spent driving. The risk to employees who drive at/for work is minimised.

4.7.1 All Managers

NHS Halton CCG recognises that it has a legal duty in relation to driving at work under the Road Traffic Act. This duty is in relation to its ‘Grey Fleet’, a term used to describe those staff that use their own vehicle during the course of their employment as part of their work. This duty requires NHS Halton CCG to ensure that the staff member is legally eligible to drive and that certain checks should be performed at least annually.

4.7.2 Driving for work

NHS Halton CCG will ensure that occupational road risk is controlled by ensuring that effective arrangements and procedures are in place for managing the risks associated with:
The DRIVER – e.g. fitness to drive (including medical conditions that may affect driving, eyesight, Type 1 Diabetes), driving license, appropriate insurance/MOT if own vehicle, alcohol, drugs/medication, use of mobile phones etc

The JOURNEY – Including the need to drive, route planning and time pressures.

In most cases, the police will continue to take the lead on investigating road traffic incidents on public roads. HSE will usually only take enforcement action where the police identify that serious management failures have been a significant contributory factor to the incident.

If one of CCG employees is killed, for example while driving for work, and there is evidence that serious management failures resulted in a ‘gross breach of a relevant duty of care’, the CCG could be at risk of being prosecuted under the Corporate Manslaughter and Corporate Homicide Act 2007. There is more information on HSE’s website (www.hse.gov.uk/corpmanslaughter/faqs.htm).

Sources:
- The Health and Safety at Work 1974
- The Management of Health and Safety at Work Regulations 1999
- The Corporate manslaughter and Corporate Homicide Act 2007

4.7.3 Driving for Work Procedure

These guidelines outline what needs to be done to manage the risk when driving personal vehicles for work purposes.

Managers will ensure that their staff are legally able to drive on an annual basis. This will include checking the validity of the following:

- Ensure that the staff member has a current and full driving licence for the vehicle and task they are have been asked to perform
- Ensure that the staff member has an insurance certificate that allows them to perform such task e.g. business insurance included.
- Ensure that the staff members car has a valid MOT certificate, if more than three years old
- Ensure that the staff member has a valid road fund for use on public roads.

All of the above will be carried out at least annually during staff members annual performance review conducted by their line manager. Use Driving at Work Eligibility Form appendix 3 to complete this section.

Useful links:

Driving licence check at DVLA - https://www.gov.uk/check-driving-information


Car insurance

Whenever employees undertake a journey for NHS Halton CCG they must make sure they have business car insurance. When buying insurance, the purpose of your business journeys will need to be clarified, together with estimated yearly business mileage and who'll use the car clear to the insurance company, so that the appropriate level of cover is obtained.
Without the right business insurance employees won't be able to drive for NHS Halton CCG or claim any expenses.

**Driving within the law**

Vehicles should be driven within the requirements of the law and employees must not use the car in any way which could reflect badly on NHS Halton CCG. Employees should always:

- Have a full driving license
- Display a valid tax disc
- Have valid motor insurance certificate
- Make sure any car they drive is road worthy and legal at all times (e.g. car tyres are meet legal limits or above)
- Observe traffic signs and statutory speed limits
- Park sensibly and not breach any regulations
- Make sure they are not tired or under the influence of drugs or alcohol whilst in control of any car

Employees need to pay for any fines, court costs, administration fees and excesses on the motor insurance policy.

**Health and Safety whilst driving**

When planning any business journey, drivers should take into consideration the length of the journey and weather conditions. Drivers should also regularly check that:

- Tyre pressures are correct and tread depths are within the legal limits
- All fluid levels are topped up
- Brakes, lights and radiator/washer/fuel/oil levels in accordance with recommendations as found in the manufacturer’s guidelines

A guide called ‘Ten Vital Care Check for Staff’ has been produced for staff and can be found in appendix 4 at the end of this policy.

On long journeys it is recommended that the journey is planned with regular breaks to avoid monotony and prevent tiredness. Ideally a 15 minute break should be taken for every two hours of driving.

Whilst driving anything which may cause a lapse in concentration, or inability to maintain control of the car, should be avoided, such as reading a map, drinking, making/answering calls etc. Under the Road Safety Act penalty system, these all carry a mandatory three points and £60 fine.

**Smoking in vehicles**

Vehicles used for work are covered by smoking in the workplace legislation. During working hours, a personal vehicle used for business purposes also becomes a workplace. If using cars for business purposes employees should:

- not smoke in the car during work hours (this includes travelling to meetings/customers) if there is any possibility that someone other than you might drive/be a passenger in the car
- never smoke whilst carrying colleagues/customers or allow colleagues/customers to smoke in the car during work hours (even if all the occupants are smokers)
be aware the legislation covers second-hand smoke – that’s ‘old’ smoke produced prior to work hours.

Smoking in the car during work hours whilst on our business and carrying passengers or other colleagues, may result in a on the spot fine for the driver and NHS Halton CCG facing prosecution and liability for a fine of up to £2,500.

**Hand held devices**

Hand held mobile phone or other mobile devices should not be used to make or receive calls or send text or email whilst driving. The penalty under the Road Safety Act for doing so is an on the spot fine and a three point endorsement on a driving license, or even prosecution for dangerous driving, which may lead to imprisonment. Whilst driving it is recommended that they should be turned off or on silent.

**4.8 Display Screen Equipment (DSE) Policy**

NHS Halton CCG will meet the requirements of the Health & Safety (Display Screen Equipment) Regulations 1992 (DSE Regulations) by assessing health & safety risks, providing employees with suitable working conditions for working on DSE workstations (all alpha-numeric and graphic display screens, laptops, microfiche, process control screens and screens used to display line drawings, graphs, charts or computer generated graphics, but not television or film pictures) and to provide appropriate information and training.

In designing, selecting, commissioning and modifying software and in designing tasks using display screen equipment, NHS Halton CCG will ensure that:

- the software is suitable for the tasks
- the systems display information is in a format and at a pace which is adapted to operators, and
- The principles of software ergonomics are applied

**4.8.1 Display Screen Equipment (DSE) Procedure**

Display screen equipment has been associated with a range of physical symptoms, such as tiredness, stress, and pains in the arms. The workstation assessment form (appendix 5) should identify any possible problems with a person’s workstation before their health & safety is affected.

**Posture and good practice**

As each user is a different size and shape, they must help to organise their workstation by considering the following:

- Find the best working position, sit on the chair, then sit rigidly upright and relax a little. Now adjust the chair to support the back in this position
- Use a footrest if that helps
- Adjust the height of the chair so that when fingers are resting comfortably on the keyboard, the elbow is at an angle of about 90 degrees
- Leave 10 centimetres of workbench in front of the keyboard for resting hands
- Arrange the monitor in such a way that a window is not faced, or have a window as a background so the light does not reflect glare into the eyes
Halton Clinical Commissioning Group

- Adjust the screen height so that the top row of the characters on the screen is level with or just below eye level
- When copy typing, use a copy holder or some other device which allows you to look from the copy to the screen without having to move the head or neck too much. If the copy and screen are the same distance from the eyes, the eyes will not have to constantly change focus
- Leave enough space to get access to the DSE for any maintenance that may be needed
- Keep cables tidy at all times so they do not get in anyone’s way

Incorrect Posture  
Correct Posture

Work patterns

DSE equipment should not be used continually. It is not the length of the break taken that is important, but how often breaks are taken. Work patterns should be broken with other tasks so that there are regular rests from DSE usage.

Eye and eyesight tests

According to the guidance to the Display Screen Equipment Regulations 1992, there is no evidence that working with display screen equipment causes any permanent damage to eyes or eyesight. However, it may make users who already have eyesight problems more aware of them. This (and poor working conditions) may give some users temporary visual tiredness or headaches.

NHS Halton CCG recognises that eyesight problems that are not treated can make work at display screens more tiring or stressful than it should be, and that treating problems can improve comfort, job satisfaction and performance. In line with the Health & Safety (Display Screen Equipment) Regulations 1992, Midlands and Lancashire CSU will arrange for sight testing for employees who use display screen equipment. Staff requiring an eye sight test should contact the Corporate Services Business Manager for a voucher.
Display Screen Equipment – Things to look for

Workstation Equipment

Display Screen
- The characters on the screen shall be well-defined and clearly formed, of adequate size and with adequate spacing between the characters and lines
- The image on the screen should be stable, with no flickering or other forms of instability
- The brightness and the contrast between the characters and the background shall be easily adjustable by the operator or user, and also be easily adjustable to ambient conditions
- The screen must swivel and tilt easily and freely to suit the needs of the operator or user
- It shall be possible to use a separate base for the screen or an adjustable table
- The screen shall be free of reflective glare and reflections liable to cause discomfort to the operator or user

Keyboard
- The key board shall be tiltable and separate from the screen so as to allow the operator or user to find a comfortable working position avoiding fatigue in the arms or hands
- The space in front of the key board Body shall be sufficient to provide support for the hands and arms of the operator or user
- The key board Body shall have a matt surface to avoid reflective glare
- The arrangement of the key board and the characteristics of the keys shall be such as to facilitate the use of the key Governing Body
- The symbols on the keys shall be adequately contrasted and legible from the design working position

Mouse
Many of the principles which apply to the setting up and use of a key Governing Body also apply to pointing devices. The following are particularly relevant:

- Positioning – in general it is important to place the device so that it is fairly close to the midline of the user’s body, not out to one side. The aim is to avoid the arm becoming stretched out from the shoulder as if reaching. The mouse needs to be positioned close to the key board, on whichever side suits the user.
- Mouse mats – these are often helpful. They should have a smooth surface and be large enough to be suitable for the task. An incorporated wrist rest may help encourage a relaxed wrist posture.
- Buying new equipment – In purchasing new pointing devices, consider the device size, shape, handedness, number and position of buttons, ease of operation and user comfort.

Chair
- The work chair shall be stable and allow the operator or user easy freedom of movement and a comfortable position.
- The seat shall be adjustable in height.
- The seat back shall be adjustable in both height and tilt.
Correct Computer Workstation setup

Footrest
- A footrest shall be made available to any operator or user who wishes one.

Workstation Environment

Space
The workstation should be of sufficient size and designed so as to provide sufficient space for the user to change position and vary movements. There should also be enough space to allow easy and safe access to workstations.

Lighting
- Room lighting or task lighting should provide satisfactory lighting conditions
- There should be an appropriate contrast between the screen and the background environment, taking into account the type of work and the vision requirements of the operator or user
- Unwanted glare and reflections on the screen or other equipment should be prevented by coordinating workplace and workstation layout with the positioning and technical characteristics of the artificial light sources.

Reflections and Glare
- Workstations should be designed so that sources of light, such as windows and other openings, transparent walls, and brightly coloured fixtures or walls cause no direct glare and no distracting reflections on the screen
- Windows should be fitted with a suitable system of adjustable covering to attenuate the daylight that falls on the workstation
4.9 Electrical Safety Policy

Employees will under no circumstances attempt to install or repair sockets, plugs and tools or interfere with plant, appliances or electrical installations. These jobs will be undertaken by an authorised and competent person, either by contractors, agents or manufacturers called to the building.

NHS Halton CCG will ensure, through planned preventive maintenance carried out by NHS Property Services, that:

- mains supplies are inspected and checked for breaks, clean and tight connections and loading
- plant and equipment is maintained according to the manufacturers and installers guideline
- appropriate warning and safety signs will be posted alongside plant, equipment or supplies

In view of the dangers represented by electricity, it is extremely important that electrical work is undertaken only by those with the expertise (in the form of technical knowledge, experience, skills and competence) to do so, in all aspects of the job or task. Such work is often assigned to electrical engineers, and work must conform to the Regulations in every respect.

Sources:
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Electricity at Work Regulations 1989

4.9.1 Electrical Safety Procedure

All work on electrical equipment will be carried out by qualified engineers only. The engineers understand the terms used in this procedure, so this procedure is for information only for all other employees.

Under the Electricity at Work Regulations 1989, NHS Halton CCG must ensure that procedures for protecting the Health & Safety of employees are in place through NHS Property Services. It is essential that these regulations are followed.

All possible risks that might arise from using, or being near, electricity must be identified.

All devices must be visually checked by a competent person for damage to the cable, and all cable connections to the device and plug must be secure.

NHS Property services will assess how often devices need to be checked. A computer which does not move might only need checking every 2-3 years. However, an electric drill which is handled by its cable may need to be checked every shift.

**Installation**

Only a competent electrician may install an electricity supply.

**Authorised person**

All temporary electrical installations should be the responsibility of an authorised person who will accept the responsibility for the safety and use of the installation (and for any alteration or addition to it). That person’s name must be displayed near to the main distribution Governing Body. All electrical installations must be inspected and tested by a competent electrician before they are used.
Table 8 - Portable appliance testing in low risk environments

<table>
<thead>
<tr>
<th>Equipment</th>
<th>User Check</th>
<th>Formal Inspection</th>
<th>Combined Test and Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battery operated (less than 20 volts)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Extra low voltage (below 50V AC) e.g. telephone</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Desktop computers and VDU screens</td>
<td>No</td>
<td>2-4 years</td>
<td>No, if double insulated, otherwise up to 5 years</td>
</tr>
<tr>
<td>Fax machines, copies and items not hand-held and rarely moved</td>
<td>No</td>
<td>2-4 years</td>
<td>No, if double insulated, otherwise</td>
</tr>
<tr>
<td>Double-insulated items, not hand-held and moved</td>
<td>No</td>
<td>2-4 years</td>
<td>No</td>
</tr>
<tr>
<td>Double-insulated items, hand-held, e.g. some floor cleaners</td>
<td>Yes</td>
<td>6-12 months</td>
<td>No</td>
</tr>
<tr>
<td>Earthened equipment (Class 1) e.g. kettles</td>
<td>Yes</td>
<td>6-12 months</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Cables, leads and plugs connected to the above and mains voltage extension leads</td>
<td>Yes</td>
<td>6 months – 4 years depending on the equipment</td>
<td>1-5 years depending on the equipment it is connected to</td>
</tr>
</tbody>
</table>

### General electrical Safety

- Mains operated electrical equipment must not be used unless the use and operation is fully understood
- Light sockets should not be left without a bulb even if the circuit is known not to be live
- Electrical equipment should not be handled with damp hands
- Electrical equipment should not be repaired by unqualified persons

On discovering damage to electrical equipment or services, the damage should be isolated first by removing the apparatus, closing the room or area, and then reporting the damage.

### 4.10 Emergency Policy

To protect the safety of employees, and any other person, NHS Halton CCG will put procedures in place to tackle situations that could be, or are, dangerous. The individual emergency procedures in the procedures section set out clear guidance on when employees and others at work should stop work and how they should move to a place of safety. In some cases, the whole workplace will need to be evacuated. In other cases, it might mean some or the entire workforce moving to a safer part of the workplace.

NHS Halton CCG will appoint a number of competent people within the workplace to introduce those procedures which relate to evacuating any part of the workplace.

### Sources:

- The Health and Safety at Work Act 1974
- The management of Health and Safety at Work Regulations 1999
4.10.1 Emergency Procedure

Suitable and adequate fire and emergency procedures must be in place to make evacuation safer and to make sure that employee’s Health & Safety is not put at risk. NHS Halton CCG has the following procedures in place:

**Bomb (real or hoax)**
If a bomb (real or hoax) is discovered or threatened, the following action must be taken.

- Evacuate the area
- Tell the appropriate area co-ordinator and phone the police
- Employees must report to the fire marshal (yellow high visibility jacket) at the assembly point
- Give full details of the incident to the Health and Safety Lead as soon as possible

**First Aid**
There are appointed first aiders located throughout the site and they have close access to the first aid boxes.

**Medical emergencies**
If an employee is injured or becomes ill, the following action must be taken:

- Get medical help if appropriate
- The injured or ill person must be taken to hospital as soon as possible, or an ambulance should be called (giving the correct address)
- The full details of the injured or ill person, and the details of the injury or illness, must be given to the Health and Safety Lead as soon as possible

Completion of Emergency Response Form (Appendix 6).

4.11 Environmental Policy

Under Control of Pollution and Environmental Protection legislation, NHS Halton CCG must prevent pollution to the environment. As a result, all work activities will be assessed by taking account of the level of risk to the environment.

**Environmental Policy Statement**
NHS Halton CCG will work to conserve natural resources (and use them responsibly) and to reduce environmental pollution in all NHS Halton CCG activities. All policies, services and activities will be reviewed and NHS Halton CCG will act wherever necessary to meet this commitment.

NHS Halton CCG will consider replacing polluting substances with ‘greener’ alternatives wherever possible. All waste disposals will be carried out by registered carriers and removed to registered disposal sites. NHS Halton CCG will keep documents to show that this has been done.

This policy will apply to all NHS Halton CCG functions, including travel and design functions. Management will enforce this policy and will audit and review it regularly.
4.12 Fire Safety Policy

In line with relevant legislation, NHS Halton CCG recognises the need for effective and suitable measures to prevent fire and tackle risks to the health and safety of employees and others affected by NHS Halton CCG activities. As a result, NHS Halton CCG is committed to evaluating premises, to identify fire risks and control measures to get rid of or reduce the risk of fire to as low a level as possible.

NHS Halton CCG is committed to an on-going policy of assessing fire risk (see Appendix 7 for Fire Safety Inspection Checklist – carried out monthly), providing adequate and suitable fire fighting equipment, and training in how to use the equipment. Please also see Appendix 8 for a Personal Emergency Evacuation Plan (PEEP) template, and Appendix 9 for a Fire Emergency Plan.

4.12.1 Fire Emergency Procedure

Suitable and adequate fire and emergency procedures must be in place to make evacuation safer and to make sure that employee’s health & safety at risk is not put at risk. NHS Halton CCG has the following procedures in place.

Action if you discover a fire

- Raise the alarm (if you are not near an alarm device, shout ‘fire’ and give the location). The fire alarms are break glass call units, which sound alarm bells
- Call the fire brigade by dialing 9-999
- Leave the building by the safest route and meet at the assembly point

Action if you hear the alarm

- Leave the premises quickly and quietly. Do not wait to finish a phone call or to collect personal belongings. Report to the assembly point.
- Do not go back into the building until our Fire Marshals (yellow high visibility jacket) says that it is safe to do so.

Fire Marshals

There are fire marshals and deputies to take charge of evacuation procedures within their areas.

Fire precautions

The Health and Safety Lead will make sure that:

- adequate fire-fighting equipment is made available by Halton Council within the premises and it is inspected at least once a year
- employees have training and instruction on escape routes and the fire-drill procedure
- the fire-drill procedure is tested regularly by Halton Council
- records are kept by Halton Council for the testing of fire equipment and fire evacuation drills
- electric, gas and oil equipment not needed overnight is switched off
- fire doors and smoke stop doors are closed when rooms are not in use
**Fire or explosion**
You must take the following action if there is a fire or explosion on NHS Halton CCG premises.

- Evacuate the area
- Give full details to the Health and Safety Lead as soon as possible
- Employees must report to the assembly point

### 4.13 First Aid Policy

NHS Halton CCG will provide, or arrange to be provided, equipment and facilities that are adequate and appropriate for giving first aid to employees. NHS Halton CCG will also appoint a number of trained and suitable people to give first aid to employees, taking account of the specific risks that an employee may face in the course of his or her daily tasks. NHS Halton CCG will carry out risk assessments to identify specific risks.

NHS Halton CCG will use the procedures outlined in the procedures section of this policy as a guide to allow us to identify suitable numbers of trained first-aid employees.

NHS Halton CCG will tell employees about our first-aid arrangements, including where equipment, facilities and employees are. Signs will show where first aiders and equipment are, and give the names of first aiders.

Employees must record all accidents, including injuries that need first aid, in the Incident Form and accident and near miss form. First aiders and appointed people are responsible for looking after and maintaining first-aid boxes and equipment, and their contents, and for letting management know if anything needs replacing.

**Source:**
- Health and Safety (First Aid) Regulations 1981 and Approved code of Practice L74 (2009)

### 4.13.1 First Aid Procedure

**Table of suggested numbers of people trained in first aid**

If there are special circumstances (such as being a long way from emergency medical services, shift working, or sites with several separate buildings), there may need to be more first-aid trained employees than set out below. More first aiders will be necessary to cover for absences.

**Table 9 First Aid Provision Guide**

<table>
<thead>
<tr>
<th>Hazard category</th>
<th>Number of employees</th>
<th>First aid personnel needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Hazard, e.g. offices, shop and libraries</td>
<td>Less than 25</td>
<td>At least one appointed person</td>
</tr>
<tr>
<td></td>
<td>25 – 50</td>
<td>At least one first aider trained in emergency first aid</td>
</tr>
<tr>
<td></td>
<td>More than 50</td>
<td>At least one first aider trained in First Aid Work (FAW) for every 100 employed (or part employed staff)</td>
</tr>
</tbody>
</table>
Higher Hazard, e.g. light engineering and assembly work, food processing, warehousing, extensive work with dangerous machinery or sharp instruments, construction, chemical manufacture.

<table>
<thead>
<tr>
<th>Less than 5</th>
<th>At least one appointed person</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 – 50</td>
<td>At least one first aider train in EFAW or FAW depending on type of injuries that may occur</td>
</tr>
<tr>
<td>More than 50</td>
<td>At least one first aider trained in FAW for every 50 employed (or part thereof)</td>
</tr>
</tbody>
</table>

Checklist for assessing first-aid needs
The minimum first-aid arrangements for each work area are:

- a suitably stocked first-aid container;
- a person to take charge of first-aid arrangements; and
- information for employees on first-aid arrangements.

First-aid materials, equipment and facilities
NHS Halton CCG will provide the materials, equipment and facilities needed to make sure that the level of cover identified as necessary will be available to employees at all relevant times. This will include making sure that first-aid equipment is suitably marked, easily accessible, and available in all places where working conditions need it.

First-aid containers
The minimum level of first-aid equipment is a suitably stocked and properly identified first-aid container. There will be at least one first-aid container, with enough first aid materials that is suitable for the particular circumstances. Tablets and medication must not be kept in the first-aid containers.

As there is no compulsory list of items that should be included in a first-aid container, NHS Halton CCG will decide what to include from information NHS Halton CCG collected during the assessment of first-aid needs. As a guide, if there is no special risk in the workplace, a minimum stock of first-aid items would normally be:

- a leaflet giving general guidance on first aid (for example, HSE leaflet 'Basic advice on first aid at work')
- 20 individually wrapped, sterile adhesive dressings (different sizes) appropriate to the type of work (dressings may be brightly coloured for people who handle food)
- two sterile eye pads
- four individually wrapped triangular bandages (preferably sterile)
- six safety pins
- six medium-sized, individually wrapped, sterile, un-medicated wound dressings (roughly 12cm x 12cm)
- two large sterile, individually wrapped, un-medicated wound dressings (roughly 13cm x 13cm); and
- one pair of disposable gloves

As this is a suggested list only, NHS Halton CCG will accept equivalent but different items. If mains tap water is not readily available to wash out eyes, NHS Halton CCG will provide at least one litre of sterile normal saline in sealed, disposable containers.
4.14 Home Worker

NHS Halton CCG do not designate any staff as a Home Worker under the following definition:

“A homeworker is an employee who works at home, instead of their normal place of work. This arrangement normally involves an agreement to work a set number of days a week or month. It does not apply to those members of staff who may work at home on an ad-hoc basis, e.g. to make it easier to meet a particular deadline.”

All staff must have agreement from their Line Managers before they work from home.

4.15 Manual Handling Policy

Manual handling means any transporting or supporting a load by hand or bodily force (including lifting, putting down, pushing, pulling, carrying or moving).

In line with the Manual Handling Operations Regulations, NHS Halton CCG will work to avoid the need for employees to carry out manual handling tasks that involve a risk of injury. If this is not reasonably practical, NHS Halton CCG will make a suitable and sufficient assessment of the task and reduce the risk to the lowest level that is reasonably practical. This will include, where possible, providing information and general indications on the weight of each load and the heaviest side of any load whose centre of gravity is not positioned centrally.

NHS Halton CCG will record the assessment and review it if it is no longer valid or if there is significant change in the matter it relates to.

NHS Halton CCG will make sure that all employees know about their responsibility to make full and proper use of any system of work NHS Halton CCG provide to reduce the risk of manual-handling operations.

Where the risk of manual handling injury cannot be avoided, NHS Halton CCG will arrange manual handling training for employees at risk.

Sources:
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Manual Handling Operations 1992

4.15.1 Manual Handling Procedure

Introduction
The Manual Handling Operations Regulations 1992 apply to any manual-handling operation that may cause injury at work. These operations will be identified by the risk assessment carried out under the Management of Health & Safety at Work Regulations 1999.

They will include not only lifting, but also lowering, pushing, pulling, carrying or moving loads by hand or other bodily force. NHS Halton CCG have to take three important steps as follows:

- Avoid dangerous manual-handling operations if possible
• Adequately assess any dangerous operations that cannot be avoided. An ergonomic assessment looks at the weight, shape and size of the load, the handler’s posture, the working environment and the individual’s capability. Unless the assessment is very simple, NHS Halton CCG will need to make a written record.
• Reduce the risk of injury as far as possible.

**Working Principles**
The correct method of lifting makes the job easier, less tiring and less likely to lead to back injuries. Lifting should be done using the correct muscles, back and abdominal muscles are weak, whereas the leg and thigh muscles are strong. The spine has a natural shape when a person is standing. When that person bends over, the back becomes arched and weaker. So, if a person can keep their back straight and use the muscles of their legs and thighs, with the load kept close to their body, they can lift far heavier loads with far less effort.

There are five important points in manual handling as follows.

• **Grip** – a good grip uses the palm of the hand, the ball of the thumb and the base of the fingers. Considerable damage can be caused by using the sensitive fingertips, and continued use of them can cause strained fingers and forearms.
• **Back** – keep the back straight to maintain its natural and strongest position. This means bending at the knees and ankles to get close to the load and then to raise it, pushing upwards with the leg muscles.
• **Chin** – keep the chin well in so that it is near the chest. This helps to keep the spine in its natural position
• **Feet** – the correct position of the feet is roughly the width of the hips apart, with one foot slightly in front of the other. This position provides a stable base as the load is lifted.
• **Arms** – keep arms as close to the body as possible so that the body does not become unbalanced.

**Other precautions**

• Where possible utilise trolleys
• You should always be able to see where you are going
• It is good practice to look over the route before lifting the load, to make sure that there are no obstructions in the way
• You should only carry stacked objects if you can still tuck elbows in
• If loads are difficult to get a grip on, you should use hand hooks or other lifting aids
• If you are not sure how heavy the object is, or whether you are able to lift it, you should get help

**4.16 New & Expectant Mothers Policy**
The Management of Health & Safety at Work Regulations, mainly contained in regulation 16 to 18, require employers to carry out a specific risk assessment where women of child bearing age or new and expectant mothers may be at risk from a work process, working condition or physical, chemical or biological agent.

A Line Manager should be informed as soon as your pregnancy is confirmed in order to establish that it is safe to continue employment in your existing role throughout the pregnancy.

Pregnant employees will continue to be employed in their existing jobs unless a risk assessment has identified that the job is potentially unsuitable due to danger to the employee or the unborn child.
Suitable facilities will be provided to support new mothers who are breastfeeding, so that they can express and store milk at work.

Most general light office activities present no risk to the expectant mother. However, some tasks such as lifting of heavy items and stretching and reaching, must be avoided.

Sources:
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999

### 4.16.1 New and Expectant Mothers Procedure

The Management of Health & Safety at Work Regulations require employers to carry out a specific risk assessment where women of child bearing age or new and expectant mothers may be at risk from a work process, working condition or physical, chemical or biological agent.

**Definition**

A new or expectant mother means a worker who is pregnant, who has given birth within the previous six months or who is breastfeeding. “Given birth” is defined as “delivered a living child or, after 24 weeks of pregnancy, a stillborn child”.

**Reporting**

The Line Manager should be informed as soon as pregnancy is confirmed in order to establish that it is safe to continue employment in the existing role throughout the pregnancy.

Pregnant employees will continue to be employed in their existing jobs unless a risk assessment has identified that the job is potentially unsuitable due to danger to the employee or the unborn child.

**Specific risks during Pregnancy**

Most general light office activities present no risk to the expectant mother. However, some tasks such as lifting of heavy items and stretching and reaching, must be avoided.

**Elimination of risk**

If NHS Halton CCG considers that there is a danger to the employee or the unborn child, the existing job will be modified so as to eliminate the risk wherever possible. If this is not possible, Human Resources must be contacted for further advice. Consideration should be given to the following when trying to eliminate risk:

**DSE requirements**

Mother may begin to feel discomfort during their pregnancy and reasonable adjustments should be made as follows:
- Regular movement throughout the day to prevent discomfort
- Take regular breaks
- Being mindful of their environment for potential trip hazards
- Avoid lone working at all times
- Avoid heavy lifting or strenuous situations
- Avoid direct patient contact or situations that may involve a greater risk of verbal or physical abuse
- Seek further advice and guidance from Health and Safety Lead or Health and Safety Executive.
Risk Assessment
A risk assessment (appendix 2) will be carried out for all pregnant employees taking into account the information and guidance in this policy. The risk assessment can be completed by a line manager, but if there are any specific concerns, then the manager should contact the Health and Safety Lead for advice.

4.17 Occupational Health
If a need for a health check as a result of assessment procedures is identified or available information about any of the sites where our employees would carry out those tasks, managers will put the health checks and monitoring into action.

NHS Halton CCG reviews assessment procedures regularly to take account of new technologies, new information about products NHS Halton CCG use (and their effects on health) and legislative requirements. NHS Halton CCG also use the services of an external independent health & safety consultancy to advise on such issues.

Sources:
- The Management of Health and Safety at Work Regulations 1999
- The Control of Substances to Health Regulations 2002 (as amended 2004).

4.18 Office Safety Policy
Whilst the office environment is less dangerous than some other working places, NHS Halton CCG are committed to ensuring that accidents and incidents are avoided.

To this end:

- All employees must keep their areas tidy at all times to enable NHS Halton CCG to fulfil its health & safety obligations
- Employees must familiarise themselves with the content of the health & safety posters displaying advice on various topics in the office
- Office equipment, e.g. photocopiers, guillotines, etc., must only be operated according to the manufacturer’s instructions
- Any fault, accident or dangerous occurrence must be immediately reported to line managers who will take appropriate action

4.18.1 Office Safety Procedure
Whilst NHS Halton CCG understands that the office environment is less dangerous than some other working places, it is committed to ensuring that accidents and incidents remain at a low level as practicable. To this end, regular housekeeping checks will be undertaken:

- All employees must keep their areas tidy at all times to enable NHS Halton CCG to fulfil its health & safety obligations.
- Employees must familiarise themselves with the content of the health & safety posters displaying advice on various topics in the office.
- Office equipment, e.g. photocopiers, printers etc., must only be operated according to the manufacturer’s instructions.
- Any fault, accident or dangerous occurrence must be immediately reported to the line manager who will take appropriate action.
Preventing accidents in the office
The five main categories of serious injury to office workers are:

1) falls from a height, for example, down a staircase or from overreaching;
2) contact with electricity, for example, from damaged cables or badly-wired repairs;
3) being struck by falling objects, for example, goods from a shelf;
4) repetitive strain injuries, and
5) contact with moving parts of office machinery, for example, shredders or guillotines.

There are two direct causes of accidents, unsafe acts and unsafe conditions. Unsafe acts may include:

- using faulty equipment;
- using equipment incorrectly;
- failing to use, or incorrectly using, personal protective equipment; and
- leaving equipment in a dangerous state.

Employees must report any unsafe condition to their immediate superior for action.

Unsafe conditions include:

- bad floor conditions, for example, a slippery or uneven floor
- faulty equipment
- excessive noise
- exposure to radiation or other pollutants
- fire hazards
- inadequate fire warning systems
- lack of or inadequate guarding
- untidy conditions; and
- poor lighting or ventilation

Safe office best practice:

- Furniture and equipment must be arranged so as to avoid injury from sharp corners
- Upper drawers of filing cabinets must not be overloaded causing them to become top-heavy
- Only one drawer of a filing cabinet must be opened at a time so as to avoid a tipping hazard
- Wall storage racks must be securely anchored to prevent their movement or tipping, and must not be overloaded
- Access to high upper storage shelves must only be gained by using the steps or safe access provided
- Loads which are heavy enough to be likely to cause injury, must not be lifted, carried or moved. If in doubt seek help or mechanical assistance
- When carrying files, you must not carry so many that vision is obscured
- Close desk and filing cabinet drawers after use
- Paper guillotines are not to be operated without their guards
- Cables from electric fires, telephones and leads to office electrical equipment are not to be laid across the floors so as to cause a tripping hazard
- ‘Daisy chaining’ of electrical sockets (e.g. 4-way blocks off 4-way blocks, etc.) is potentially dangerous and must be avoided. Extra wall sockets will be installed.
- Floor coverings must be held down securely and kept flat and free from wear in places where a person could trip
Halton Clinical Commissioning Group

- To avoid spillages and slips, take care when carrying liquids, e.g. hot drinks. Spillages must be cleared up immediately
- At the end of each working day, non-essential electrical appliances will be switched off and their wall socket plugs removed
- All electrical appliances such as kettles, coffee makers, etc. destined for use around the building must be inspected by a competent electrician prior to use
- Any electrical fault must be reported to the Front of House Staff on reception
- Any adjustments to electrical equipment must be made with the power switched off except where authorised
- Electrical repairs or maintenance are to be carried out only a competent electrician
- Good housekeeping must be maintained by keeping floors and working areas tidy, ensuring that fire exits and passageways are not blocked and taking care when using extension cables so they do not cause an obstruction
- Fire doors must be kept closed at all times and must not be permanently wedged open. Fire exits must be kept clear at all times.

4.19 Overseas Travel

Before travelling overseas, employees must either consult Occupational Health on relevant details on inoculations, and seek travel advice and political state of the country being travelled to or visit the following Department of Health website for the latest health update:
http://www.dh.gov.uk/PolicyAndGuidance/HealthAdviceForTravellers/fs/en

4.20 Out of Hours and Lone Working Policy

Lone working is defined as working with no other person within visual or normal audible range. The availability within range need not be on a continuous basis, but the adequacy of non-continuous coverage must be assessed in relation to the hazards of the work concerned, in determining if the work will be considered as ‘lone-working’.

Whilst employees have responsibilities to take reasonable care of themselves, NHS Halton CCG have a duty to organise and control working patterns. Safe systems of work will be instigated after the identification of hazards and the assessment of risk.

When the work to be undertaken consists solely of work such as office administration, no special action is required, but if outside normal working hours the notifications relating to such work must be given.

Sources:
- The Management of Health and Safety at Work Regulations 1999
4.21 Personal Safety and Violence Policy

It is recognised that there is always the potential for the personal safety of employees to be placed at risk. Whilst evidence suggests that the risk to employees from acts of violence or the threat of violence is very low NHS Halton CCG are committed to minimising that risk, so far as is reasonably practicable, in accordance with its legislative obligations and its common law ‘duty of care’.

The creation and maintenance of a working environment, which presents a minimum risk to the personal safety of all employees, is mutually beneficial and conducive to the efficient and effective delivery of services. NHS Halton CCG will take all reasonable steps to establish a safe working environment, which protects and provides support for all employees, ensuring their dignity and treating them with respect.

The underlying principle is that violence, in all its forms, is unacceptable, irrespective of the reasons for that violence. This includes the physical act of violence, threats of violence, aggressive or abusive behaviour, harassment, bullying or other persistent antisocial behaviour.

NHS Halton CCG is committed to the continued development and implementation of a range of measures and procedures, to protect and support the individual whilst engaged in NHS Halton CCG business, including:

- Robust security systems and procedures which have the capacity to prevent and control situations which may lead to the threat of violence
- Provision of adequate and relevant information and training to employees
- Reporting and recording systems for incidents, near misses and suspicious activity
- The provision of all necessary medical and professional support to employees who are victims of violence whilst at work
- Periodic monitoring and review of performance and provision

The measures undertaken to provide a safe and secure environment will be determined by a risk assessment, undertaken by appropriate persons, which considers:

- The individual
- The location
- The activities
- The existing controls

The identification of additional measures that further minimises the risk.

4.21.1 Personal Safety and Violence Procedure

Assessing and managing the potential risk to personal safety can be broken down into 4 stages:

Stage 1

The first step in a risk assessment is to identify the hazard. This can be done by:

- Asking employees: they may have knowledge that assessors are not aware of
- Reviewing accident/incident report forms. There may be a pattern that events happen in a particular location, at certain times of the day or by a particular group of the public.
Stage 2

Deciding on what action to take. Factors that will be considered in the risk assessment include:

**Training and information**

- Train employees to identify early signs of aggression so they can avoid or deal with it
- Make employees aware of any systems set up for their protection e.g. systems for calling for assistance, personal alarms, etc.
- Provide employees with information they may need to identify people with a history of violence or to anticipate factors that might make violence more likely
- Conflict resolution training for front line staff

**Environment**

- Provision of better seating and its arrangement to enable employees a safe escape
- Better décor and lighting in public waiting rooms
- Physical security measures such as adequate illumination, video cameras or alarm systems, coded security locks on doors to keep the public out of employees’ rooms/areas

**Design of the job**

- Check customer credentials, the place and arrangements for any meetings away from the workplace
- Arrange for employees to be accompanied by a colleague if they know they have to meet a suspected aggressor at a remote/isolated location or at their home
- Make arrangements for employees who work away from base to keep in touch e.g. consider using radios, mobile telephones, etc
- Maintain numbers of employees at the workplace to avoid lone working
- The threat of violence may not end when the shift is over. Consider what may happen subsequently and take appropriate precautions to counter such actions

Record the risk assessment and inform employees of the outcomes.

Review and revise assessments by checking it is a true reflection of the current work situation.

Change existing measures if they are not working or the job changes.

If a violent incident happens, review the assessment, evaluate it and make any necessary changes.

Stage 3

Taking action, implementation: Take action to ensure the risk assessment is being implemented by employees and all procedures and practices are being followed. This can be done by:

- Discussion at team meetings
- Supervision of the work
- Monitoring by line managers
- Carrying out inspections
Stage 4

Checking that actions are in place and are effective:

Line managers and risk assessors will check that the arrangements put in place are working and are effective. This can be achieved by:

- Consulting with employees
- Supervision of work activities
- Conducting inspections
- Monitoring and reviewing the practices/procedures in place
- Reviewing incidents and accidents rates to establish improvements. If violence is still a problem, other measures will be tried
- Withdrawal from potentially physical violent attacks:
  - Employees, who feel that circumstances are developing that may result in physical violence, have every right to withdraw from the situation or hand over any money or property
  - Employees are advised not to resist robbery or operate attack alarms unless this can be done covertly without escalating the risk
  - All such actions are supported by NHS Halton CCG Management and the HSW Act. Employees will then report the circumstances to their line manager for guidance, assistance, direction and support. Such practices of when to hand over money and property and when to withdraw from a situation will be recorded in the risk assessment.

Counselling of Victims
Employees who have experienced violence will need counselling soon after the event to avoid any long-term distress. They will contact their line manager who will consider the following possibilities:

Debriefing
Victims will need to talk through their experience as soon as possible after the event. Remember that verbal abuse can be just as upsetting as a physical attack. The victims will be assured of support from their managers.

Recording the incident
An Incident Report Form must be completed following the incident by both the victim and line manager.

Time off Work
Individuals will react differently and may need time to recover. In certain circumstances they might need special counselling. Line managers will be able to advise on counselling services. Time off for counselling, treatment or representation will be regarded as sickness absence or special leave.

Legal Help
In serious circumstances, legal help may be appropriate. The advice of Legal Services will be sought in deciding on whether to proceed with the case. Please contact the Local Security Management Specialist (LSMS) for further advice.

Further Training
This will be considered for other employees who could be victims, as well as the victims themselves.
The Home Office leaflet “Victims of Crime” gives more useful advice if one suffers an injury, loss or damage from a crime, including how to apply for compensation. This leaflet is available from local police stations or by going to the following website: http://www.homeoffice.gov.uk/docs/victimsofcrime.pdf

Advice may also be available from the following:

- Citizens Advice Bureau http://www.citizensadvice.org.uk/
- Victim Support Schemes http://www.victimsupport.org/

4.22 Safety Audits and Inspections Policy

NHS Halton CCG can only improve health & safety by constantly developing policy, how NHS Halton CCG put policy into practice, and techniques of controlling risk. NHS Halton CCG will regularly carry out a systematic audit of all safety arrangements.

NHS Halton CCG will carry out regular inspections of work areas. How often will depend on the level of risk imposed by the activity within that area.

NHS Halton CCG will keep records of safety inspections and audits so that management can monitor performance and improve the overall safety culture within the workforce.

Sources:

- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999

4.22.1 Safety Monitoring and Auditing

Monitoring the workplace is vital to maintaining safe and healthy conditions at any site of work.

Health and Safety Audits

NHS Property Services will carry out a formal audit and inspection of the workplace. This gives us external professional verification that NHS Halton CCG are complying with health and safety legislation and best practice.

Audit findings and recommendations will be listed in audit reports in priority order for action. The Health and Safety Lead will coordinate the compilation of actions which may involve participation by managers and/or employees.

Workplace inspections

In addition to the health and safety audits, workplace environment inspections should be carried out monthly by a member of the Corporate Services Team using the workplace environment checklist form (Appendix 10). The checklist includes the following:

- Passageways and walkways being kept clear of obstructions
- Trailing cables presenting trip hazards
- First aid boxes
- Incident Form
- Health and safety notice Governing Body
- Nominated first aiders and fire marshals
Copies of completed checklists should be sent to the Health and Safety Lead for information and/or action.

If significant hazards are identified, you must take immediate action to tackle hazards and problems to get rid of or reduce the risk of an accident or injury, without putting yourself in danger. The Health and Safety Lead must be informed.

The workplace has been reviewed for slip, trip and fall hazards and action taken to resolve the issues identified. The prevention of slip and trip accidents in the workplace relies on the involvement of all staff and everyone is encouraged to deal with hazards when noticed. Staff are instructed in the importance of storing equipment in designated locations and in particular keeping walkways free from obstructions and trailing cables. They are also encouraged to report hazards, seeking assistance with any which they cannot personally resolve.

NHS Halton CCG will ensure that storage areas are of sufficient capacity, are well managed and are under the control of an identified person.

When specifying hard flooring, NHS Halton CCG ensures that it meets the surface roughness requirements suitable for the activities taking place and, as part of the risk assessment process NHS Halton CCG undertakes assessments of the slip risk from hard floored areas in line with HSE guidance taking specific account of the use of the area.

Cleaning regimes are designed to ensure that dust, grease and other slip hazards are well controlled, with all hard flooring cleaned at least once per week. If there is a spillage, staff are responsible for ensuring that it is cleaned up promptly and any wet floor is clearly highlighted.

Wet floor signs are used where floors remain wet after cleaning or as a result of other causes such as wet weather. However, floors which people are expected to use whilst wet, will be dried so far as is reasonably practicable.

Cleaning staff also remove waste on a daily basis to ensure that it does not accumulate and cause a trip hazard. Staff are encouraged to wear sensible footwear.

Suitable and sufficient lighting is provided for normal tasks, and emergency lighting is provided to aid escape in case of lighting failure. All lighting is routinely checked as part of the monthly workplace monitoring regime.

Arrangements are in place for dealing with ice, snow and the accumulation of leaves on a timely basis to reduce the slipping risk in external areas.

Sources:
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
Stress is defined as ‘the adverse reaction people have to excessive pressure or other types of demand placed on them’. NHS Halton CCG recognises that workplace stress is a health and safety issue and acknowledges the importance of identifying and reducing workplace stressors.

As a result NHS Halton CCG will evaluate and monitor the roles and job functions in our business and identify those jobs which are more stressful than others. This will be done using risk assessment, staff surveys, sickness absence reports and incident reports. This assessment has taken into account the HSE’s stress management standards and indicators of stress within NHS Halton CCG. As a result NHS Halton CCG has implemented an action plan to reduce the impact which excess work pressure can have on our staff.

The Management Standards cover six key areas of work design that, if not properly managed, are associated with poor health and well-being, lower productivity and increased sickness absence. In other words, the six Management Standards cover the primary sources of stress at work. These are:

1) Demands – this includes issues such as workload, work patterns and the work environment
2) Control – how much say the person has in the way they do their work
3) Support – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues
4) Relationships – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour
5) Role – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
6) Change – how organisational change (large or small) is managed and communicated in the organisation

The Management Standards represent a set of conditions that, if present, reflect a high level of health well-being and organisational performance.

NHS Halton CCG encourages a supportive culture where colleagues assist each other to ease peaks in work load. The nature of our work demands regular communication between managers and staff and plenty of opportunities for staff to share problems and seek additional support if needed. NHS Halton CCG discourages staff from working excessive working hours and has implemented HR procedures to ensure compliance with the Working Time Regulations.

NHS Halton CCG offer support through managers and where necessary professional counsellors, where individuals experience excessively stressful situations or stress related ill health.

NHS Halton CCG intends that all staff will be properly resourced and trained to undertake their role. Our thorough selection processes assist us in matching individuals to the demands of each job function.

Through ongoing management reviews, new starter induction procedures and annual Performance Development Reviews (PDR), NHS Halton CCG identifies and manages training and development needs. NHS Halton CCG believes in offering developmental opportunities to staff where possible and where the member of staff desires it.

Management and supervisory staff receive training in good staff management practices. If the business is intending to implement organisational or procedural changes, NHS Halton CCG ensures that managers communicate and consult with staff at an early stage.
Poor performance and attendance is actively managed to identify causes and solutions, including providing additional training or moving individuals to more suitable roles where necessary. This approach also reduces the burden on other staff who would otherwise have an additional workload.

Bullying, harassment and discrimination are not tolerated and NHS Halton CCG has HR policies in place in respect of these issues together with a ‘grievance policy’. All of these policies have been publicised to employees.

Managers
Managers should assess their own competencies in dealing with stress at work by completing the HSE’s ‘Stress Management Competency Tool Indicator’ on the HSE website. They should then discuss this with their line manager or Health and Safety Lead. Please follow link below http://www.hse.gov.uk/stress/mcit.pdf

Managers should look for signs within their employees that may show signs the employee is suffering from stress. These signs could include the following:

**Signs of stress in individuals**
If you are suffering from some of the following symptoms it may indicate that you are feeling the effects of stress. If you find that work or aspects of your work bring on or make these symptoms worse, speak to your line manager, trade union representative or your HR department. It may be that some action taken at an early stage will ease the stress and reduce or stop the symptoms.

**Emotional symptoms**
- Negative or depressive feeling
- Disappointment with yourself
- Increased emotional reactions - more tearful or sensitive or aggressive
- Loneliness, withdrawn
- Loss of motivation, commitment and confidence
- Mood swings (not behavioural)

**Mental**
- Confusion, indecision
- Can’t concentrate
- Poor memory

**Changes from your normal behaviour**
- Changes in eating habits
- Increased smoking, drinking or drug taking ‘to cope’
- Mood swings effecting your behaviour
- Changes in sleep patterns
- Twitchy, nervous behaviour
- Changes in attendance such as arriving later or taking more time off.

Please note these are indicators of behaviour of those experiencing stress. They may also be indicative of other conditions. If you are concerned about yourself please seek advice from your GP. If you are concerned about a colleague try to convince them to see their GP.
Confidential Support
Staff who wish to discuss personal confidential matters are able to do so through Occupational Health; who have trained counselors providing support, advice, guidance or just someone to talk to on behalf of NHS Halton CCG. Contact them on 01925 664010 or 01925 664012 for Confidential Support, 24 hours a day, 365 days a year. Or email occhealth@5BP.nhs.net.

4.24 Temporary Workers Policy

NHS Halton CCG recognise that the health & safety of employees who are temporary workers must be protected, or employees from an employment Agency.

It is the responsibility of NHS Halton CCG to ensure that all agency staff must undergo induction training at the start of their employment with NHS Halton CCG covering all matters relating to Health & Safety and Fire.

Check that the information NHS Halton CCG provides to an employment Agency is passed to the worker (although NHS Halton CCG appreciates that the employment business has a legal obligation to pass this information on once they receive it from us).

Sources:
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999

4.25 Training

So that our employees can work safely and efficiently, it is important that each person receives training that is appropriate to the job they have to do. Whilst some staff need appropriate qualifications before NHS Halton CCG can employ them, NHS Halton CCG will still continue to train them during the course of their employment, ranging from outsourced courses to on-the-job instruction.

All employees will receive appropriate induction training that will include the standard introduction programme, making them aware of their statutory duties, the emergency procedures and an explanation of our health & safety policy. An awareness of safety issues at all levels is an important feature in promoting this safety policy. NHS Halton CCG will also give appropriate training to anyone who carries out a new task.

The training matrix is available from the relevant Human Resources Policy, the matrix also identifies mandatory training which be compulsory, and NHS Halton CCG will keep records of courses and qualifications.

Manager must complete a training needs analysis for staff members and/or for job roles that require additional training above their required qualifications. E.g. all front customer facing roles should undergo Conflict Resolution Training.

Sources:
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
4.26 Visitors Policy

NHS Halton CCG employees are responsible for the health & safety at all times of visitors and customers they invite onto NHS Halton CCG premises.

When making arrangements with visitors with disabilities, NHS Halton CCG will:

- Consider any special requirements or disabilities that require specific arrangements to be made e.g. ramps for wheelchair access, allocated car parking, etc
- Explain the location and layout of the building, and the facilities available, including disabled toilets
- Ensure that reception is informed of the date and time of the visit, name of the visitor, and specific arrangements to be made
- All visitors must sign in and out of our buildings
- All visitors must wear ID badges if provided

Sources:

- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Disability Discrimination Act 1995

4.27 Welfare Facilities Policy

NHS Halton CCG will provide suitable and sufficient facilities and measures to make sure NHS Halton CCG protect the health, safety and the welfare of our employees at work. If this responsibility extends to outside contractors, visitors or other people on our premises, NHS Halton CCG will introduce procedures to protect their health, safety and welfare while on our premises.

NHS Halton CCG will use our risk-assessment procedure to identify risks to health & safety on our premises. You can find a breakdown of the various requirements for health, safety and welfare under the relevant health & safety legislation in the procedures section of this policy.

4.28 Work at Height Policy

All work completed at height on behalf of NHS Halton CCG will be undertaken in compliance with the Work at Height Regulations. The first consideration will always be to seek an alternative means of completing the work where at all possible.

Any work at height activity where there is a significant risk of injury will be undertaken by sub-contractors. NHS Property Services will ensure that subcontractors:

- Complete a risk assessment to identify all the hazards associated with the task.
- Implement any remedial actions where possible arising from the above risk assessment.
- Using the risk assessment, plan the safest possible method of completing the job.
- Provide appropriate work equipment selected to suit the task.
- Provide suitable personal protective equipment.
- Are competent to undertake work at height.
- Use Permits to Work at Height to control the activities of contractors when necessary. Only contractors who are able to provide evidence of competence will be used.
4.29 Workers under the Age of 18 Policy

NHS Halton CCG will carry out a Young Person Risk assessment on any risks to workers under the age of 18 before they start work, in line with Health and Safety guidance and legislation. The risk assessments will follow the same procedure as that for other risk assessments described in the procedures section of this policy, but will specifically take account of the following. Under the Management of Health and Safety Work Regulations 1999, CCG has a responsibility to ensure that young people employed by them are not exposed to risk due to:

- Lack of Experience
- Being unaware of existing or potential risks and/or
- Lack of maturity

The CCG must consider the following:

- The layout of the workplace
- The physical, biological and chemical agents they will be exposed to
- How they will handle work equipment
- How the work and processes are organised
- The extent of health and safety training needed
- Risks from particular agents, processes and work.

These considerations should be straightforward in a low risk office based workplace. NHS Halton CCG will follow the legal restrictions on the work that a young person does.

Further guidance on Young Persons can be found on the HSE website with the following links:
http://www.hse.gov.uk/youngpeople/risks/index.htm
http://www.hse.gov.uk/youngpeople/law/index.htm

4.30 Winter Conditions Policy

Whilst NHS Halton CCG makes every effort to ensure that temperatures within internal work areas are reasonable, it is foreseeable that heating systems may fail due to breakdown or power disruption. Should this occur, NHS Halton CCG may authorise the use of portable heaters where it is safe to do so.

Where the temperature in the work areas falls below 16°C for a prolonged period, managers may authorise staff to work from home.

In the event of snowfall within the commuting routes of employees, managers will monitor weather conditions and release staff early if necessary to avoid them being trapped at work. Managers will also contact staff if the workplace is to be closed and/or they not expected to come to work e.g. during a period of prolonged freezing conditions. Unless directed by management not to attend, employees are expected to make reasonable efforts to come to work without taking personal risks. Travel warnings should be heeded.

Line managers have a duty of care to their employees during adverse weather conditions and as such should advise staff accordingly that it could prove dangerous to come into work.
they should consider advising employees to work from home or another suitable and reachable base/place of work. E.g. heavy rainfall causing flooding in areas, gale force winds, heavy snow fall, etc.

Line managers are responsible for ensuring that additional communications and other precautions are taken as necessary to safeguard those who are lone working.

If due to low staff numbers, our first aiders are not available, the most senior manager present will take the role of appointed person i.e. for the purpose of managing any first aid incident and obtaining medical treatment.

Procedures will be implemented to control the additional slipping hazards presented by the weather. In particular all external walkways and steps on our premises will be regular cleared of snow and gritted to reduce ice. NHS Halton CCG will follow the government’s snow code in our approach to clearing snow and ice.

NHS Halton CCG will also pay particular attention to building entrance areas to minimise the risks from wet floors. Employees will be encouraged to wear footwear with a good tread when walking outside e.g. between the car park and the buildings.

4.31 Work Equipment Policy

The objective of this policy is to ensure that equipment used at work does not result in health and safety risks regardless of its age, condition or origin.

NHS Halton CCG are required by law under the Provision and Use of Work Equipment Regulations (PUWER) to ensure that all work equipment provided for use is suitable for the intended use; safe for use, maintained in a safe condition and, in certain circumstances, inspected to ensure this remains the case; used only by people who have received adequate information, instruction and training; and has suitable safety measures such as protective devices, markings and warnings.

Definition of Work Equipment

- The definition of work equipment is broad and ranges from simple tools to complete installations, e.g. hammers, knives, ladders, drills, photocopiers, floor polishers, lifting equipment (including lifts), fork lift trucks and vehicles
- The term 'installation' includes a series of machines connected together such as a conveyor system, a fire sprinkler system, or even scaffolding
- Private cars are not considered to be work equipment. However, cars which are not privately owned are considered to be work equipment but they will fall within the remit of road traffic legislation i.e. they must have a current MOT certificate and be in a roadworthy condition. Where cars used at work are on private roads they will be governed by the PUWER and this policy will apply
- Where employees provide their own work equipment then it is the duty of NHS Halton CCG to ensure it complies with the Regulations, otherwise it will not be authorised for use
- The definition applies to all new, second hand and existing work equipment.

Scope

- This policy applies to all NHS Halton CCG employees with responsibility for purchasing or approving work equipment for use at NHS Halton CCG sites
- It also applies to all employees with a responsibility for the provision and use of work equipment and those with a managerial responsibility for employees using the work equipment to ensure they have the appropriate levels of training and supervision
Where NHS Halton CCG employees are required to use or operate work equipment owned by or leased from a third party or another employer, it will be the duty of their line manager to ensure that the work equipment is safe for use and complies with the general requirements of this policy.

Sources:
- The Management of Health and Safety at Work Regulations 1999

4.32.1 Work Equipment Procedure

The Provision and Use of Work Equipment Regulations 1998 (PUWER) apply to all items of work equipment provided for use, or used by employees or the self-employed.

The following definitions are relevant:
- Work equipment covers all machinery and tools.
- Use includes cleaning, repairing, altering, maintaining and servicing work equipment.

General requirements and duties
NHS Halton CCG must make sure that equipment NHS Halton CCG provide for our employees, and self-employed people working for us, meets the regulations.

The regulations also apply to employers who choose to allow their employees to provide their own equipment. Equipment must be suitable for the particular work it is provided to do (both for the operation concerned and for the conditions under which it will be used). Maintenance equipment must be maintained in safe working order and in good repair.

Information and instruction
All relevant health & safety information, and written instructions on using work equipment, will be made available to the workforce at all levels.

The law
Under the Health and Safety at Work etc Act 1974 (the HSW Act), you have a legal duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of your employees.

The Management of Health and Safety at Work Regulations 1999 (the Management Regulations) require us to assess and control risks to protect employees.

How to make it happen
Senior managers need to be committed to implementing and supporting a policy for managing sickness absence and return to work.

Line managers need the skills and confidence to manage sickness absence and return to work.

Line managers, employees and their representatives need to work together to ensure sickness absence is tackled fairly and consistently.

Work-related stress the risks
Pressure is part of all work and helps to keep us motivated and productive. But excessive pressure can lead to stress, which undermines performance, is costly to employers, and can make people ill.
What you must do
As an employer, under the HSW Act, NHS Halton CCG have a ‘duty of care’ to protect the health, safety and welfare of all employees while at work. NHS Halton CCG also have to assess the risks arising from hazards at work, including work-related stress, in accordance with the Management Regulations.

An effective risk assessment approach to tackling stress includes the following:
- Measure the current situation (using surveys and/or other techniques).
- Have discussions with employees and their representatives.
- Work in partnership with employees and their representatives to make practical improvements.
- Agree and share an action plan with employees and their representatives.
- Regularly review the situation to ensure it continues to improve.
Name of new starter:

Start date: / / Department:

Your Health & Safety Representative is: Andy Collins

Your line manager is:

Have you read and understood the Company’s Health & Safety Policy Statement? Yes/No

<table>
<thead>
<tr>
<th>First aider</th>
<th>Location/department</th>
<th>Fire warden</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Location of First Aid Box:

Location of fire exits on your site:

Assembly point for Fire is located at:

Assembly point for bomb/other emergency is located at:

**Job Safety** (complete Y/N/NA)

<table>
<thead>
<tr>
<th>Hazards and Precautions</th>
<th>Hazards present in job</th>
<th>Safety overview given</th>
<th>Specific training required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theft</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lone Working</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting and handling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violence and Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Display screen equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evacuation procedures provided First aid/accident reporting procedure provided

DSE form provided Personal Protective Equipment provided

Details of reporting hazards, unsafe acts and conditions provided

Signed by new starter:

Signed by the Line Manager:

This form must be completed in full as soon as the new starter arrives on site and returned to the Health and Safety Lead. The new starter must retain a copy of the completed form.
This form is to be used to provide a full & detailed update to the Governing Body & or associated Committees

### Section 1 – Risk Details

**Risk Description**

<table>
<thead>
<tr>
<th>Control in Place</th>
<th>Gaps in Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 2 – Controls

**Controls in Place**

**Gaps in Controls**

<table>
<thead>
<tr>
<th>Assurance</th>
<th>Gaps in Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 3 – Assurance

**Assurance**

**Gaps in Assurance**

<table>
<thead>
<tr>
<th>Risk Scoring</th>
<th>Initial Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consequence</td>
<td></td>
</tr>
<tr>
<td>1 Negligible</td>
<td>2 Minor</td>
</tr>
<tr>
<td>2 Minor</td>
<td>3 Moderate</td>
</tr>
<tr>
<td>3 Moderate</td>
<td>4 Major</td>
</tr>
<tr>
<td>4 Major</td>
<td>5 Catastrophic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>5 Almost certain</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Almost certain</td>
<td>20</td>
</tr>
<tr>
<td>4 Likely</td>
<td>12</td>
</tr>
<tr>
<td>3 Possible</td>
<td>9</td>
</tr>
<tr>
<td>2 Unlikely</td>
<td>8</td>
</tr>
<tr>
<td>1 Rare</td>
<td>3</td>
</tr>
</tbody>
</table>

### Section 4 – Risk Scoring

**Initial Position**

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>5 Almost certain</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Almost certain</td>
<td>25</td>
</tr>
<tr>
<td>4 Likely</td>
<td>20</td>
</tr>
<tr>
<td>3 Possible</td>
<td>15</td>
</tr>
<tr>
<td>2 Unlikely</td>
<td>10</td>
</tr>
<tr>
<td>1 Rare</td>
<td>5</td>
</tr>
</tbody>
</table>

**Current Position**

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>5 Almost certain</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Almost certain</td>
<td>25</td>
</tr>
<tr>
<td>4 Likely</td>
<td>20</td>
</tr>
<tr>
<td>3 Possible</td>
<td>15</td>
</tr>
<tr>
<td>2 Unlikely</td>
<td>10</td>
</tr>
<tr>
<td>1 Rare</td>
<td>5</td>
</tr>
</tbody>
</table>

### SECTION 5 – Reviews (as relevant)

**Date**

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
</table>

### SECTION 6 – Overall Assurance

<table>
<thead>
<tr>
<th>Full</th>
<th>High</th>
<th>Significant</th>
<th>Adequate</th>
<th>Limited</th>
<th>Nil</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Score Movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
</tr>
<tr>
<td>Quarter 2</td>
</tr>
<tr>
<td>Quarter 3</td>
</tr>
<tr>
<td>Quarter 4</td>
</tr>
</tbody>
</table>
Appendix 3: DRIVING AT WORK ELIGIBILITY FORM

<table>
<thead>
<tr>
<th>Item</th>
<th>Evidence Seen</th>
<th>Valid from &amp; To</th>
<th>Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check name and address on licence (if photocard, on paper counterpart too)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check that vehicle category codes provide eligibility for vehicle being driven</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check licence is full and has no restrictions (e.g. age)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check for endorsements. If there are any, are they:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For minor offences?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For major offences?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many endorsements/points have been collected and does this represent an unacceptable risk? (Review with H&amp;S Lead if unsure)</td>
<td>Driving licence number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should disciplinary action be considered?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valid and current Insurance certificate which includes business use.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Certificate Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Valid MOT certificate? |  |  
---|---|---
Last engine service? |  |  
Is the Driver aware of the Driving for Work Policy and guidance within the H&S policy? And understands their responsibility within this policy that applies to them? | Statement of driver: | Signature of driver: | Date signed: 

As their line manager, it would be good practice to test their knowledge of the policy by asking a few key questions from this area of the Health and Safety Policy.

Questions asked and replies:
Appendix 4: Ten Vital Car Checks Guide for Staff

Tyres

- Know the correct tyre pressures for your car and check them at least every two weeks using a good-quality gauge or garage airline.
- Check tyre tread and condition – look for cuts on sidewalls. If any one tyre needs regular top-ups, it may have a slow puncture.
- Don’t forget to check the spare as well.

Toolkit

- Check the handbook for the location of the basic toolkit for the car that should contain at least a jack and wheel removal tools.
- Familiarise yourself with the jacking points used to lift the car safely.
- If locking wheel nuts are fitted make sure that the toolkit includes the key or removal tool.

Engine oil

- Check the dipstick at least every fortnight and before any long journey.
- Have the oil and filter changed at recommended service intervals using oil of the correct specification.
- High oil consumption can indicate engine problems.

Water

- Check the coolant level regularly and top up as necessary – but only when the engine is cold.
- Have the antifreeze concentration checked before winter.
- Antifreeze prevents the build-up of corrosion within the cooling system as well as stopping the coolant freezing so is important all year round.

Wipers

- Wiper blades wear down over time and smear the windscreen if they become worn.
- Replace them at least once a year for best performance.

Screenwash

- Check and top up regularly – it’s a legal requirement that the system works.
- Use a good screenwash additive through summer and winter – water alone won’t clear oily road grime and freezes more readily in winter.

Windscreen

- Check regularly for stone damage as this can impair vision or distract attention.
- Minor chips can grow and crack the glass but many can be repaired by a windscreen specialist.
Lights

- Check all lights weekly. Don't forget indicators, brake and fog lights.
- Clean lights regularly. In bad weather wipe them over with a damp cloth during driving breaks.

Power steering

- Ensure that the fluid reservoir is checked at every service, and check it yourself once a month.
- Top up only using the correct hydraulic fluid as advised in the car handbook.

Bodywork

- Deal promptly with damage to bodywork to prevent rust setting in.
- Many cars have extended bodywork warranty schemes, which may require annual inspection at the dealer. Check that any previous owner has kept records up to date.
DSE Workstation Self Assessment Form

Part A: The User

1. User Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Building Based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept.</td>
<td>What is your average daily computer use? hrs</td>
</tr>
<tr>
<td>Floor</td>
<td>Line Manager</td>
</tr>
<tr>
<td>Telephone</td>
<td>Date of assessment 2013</td>
</tr>
<tr>
<td>Are you using a laptop or tower PC?</td>
<td>Laptop/Desk PC</td>
</tr>
<tr>
<td>In use at home or in the office?</td>
<td>Home/Office</td>
</tr>
</tbody>
</table>

Before answering the following questions, please read the Arinite DSE User Guide attached with this form.

2. Health Assessment

2.1 Are you suffering with any physical or visual discomfort whilst working at your computer? If yes complete the rest of this section, if no, go to Section 3.

Are you suffering with:

| 2.2 Headaches? | Y/N |
| 2.3 Eyestrain/blurred vision? | Y/N |
| 2.4 Neck ache/discomfort? | Y/N |
| 2.5 Shoulder pain/discomfort? | Y/N |
| 2.6 Upper back pain/discomfort? | Y/N |

2.12 How frequent are the symptoms?

| Hourly | Daily | Weekly |

2.13 When do you suffer symptoms?

| At work | At Home | Both |

3. Provision of information and training

3.1 Have you read the information provided in the Health and Safety Policy?

Y/N

4. Posture

4.1 Are you aware of the correct posture for DSE usage? (See figures 1 and 2 below)

4.2 Do you sit face on to the monitor and avoid upper body twisting?

Poor posture

- Cradling phone between neck and shoulder.
- Wrists arched back.
- Shoulders hunched, back slumped forward.
- Tailbone receiving full weight of body.

Good posture

- Head in relaxed upright position.
- Relaxed grip on mouse to release tension.
- Back in upright position with full contact with chair.
- 40% of your weight should rest on legs and feet.

Figure 1 – Incorrect Posture
Figure 2 – Correct Posture

DSE Self Assessment Form AF3 9A (Appendix 5)
5. Workstation Activity Levels

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Do you take cumulative breaks of 5-10 minutes from viewing the screen every hour?</td>
<td>Y/N</td>
</tr>
<tr>
<td>5.2</td>
<td>Can you change activities to avoid eye strain?</td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td>Are you aware of exercises that can help prevent computer workstation fatigue?</td>
<td></td>
</tr>
</tbody>
</table>

Part B: Computer Workstation Equipment

1. Chair

<table>
<thead>
<tr>
<th></th>
<th>Y/N/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Do you know how to fully adjust the chair?</td>
</tr>
<tr>
<td>1.2</td>
<td>Is the chair stable and functioning correctly?</td>
</tr>
<tr>
<td>1.3</td>
<td>Is the chair comfortable?</td>
</tr>
<tr>
<td>1.4</td>
<td>Is the back rest height adjustable?</td>
</tr>
<tr>
<td>1.5</td>
<td>Is the back rest rake (back/forward) adjustable?</td>
</tr>
<tr>
<td>1.6</td>
<td>Are you satisfied with the chair arms?</td>
</tr>
<tr>
<td>1.7</td>
<td>Is the seat height adjustable?</td>
</tr>
<tr>
<td>1.8</td>
<td>Does the chair have castors?</td>
</tr>
<tr>
<td>1.9</td>
<td>Is the floor under your chair in good condition?</td>
</tr>
</tbody>
</table>

2. Workstation

<table>
<thead>
<tr>
<th></th>
<th>Y/N/Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Is the desk rectangular, right angled or curved?</td>
</tr>
<tr>
<td>2.2</td>
<td>Is the desk too small or too narrow to work comfortably?</td>
</tr>
<tr>
<td>2.3</td>
<td>Is there adequate free space on the work surface?</td>
</tr>
<tr>
<td>2.4</td>
<td>Is the work surface free from sharp corners, edges or protruding parts?</td>
</tr>
<tr>
<td>2.5</td>
<td>Is there adequate space on the work surface in front of the keyboard to support hands and arms if required?</td>
</tr>
<tr>
<td>2.6</td>
<td>Is there adequate legroom under the desk?</td>
</tr>
<tr>
<td>2.7</td>
<td>Is storage space available for personal belongings/filing?</td>
</tr>
<tr>
<td>2.8</td>
<td>Is the layout of the desktop equipment e.g. telephones etc., satisfactory?</td>
</tr>
<tr>
<td>2.9</td>
<td>Have obstructions and hazards (especially tripping hazards) been eliminated in your work area?</td>
</tr>
</tbody>
</table>

3. Monitor

<table>
<thead>
<tr>
<th></th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Is the information on the screen clearly defined and easy to read?</td>
</tr>
<tr>
<td>2.2</td>
<td>Are the brightness and contrast controls adequate and easily adjustable?</td>
</tr>
<tr>
<td>2.3</td>
<td>Is the image stable and flicker free?</td>
</tr>
</tbody>
</table>
2.4 Is the monitor able to pivot and tilt? 

2.5 Is the monitor at a comfortable height? (top of the screen level or slightly higher than eye level) 

2.6 Are monitor riser blocks need to raise the monitor? 

4. keyboard 

4.1 Is the keyboard angle and height adjustable? 

4.2 Are the key symbols adequately readable? 

4.3 Is the keyboard stable whilst in use? 

5. Additional Equipment 

5.1 Is a copyholder required to avoid over flexing of neck muscles when working? 

5.2 Is a footrest required where the feet cannot rest squarely on the floor when working? 

5.3 Is a headset required where the computer and telephone are used regular at the same time? 

6. Laptop Users 

6.1 Is a docking station with separate keyboard and mouse in use where a laptop is being used instead of a desktop computer? 

6.2 Is a docking station with separate keyboard and mouse required? 

7. Smart phones and other mobile computer devices 

7.1 Do you use a smart phone or mobile device for work? 

7.2 If yes how many hours per week? 

Part C: Working Environment 

1. Lighting 

1.1 Have glare and/or reflections on the DSE screen been eliminated e.g. from lights, desks, windows, open blinds, and walls? 

1.2 Does the general office lighting enable you to view the screen clearly? 

1.3 Is the lighting suitable for all office tasks? 

1.4 Have adequate window blinds been provided? 

2. Noise 

2.1 Are the general noise levels in your work area acceptable? 

3. Temperature and air quality 

3.1 Is the temperature adequate to prevent discomfort from excess heat/cold? 

3.2 Is the humidity adequate to avoid discomfort from dry eyes?
4. Cleaning

<table>
<thead>
<tr>
<th></th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Are cleaning materials available for the screen and keyboard?</td>
</tr>
</tbody>
</table>

5. Home work

<table>
<thead>
<tr>
<th></th>
<th>Y/N/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>If a computer is used regularly for office related work (more than one day a week) is the workstation set up suitable?</td>
</tr>
</tbody>
</table>

D: Ergonomic Aspects (work-user interface)

1. Task

<table>
<thead>
<tr>
<th></th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Has the work been planned/designed to allow the user to work in an efficient and comfortable way? (This includes the allocation of work, the volume and complexity of tasks and the equipment provided)</td>
</tr>
</tbody>
</table>

2. Software

<table>
<thead>
<tr>
<th></th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Is the software in use suitable for the tasks that need to be carried out?</td>
</tr>
</tbody>
</table>

Part E: Summary

<table>
<thead>
<tr>
<th></th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Are there any other matters you wish to raise concerning your workstation? If yes, please give details below.</td>
</tr>
</tbody>
</table>

User Comments

- **H** = High priority - Requiring immediate action on receipt of the report.
- **M** = Medium Priority - Requiring action within two weeks of receiving the report.
- **L** = Low priority – To be completed when practicable, but no longer than one month.

<table>
<thead>
<tr>
<th></th>
<th>Priority H/M/L</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
Please complete and return this form to the Health and Safety Lead

<table>
<thead>
<tr>
<th>User Name</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Health and Safety Lead**

<table>
<thead>
<tr>
<th>Assessment checked by</th>
<th>Any further action required?</th>
<th>Y/N</th>
<th>Follow up action completed</th>
<th>/ /</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Follow Up Actions:**

<table>
<thead>
<tr>
<th>Follow Up Actions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
EMERGENCY RESPONSE FORM

This form is to be completed after each emergency evacuation.

<table>
<thead>
<tr>
<th>Department/Area/Building/Site location</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date / / Time :                     --</td>
<td></td>
</tr>
<tr>
<td>Nature of evacuation (e.g. fire drill, actual fire, etc.)</td>
<td></td>
</tr>
<tr>
<td>Fire Brigade called? Yes/No</td>
<td></td>
</tr>
<tr>
<td>What time elapsed between the sounding of the alarms and evacuation of department? Yes/No</td>
<td></td>
</tr>
<tr>
<td>Did everyone evacuate in your department/area/building? Yes/No</td>
<td></td>
</tr>
<tr>
<td>Doors closed by staff? Yes/No</td>
<td></td>
</tr>
<tr>
<td>Hold-open doors worked/Hold-shut doors released? Yes/No</td>
<td></td>
</tr>
<tr>
<td>Did everyone know what to do and where to go? Yes/No</td>
<td></td>
</tr>
<tr>
<td>Best exits used by staff? Yes/No</td>
<td></td>
</tr>
<tr>
<td>Nobody re-entered the building? Yes/No</td>
<td></td>
</tr>
<tr>
<td>Fire alarm reset?</td>
<td></td>
</tr>
<tr>
<td>What went well?</td>
<td></td>
</tr>
<tr>
<td>What went wrong?</td>
<td></td>
</tr>
<tr>
<td>Suggested corrective action</td>
<td></td>
</tr>
<tr>
<td>Action taken</td>
<td></td>
</tr>
<tr>
<td>Debrief/report circulated (date) / /</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Signature</td>
</tr>
</tbody>
</table>

When completed, this form should be returned to the Health and Safety Lead.
# FIRE SAFETY INSPECTION CHECKLIST

This checklist can be used by fire marshals to carry out a Fire Safety Inspection of their areas of responsibility on a monthly basis. The completed form will be sent to their Health and Safety Lead for review and any necessary action. If the same issue appears on a regular basis, this information will be brought to the attention of Senior Management.

<table>
<thead>
<tr>
<th>Area:</th>
<th>Inspected by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: / /</td>
<td>Yes</td>
</tr>
<tr>
<td>Are all escape routes free from obstruction and combustible materials?</td>
<td></td>
</tr>
<tr>
<td>Have all combustible materials been removed from beneath open staircases?</td>
<td></td>
</tr>
<tr>
<td>Are all fire exits kept clear and free from obstruction on both sides of the door?</td>
<td></td>
</tr>
<tr>
<td>Are all fire extinguishers in their correct locations, free from obstruction and on stands or hooks?</td>
<td></td>
</tr>
<tr>
<td>Have fire extinguishers been tampered with? Check retaining ring/tag or gauge.</td>
<td></td>
</tr>
<tr>
<td>Are all fire doors kept closed?</td>
<td></td>
</tr>
<tr>
<td>Are all fire doors easily opened?</td>
<td></td>
</tr>
<tr>
<td>Are all fire signs in place, including fire exit directional signs and fire extinguisher usage signs, in good condition and easily readable?</td>
<td></td>
</tr>
<tr>
<td>Has the fire alarm been tested on a weekly basis and results recorded?</td>
<td></td>
</tr>
<tr>
<td>Is emergency lighting operable?</td>
<td></td>
</tr>
<tr>
<td>Have smoke/heat detectors been tested and results recorded?</td>
<td></td>
</tr>
<tr>
<td>Is the list of fire marshals on the notice board and up-to-date?</td>
<td></td>
</tr>
</tbody>
</table>

Please note any further observations

Corrective actions completed? Y/N Follow-up inspection required? Y/N

Signed off by name: Signature
1. PERSON

Name: 

Building Base: Floor: 

Telephone Number: Email: 

2. DESIGNATED ASSISTANCE

(The following people have been designated to give assistance when I need to get out of the building in an emergency).

Name: Contact Tel Number: 

1. 

2. 

3. 

4. 

3. PLAN

In the event of a fire alarm or bomb alert *(insert name)* will require assistance to evacuate the building. The staircase offers protection for ½ an hour against fire and smoke. There is an evacuation chair *(insert location)* that can be used to assist *(insert name)* to descent the staircase.

4. METHOD OF ASSISTANCE

Self transfer* into the evac chair 
Assisted transfer* into the evac chair 

*delete as appropriate

5. EVACUATION PROCEDURE

In the event of an alarm *(insert number)* of *(insert name)* colleagues will assist *(him/her)* to evacuate the building. The evac chair will be brought to *(insert name)* area of work, where they will self transfer/be assisted to transfer* into the evac chair. They will then be wheeled to the safest staircase, and when there is a safe gap in the evacuation of other staff from the building the descent will commence. Another colleague will arrange for their (insert any equipment that is normally used i.e. walking aids, wheelchair etc) to be brought down stairs. When at a safe distance from the exit *(insert name)* will self transfer/be assisted to transfer* out of the evac chair/or will remain in the evac chair*. Staff will continue to the fire assembly point and continue with the Fire Procedure for NHS Halton.

*delete as appropriate
6. ADDITIONAL ASSISTANCE

Consideration needs to be given to emergency evacuation when (insert name) is off site, i.e. attending meetings off site. Where possible (insert name) will attend venues on the ground, possible control measure: a buddy will attend with them or arrangements will be made with buddy’s on that site to provide assistance in the case of an emergency evacuation.

7. ROLES AND RESPONSIBILITIES

Line Manager to seek volunteers for buddies, and review this plan periodically to ensure that it is still valid.

Halton Borough Council to provide the training in the use of the evac chair to identified buddies.

Identified buddies to regularly practice using the evac chair to ensure there skills are kept up to date.

Halton Borough Council to ensure that the evac chair is maintained and services annually.

Personal Evacuation Plan for:

Signature:………………………………………………………………………………………………

Date Agreed…………………………………………………………………………………………

Line Manager:

Signature:………………………………………………………………………………………………

Health and Safety Lead:………………………………………………………………………………

Copies to be circulated to identified buddies by Line Manager
FIRE AND EMERGENCY PLAN

CONTENTS

1. Introduction 1
2. Raising the Alarm 1
3. Evacuation 2
4. Post Evacuation Assembly 2
5. Information and Instruction 2
6. Evacuation Drills and Training 2
7. False Alarms 4
8. Visitors and Contractors 4
9. Disabled People 4
10. Responsibilities 4
11. Fire Alarm and Detection Systems 5
12. Fire Fighting Systems and Equipment 5
13. Alarm Tests 5
14. Emergency Lighting 5
15. Health and Safety Signage 5
16. Fire prevention 5
17. Bomb Threats 6
18. Periodic Review 6

NOMINATED EMPLOYEES

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident Controller</td>
<td></td>
<td></td>
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<tr>
<td>Fire Marshal</td>
<td></td>
<td></td>
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<tr>
<td>Fire marshal</td>
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<tr>
<td>Fire Marshal</td>
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<td>Fire Marshal</td>
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<tr>
<td>Fire Marshal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Introduction

To save life and prevent injury in the event of fire or other similar emergency, all employees must know, understand and follow the fire evacuation procedure. This procedure has been prepared to comply with the statutory requirements of the Regulatory Reform (Fire Safety) Order 2005, and the Management of Health and Safety at Work Regulations 1999.

NHS Property Services has conducted a Fire Risk Assessment which has focused on:

- Identifying potential fire hazards
- Identifying who could be at risk in the event of a fire
- Evaluating the level of risk from the fire hazards and decide how effective are the existing controls to eliminate, control or avoid the fire hazards

In order to manage the risks from the fire hazards control measures will be put in place which include:

- The Fire & emergency plan
- Fire detection and warning systems
- Safe means of escape
- Effective and safe means of fighting fire
- Effective fire safety training and
- Fire prevention measures

All staff should be familiar with the following procedure so that you are aware of what to do in the event of an emergency.

2. Raising the Alarm

It is the responsibility of the relevant line manager to ensure that all employees know where the manual “break glass” fire alarm call points are located and how to operate them. These points are sited beside most external fire doors, tops of staircases and along evacuation routes. Copies of drawings showing call points, fire exits and assembly points should be displayed on notice boards.

If a fire is discovered, the nearest “break glass” fire alarm point should be activated immediately. This will automatically sound the fire alarm throughout the entire building.

During normal hours building manager/officer in charge will alert the Fire Brigade.

After normal hours a building manager/officer in charge will alert the Fire Brigade.

Fire detection systems are installed throughout the buildings, e.g. smoke detectors. These will “sense” fire and raise the alarm automatically, but not necessarily immediately. A “break glass” point should always be activated unless the alarm is already sounding.

Action on Discovering a Fire
• **Immediately raise the alarm** by shouting and breaking the glass on the nearest call point before attempting to tackle it.
• Close windows and doors behind you when leaving the building.
• Switch off and unplug all electrical equipment if possible
• **Make your way out of the building in an orderly manner** by the nearest exit and head for the assembly point.
• **DO NOT** attempt to fight fires unless in your opinion you can safely control the fire by using an extinguisher, and you are sure you can escape safely.

3. **Evacuation**

When the alarm is sounded all employees and visitors must immediately leave the building by the nearest fire exit and report to their assembly point. Managers must ensure all their employees are familiar with the main and alternative escape routes from their work areas.

When leaving remember to:

• **Use the most direct route** following the fire exit signs. If the main route is blocked take the alternative route
• **Close all doors behind you.** This will delay fire/smoke spreading
• **Do not delay when leaving,** or return to your department for personal belongings
• Switch off machinery and equipment if it is safe to do so
• Do not run
• **Do not use the lift**
• Assemble at the front car park area
• Remain at your assembly point until instructed otherwise

It is the responsibility of the building manager/ officer in charge, assisted by the Fire Marshals, to direct people out of the building to the appropriate assembly point, and to ensure a thorough search is made of the vacated building.

There will be no exceptions to this and failure to comply with this policy may lead to disciplinary procedures.

4. **Post Evacuation Assembly**

The fire assembly point for Runcorn Town Hall is situated at the front car park area

Employees must remain at the fire assembly point until the building manager/office in charge authorises a return to work.

5. **Instruction and Information**

All staff are responsible for ensuring there mandatory training is up to date.

6. **Evacuation Drills and Training**

All employees will receive training so that they will know how they can contribute in preventing a fire, what to do if they discover a fire, how they can raise the alarm, and the evacuation procedures for their building.
To ensure all employees are familiar with the evacuation procedure, 6-monthly fire evacuation drills will be held. These drills may receive some prior notification, although for the systems and procedures to be fully tested some element of surprise is warranted.

It is extremely important for employees to report any problems encountered to the officer in charge immediately after a fire evacuation or drill, e.g. the alarm not being heard or congestion of escape routes.

7. False Alarms

Despite every precaution being taken and strict maintenance schedules being carried out to all equipment an alarm maybe activated accidentally.

The procedure will be the same as for a real emergency and will be treated as such.

8. Visitors and Contractors

In the event of an evacuation, visitors and contractors are to be escorted off the premises by their hosts and must remain with them until all personnel are accounted for. For contractors, the person responsible for them should brief them on the action to take on hearing the alarm and the location of the fire assembly point.

9. Disabled Persons

In the event of an evacuation designated fire marshals responsible for ensuring that any disabled, or mobility impaired visitor is helped, to where applicable, the safe refuge point, and then, out of the building to the assembly point, and remains there until the all clear is given.

A personal emergency evacuation plan will be completed for all disabled employees.

10. Responsibilities

When the alarm has been raised it is vital to ensure that all employees immediately evacuate the area and that everyone has left the building.

Fire Liaison Officer

The building manager/office in charge or their deputy will be nominated as the incident controller. On the sounding of the alarm they will stand at the assembly point.

Fire wardens will report to the incident controller to confirm all departments are clear and the Incident Controller will conduct a roll call in conjunction with the Fire Wardens.

The incident controller will ensure no-one returns to the building until told to do so and will report to the fire service and provide full details of the evacuation and other relevant information requested.

Following any evacuations or drills they will complete an Emergency Response Form recording any findings and comments, together with any proposed course of action. This will be discussed with Senior Management and any proposed course of action, amendments to policy or procedure will be implemented.
Fire Marshals

It is the responsibility of fire marshals to direct people out of the building to the assembly point.

They will conduct a thorough search of their section of the building to ensure no-one remains inside, checking all meeting rooms and toilets and closing doors behind them.

In the event of a false alarm they will liaise with the Fire Liaison Officer to agree it is safe for staff to re-enter the building.

Evacuation (Evac) Chair buddies
Evac Chair buddies are responsible for the evacuation of previously notified staff members who require extra assistance.

Responsible persons
Attempt to reset the alarm for 4 minutes, if it does not reset within 4 minutes dial 999. They exit the building and report to the Fire Liaison Officer, if it does re-set they liaise with the Fire Liaison Officer around allowing staff to re-enter the building.

At no time should anyone risk their own safety at risk

11. Fire Alarm & Detection Systems

Runcorn Town Hall is fitted with a fire alarm incorporating break glass call points situated throughout the building.

Smoke detectors and heat detectors are fitted throughout the building.

The fire alarm and detectors are inspected/maintained and serviced annually by MJ Quinn.

12. Fire Fighting Systems & Equipment

Fixed Fire Fighting Systems

Dry Risers - Where this type of system exists in the Company only authorised personnel will be allowed entry to these areas. Only trained and authorised personnel will operate these systems.

Portable fire extinguishers are provided in all locations according to the level of risks. Numbers and type of appliance will depend on the type of hazard that exists.

All fixed and portable fire fighting equipment will be serviced and maintained annually.

13. Alarm Tests

The fire alarm will be tested via alarm call points every week to ensure it is working and can be heard throughout the building.

14. Emergency Lighting
Where emergency lighting is provided it will be tested monthly, and serviced every six months to ensure it is working properly.

15. Health & Safety Signs

Comprehensive health and safety signage is displayed throughout the building detailing fire exits, fire escape routes, fire call points, fire fighting equipment, and assembly points. Fire action notices will detail the action to take in the event of a fire alarm activation.

16. Fire Prevention

The basic rules of fire prevention are:

- Switch off and unplug all electrical equipment when not in use
- Ensure all cooking appliances are switched off and unplugged when not in use
- Ensure all doors are closed to prevent the spread of fire
- Do not prop open fire doors
- Regularly empty rubbish bins
- Report any defective equipment, including damaged cables and plugs, loose connections etc.

17. Bomb Threats

If you find a suspect package do not touch it, inform Runcorn Town Hall. Tell people nearby to leave the area and tell them why so they can tell others they meet. Get to a point of safety yourself.

If you receive a phone call from someone claiming to have knowledge of a bomb get as much information from them alerting a colleague of the situation if possible, report the call to The officer in charge immediately, and complete a bomb threat form.

All reports of a threat or suspected threat, from whatever source, must be immediately reported to the officer in charge who will determine the best course of action. If the officer in charge decides to inform the police of the details of the threat, they will take control of the situation and determine the best course of action to be taken.

Once employees are gathered at the assembly point, they will be advised, by the officer in charge of what has happened and what they are required to do (i.e. stay where they are, move to a safer location, re-enter the building on a given signal, etc.).

When the emergency situation has been adequately dealt with and upon advice of the police, all alarms are silenced and you are advised that it is now safe to re-enter the building.

18. Periodic Review

This procedure will be reviewed annually or as a result of an evacuation whether it is a false alarm or real emergency.
Please insert appropriate responses in following boxes e.g. Y/N/NA

**WORKING ENVIRONMENT CHECKLIST**

<table>
<thead>
<tr>
<th>Inspection for month:</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Runcorn Town Hall – NHS Halton CCG Main Office</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issues to Check</th>
<th>Y/N/NA</th>
<th>Issues to check</th>
<th>Y/N/NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are all floors free from obstruction, e.g. boxes, bags, files, etc?</td>
<td></td>
<td>Are thermometers provided?</td>
<td></td>
</tr>
<tr>
<td>Are all floors, including under desks free of trailing cables and other trip hazards?</td>
<td></td>
<td>During working hours, is the workplace temperature reasonable, e.g. 19°C?</td>
<td></td>
</tr>
<tr>
<td>Are all substances, correctly stored and labelled?</td>
<td></td>
<td>Is the air conditioning unit working? * No AC Unit on 1st Floor</td>
<td>N/A</td>
</tr>
<tr>
<td>Are all material safety data sheets (MSDS) available?</td>
<td></td>
<td>Is the localised heating working?</td>
<td></td>
</tr>
<tr>
<td>Are the first aid boxes fully stocked and contents in date? * First Aid provision provided by HBC</td>
<td>N/A</td>
<td>Are there sufficient toilets and urinals for the workforce?</td>
<td></td>
</tr>
<tr>
<td>Do staff know how to record an incident?</td>
<td></td>
<td>Have appropriate sanitary disposal bins been provided?</td>
<td></td>
</tr>
<tr>
<td>Is the list of first aiders and fire wardens on the notice board and up-to-date?</td>
<td></td>
<td>Are the toilet facilities kept clean?</td>
<td></td>
</tr>
<tr>
<td>Are electrical cables in order with no splits or bare wires showing?</td>
<td></td>
<td>Is there sufficient space for each worker?</td>
<td></td>
</tr>
<tr>
<td>Are extension leads over loaded, i.e. other sets of extension leads plugged into them?</td>
<td></td>
<td>Have workstation assessments been conducted for each DSE user?</td>
<td></td>
</tr>
<tr>
<td>Are all portable appliance testing (PAT) stickers in place and in date?</td>
<td></td>
<td>Are there appropriate facilities for making hot drinks and heating food?</td>
<td></td>
</tr>
<tr>
<td>Is the general lighting in good order?</td>
<td></td>
<td>Is there an ample supply of drinking water?</td>
<td></td>
</tr>
<tr>
<td>Is natural light being used wherever possible?</td>
<td></td>
<td>Fire extinguishers in position, accessible, serviced within the last year and signs displayed?</td>
<td></td>
</tr>
<tr>
<td>If task lamps are required, have they been provided?</td>
<td></td>
<td>Fire action notices and fire exit signs displayed and visible?</td>
<td></td>
</tr>
<tr>
<td>Are the lighting levels suitable?</td>
<td></td>
<td>All new staff have received safety information and instructions?</td>
<td></td>
</tr>
<tr>
<td>Is the building clean (including furniture, fittings and display screen equipment)?</td>
<td></td>
<td>Are walkways and stairways free from obstructions and/or stored combustible materials?</td>
<td></td>
</tr>
<tr>
<td>Is there an up to date Health &amp; Safety Law Poster displayed?</td>
<td></td>
<td>Does there appear to be enough storage &amp; are items being stored appropriately?</td>
<td></td>
</tr>
</tbody>
</table>
Please insert appropriate responses in following boxes e.g. Y/N/NA

<table>
<thead>
<tr>
<th>Inspection Completed By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Points</th>
<th>By Whom</th>
<th>By When</th>
<th>Initial date when completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Remedial actions agreed with:

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
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<tbody>
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</tbody>
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<table>
<thead>
<tr>
<th>Signature</th>
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<td></td>
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</table>