

Occupational health and safety standards



Partnership for Occupational Safety and Health in Healthcare

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Contents

Foreword	3
Introduction	4
A. Management of health and safety	
Policy	8
Organising – Control	10
Organising – Cooperation and communication	13
Organising – Cooperation and control - safety committee	16
Organising – Cooperation and communication - the role and rights of the safety rep	20
Organising – Competence	23
Planning and implementing - Risk assessment and risk management	26
Measuring performance and monitoring	29
Audit and review	32
B. Incident reporting	39
C. Provision of an occupational health service	
Integration	42
Management arrangements	47
Competency/training	49
Service delivery	51
D. Musculoskeletal Disorders/Manual Handling	53
Display screen equipment	56
Bariatrics	60
E. Violence and Aggression	
Management of violence and aggression	62
Lone workers	71
Bullying and harassment	75
F. Slips, trips and falls	78

Contents *continued*

G. Stress	80
H. COSHH General Arrangements	84
I. Prevention and Control	
Communicable diseases	86
Needlestick management/blood borne viruses	88
Latex	91
Healthcare Acquired Infection - including hand washing	94
J. Contractors and Subcontractors	97
K. Fire	99
L. Working Time Directive (including night workers)	102
M. Pregnancy and new mothers	104
N. The Workplace	
Temperature	106
O. Radiation	109
P. Workplace Transport	114
Q. Work Equipment	
Provision and use of work equipment	116
R. First Aid	119

Foreword

The management of occupational health, safety and well-being is now central to the effective running of the NHS. There is strong evidence linking patient safety, patient experiences and the quality of care with the safety, health and well-being of the workforce. The Boorman review into the health and well-being of the NHS workforce clearly illustrates this link. However, looking after the health and well-being of staff is far more than supporting staff to develop healthy lifestyles: there is a legal duty to protect the health and safety of staff as detailed in the NHS Constitution.

The Boorman review and annual staff survey confirm that more needs to be done to protect NHS staff from the many causes of work related injury and ill health prevalent in the health sector. Musculoskeletal disorders, stress related illnesses, dermatitis and bullying and harassment are still too common place.

These standards have been developed by the Partnership for Occupational Safety and Health in Healthcare (POSHH) with the support of the Health and Safety Executive. They aim to help trusts by pulling together legal requirements and best practice and give practical pointers and signposts on meeting the requirements. The NHS Constitution refers to these standards as a means of helping trusts comply with their duty to protect staff.

Following the standards will help trusts meet their legal duties and help them achieve some of the health and safety aspects within the NHS

Litigation Authority standards, Care Quality Commission requirements and the Improving Working Lives initiative. The standards may also provide a useful checklist for those involved in the commissioning of care.

Working in partnership is key to improving occupational health and safety standards. Nationally, employer and employee representatives of POSHH have worked together to produce these standards. It is essential that partnership continues locally with managers and trade union safety representatives working together to implement these standards.

We would like to thank all those who have assisted POSHH with the development and review of these standards.

We hope that this document will go on your board agenda and that your organisation develops a proactive health and safety strategy and action plan to implement the standards in order to best protect staff and patients.



James Tracey
South Tees
Hospitals NHS
Foundation Trust



Kim Sunley
Royal College
of Nursing

Introduction

In 2005 the Government launched its Health, Work and Well-being strategy to improve the health and welfare of people of working age with a view to securing the workforce of the future. Underpinning the new strategy are easy, free access to high quality occupational health and health and safety services as well as the provision of healthy workplaces for employees to work in.

The Health, Work and Well-being¹ strategy supported work already being carried forward in the NHS in relation to the Health and Safety Executive's (HSE) stress management programme and followed on from Improving Working Lives and a range of initiatives which have been introduced over the years.

These initiatives have now been built upon further by the publication of Dr Steven Boorman's NHS Health and Well-being Review published in August and October 2009 which recognised that health and well being were now more than a matter for individual attention and challenged the NHS to follow the lead of other successful organisations in recognising that good health is a key enabler to good business. The health, safety and welfare of staff directly contributes to organisational success and poor workforce health has a high cost.

Having accepted the recommendations made in the Review, the Government, through the Department of Health, is working closely with strategic health

authorities to ensure that they are rolled out in all NHS organisations and is embedding them in the management process through review and inspection by the Care Quality Commission and Monitor.

With a wealth of guidance on health and safety and occupational health issues available to practitioners there is no need for another document to replicate it. Instead this document, originally published in 2008 and now revised and updated, sets out to distil clear and concise standards which represent good practice and which all NHS organisations should meet.

Staff are the NHS's most important resource. No one should be made ill by work. The standards that follow provide the impetus for the provision of a quality of service which is consistent across the NHS, which gives good value and clearly contributes to meeting the challenges set out by the Boorman Review. In the long term the cost of implementing this service will be realised from direct costs released by reducing injury-related compensation, reducing sickness absence and early retirement. Indirect savings will be released from a reduced need for additional staff cover, reduced recruitment and training costs and improved quality and outcome of services to patients.

Exemplar role

The health service has an important exemplar role as an employer¹. Because of its unique position of trust and respect the NHS should set

¹DWP, *Health, work and well-being - Caring for our future*

an example to all employers. The NHS should exemplify best practice to other employers and as such should openly publicise its service provision. NHS Organisations should have comprehensive occupational health services which are clearly visible and accessible to staff and to the local community.

Occupational health and safety services are set up to care for NHS employees and should seek to provide services to all parts of the NHS not currently receiving such services. The development of the Faculty of Occupational Medicine's Standards and those in development by NHS Plus, together with work commissioned by the Department of Health on improving the effectiveness of occupational health services will contribute to achieving this over the next two years.

The NHS should aim to become a trusted and widely recognised source of comprehensive specialist occupational health and safety advice for employers and where appropriate should establish support through NHS Plus for non NHS employers.

Using references in this document

In this document we have set out to provide, wherever possible, the legal references for our recommended criteria. Alongside these legal references we also give references to documents from professional organisations and public and private sector bodies where we believe that information would be of help in developing work on the standard. While we have done our best to ensure that as many references are

given as possible we do not claim that they are exhaustive and would welcome contributions from users on references that they have found to be of particular use.

Contacts

If you have any comments, suggestions for further standards, or additional references please contact: POSHH@nhsemployers.org

²DH (April 2000) *Working Together: The National Human Resources Framework*

The subject areas covered are:

A) THE MANAGEMENT OF HEALTH AND SAFETY

(Based on HSE's Publication HSG 65 Successful Health and Safety Management)

- Policy
- Organising
 - Control
 - Cooperation and communication
 - Safety Committee
 - The role and rights of a safety rep.
 - Competence
- Planning and implementing
 - Risk assessment and risk management.
- Measuring performance and monitoring
- Auditing and review

B) Management of health and safety

- Incident reporting

- C) Provision of an Occupational Health Service
 - Integration
 - Access to
 - Management arrangements
 - Competency/training
 - Service delivery
- D) Musculoskeletal disorders/manual handling
 - Display screen equipment
 - Bariatrics
- E) Violence and aggression
 - Management of violence and aggression
 - Lone workers
 - Bullying and harassment
- F) Slips, trips and falls
- G) Stress
- H) COSHH general arrangements
- I) Prevention and control
 - Communicable diseases
 - Needlestick management/blood borne viruses
 - Latex
 - Healthcare Acquired Infection - including hand washing
- J) Contractors and subcontractors
- K) Fire
- L) Working Time Directive (including Night Workers)
- M) Pregnancy and new mothers
- N) The Workplace
 - temperature
- O) Radiation
- P) Workplace transport
- Q) Work equipment
 - PUWER
- R) First aid

This document pulls together standards on some of the key occupational health and safety risks in the sector and also encourages the use of Health and Safety Executive's HSG 65 framework.

A. The Management of health and safety

Policy			
Standard	Employers should have effective health and safety policies in place that set a clear direction for the Trust to follow.		
Rationale	Employers need to be able to provide documentary evidence of the involvement of the Board in directing processes for the management of health and safety and other risks in the organisation.		
Legal requirements	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work [amendment] Regulations 1999, regulation 5		
Criteria	Evidence	References	Completed
The Trust has improving health and safety as a core requirement of its future strategy led by the Board.	Strategy document	Management Regs, HSG 65, <i>Leading Health and Safety at Work: Leadership Actions for Directors and Board Members</i> , Institute of Directors and Health & Safety Commission, October 2004 www.hse.gov.uk/pubns/indg417.pdf www.iod.com/hsguide www.hse.gov.uk/leadership	
There is a health and safety policy which is discussed and ratified by the board.	Policy document	<i>Healthy Workplaces Handbook</i> , 2007, NHS Employers	

Criteria	Evidence	References	Completed
		<p>Leading Health and Safety at Work: Leadership Actions for Directors & Board Members, Institute of Directors and Health & Safety Commission, October 2004</p> <p>www.hse.gov.uk/pubns/indg417.pdf</p> <p>www.iod.com/hsguide</p> <p>www.hse.gov.uk/leadership</p>	
<p>The Board establishes priorities and develops performance standards which at each stage minimise the risk to people.</p>	<p>Risk registers</p> <p>Internal and external audit reports</p> <p>Annual reports</p> <p>Incident statistics and analysis</p>	<p>Management of Health and Safety at Work [amendment] Regulations 1999</p> <p><i>Leading Health and Safety at Work: Leadership Actions for Directors & Board Members</i>, Institute of Directors and Health & Safety Commission, October 2004</p> <p>www.hse.gov.uk/pubns/indg417.pdf</p> <p>www.iod.com/hsguide</p> <p>www.hse.gov.uk/leadership</p>	
<p>The Board can provide evidence that priorities and performance standards are based on risk assessment and audit findings of strengths and weaknesses.</p>	<p>Priorities and standards document</p> <p>Risk registers</p> <p>Internal and external audit reports</p> <p>Annual reports</p> <p>Incident statistics and analysis</p>	<p>Management of Health and Safety at Work [amendment] Regulations 1999</p> <p><i>Leading Health and Safety at Work: Leadership Actions for Directors & Board Members</i>, Institute of Directors and Health & Safety Commission, October 2004</p> <p>www.hse.gov.uk/pubns/indg417.pdf</p> <p>www.iod.com/hsguide</p> <p>www.hse.gov.uk/leadership</p>	
<p>The Board takes the lead in ensuring the communication of health and safety duties and benefits of compliance throughout the Trust.</p>	<p>Walks around</p> <p>Newsletters</p> <p>Board involved in health and safety inspections.</p>	<p>Management of Health and Safety at Work [amendment] Regulations 1999</p> <p><i>Leading Health and Safety at Work: Leadership Actions for Directors & Board Members</i>, Institute of Directors and Health & Safety Commission, October 2004</p> <p>www.hse.gov.uk/pubns/indg417.pdf</p> <p>www.iod.com/hsguide</p> <p>www.hse.gov.uk/leadership</p>	

A. The Management of health and safety

Organising - Control			
Standard	Employers should ensure that responsibilities are clarified at all levels of the organisation and that the activities of everyone involved in managing health and safety services are well coordinated.		
Rationale	A comprehensive and robust system should be in place for the identification, evaluation and control of all risks within the organisation.		
Legal requirements	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work [amendment] Regulations 1999 (regulation 5)		
Criteria	Evidence	References	Completed
Board level responsibility for health and safety is defined and organisational accountabilities are clear.	Corporate health and safety strategy Corporate health and safety policy Job descriptions Performance agreements Board minutes Scheme of delegation	Health and Safety at Work etc Act 1974 <i>Leading Health and Safety at Work: Leadership Actions for Directors & Board Members</i> , Institute of Directors and Health & Safety Commission, October 2004 www.hse.gov.uk/pubns/indg417.pdf www.iod.com/hsguide www.hse.gov.uk/leadership	

Criteria	Evidence	References	Completed
Health and safety policy and risk management policy clearly define roles and responsibilities at all levels throughout the organisation.	Board minutes Health and safety policy	Health and Safety at Work etc Act 1974 <i>Leading Health and Safety at Work: Leadership Actions for Directors and Board Members</i> , Institute of Directors and Health & Safety Commission, October 2004 www.hse.gov.uk/pubns/indg417.pdf	
NHS Trusts have assigned an executive director to take responsibility for security management matters for their organisation. For an NHS body these responsibilities are allocated to an officer of the Board.	Notification sent to the NHS Counter Fraud Security Management Service of the names of the designated executive director/officer.	Secretary of State Directions on Work to Tackle Violence Against Staff, 20 November 2003 www.nhsbsa.nhs.uk/fraud Dept of Health Memorandum from Director of Counter Fraud and Security Management, 24 March 2004	
The Board receives, discusses and scrutinises reports on the management of health and safety risks within the organisation. Health and safety is a standing item on board meeting agendas.	Board minutes Trust annual report Health and Safety Committee minutes and updates. Published monthly incident data	<i>Leading Health and Safety at Work: Leadership Actions for Directors and Board Members</i> , Institute of Directors and Health & Safety Commission, October 2004 www.hse.gov.uk/pubns/indg417.pdf	
At all levels responsibilities for health and safety is set out in the job descriptions.	Job descriptions Health and safety policies KSF outline Core Dimension 3	NHS Knowledge & Skills Framework and the Development Review Process	

Criteria	Evidence	References	Completed
Everyone with responsibilities understands clearly what they have to do to discharge their responsibilities and have the time and resources to discharge them effectively.	Induction and ongoing training Training needs analysis Job descriptions Organisation charts CPD/KSF Outline for Core Dimension 3	The NHS Knowledge & Skills Framework and the Development Review Process	
Performance standards are set and judged for those with responsibilities to discharge.	Annual appraisal and performance objectives include specific health and safety objectives.	The NHS Knowledge & Skills Framework and the Development Review Process	
The Trust has disciplinary procedures in place for failure to adhere to health and safety policies and procedures.			
Plans and targets are set for improving health and safety at a local level.	Departmental / unit risk action plans Annual appraisal and objectives	The NHS Knowledge & Skills Framework and the Development Review Process	
There are sufficient “competent persons” to provide health and safety assistance to the organisation.	Evidence of qualifications Evidence of CPD	Management of Health and Safety at Work [amendment] Regulations 1999, regulation 5 <i>Leading Health and Safety at Work: Leadership Actions for Directors and Board Members</i> , Institute of Directors and Health & Safety Commission, October 2004	

A. The Management of health and safety

Organising – Cooperation and communication			
Standard	Employers should establish effective means of communication and consultation with their employees in which a positive approach to health and safety is visible. Employers should involve employees and their representatives in carrying out risk assessments, deciding on preventive and protective measures and implementing those requirements in the workplace.		
Rationale	The organisation should be able to demonstrate how it communicates and consults on all matters affecting the occupational health and safety of employees. This process must form an integral part of all matters that affect the health, safety and welfare of people affected by the organisations undertaking.		
Legal requirements	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work [amendment] Regulations 1999 Safety Representative & Safety Committee Regulations 1996 Health and Safety (Consultation with Employees) Regulations 1996		
Criteria	Evidence	References	Completed
Adequate health and safety information is available to employees and their representatives to allow for informed decision making on preventative and protective measures.	Training needs analysis Induction training Access to health and safety information - risk assessment reports	Management of Health & Safety at Work Regulations 1999, regulation 10 Information for Employees Safety Representative & Safety Committee Regulations 1996, regulation 4A & 7 Health and Safety (Consultation with Employees) Regulations 1996	

Criteria	Evidence	References	Completed
Communication and consultation routes provide sufficient information to ensure effective implementation of control measures.	<p>Evidence of communication process</p> <p>Copies of policies and procedures available to all, that is, on paper or on the intranet</p> <p>Health and safety committees</p> <p>Role of safety representatives</p> <p>Newsletters</p> <p>Evidence of meetings – team meetings, tool box talks, away days, etc</p> <p>Formal training</p> <p>Risk assessments and audit reports</p>	<p>Management of Health & Safety at Work Regulations 1999, regulation 5</p> <p>Safety Representative & Safety Committee Regulations 1996, Regulation 4A</p> <p>Health & Safety (Consultation with Employees) Regulations 1996</p> <p><i>Improving Working Lives</i></p> <p>www.dh.gov.uk/en/index.htm</p> <p>Stress Management Standards, March 2005, HSE</p> <p>www.hse.gov.uk/pubns/indg406.pdf</p>	
The Board and senior managers take the lead in ensuring the communication of health and safety duties and benefits throughout the Trust.	<p>Involvement in Trust induction</p> <p>Walks around</p> <p>health and safety included in board communications such as newsletters</p> <p>Board involved in health and safety inspections.</p>	<p>Management of Health and Safety at Work [amendment] Regulations 1999</p>	
The Trust has active health and safety committees in place with suitable management membership to implement actions.	<p>Terms of reference and membership</p> <p>Meeting minutes</p>	<p>Safety Representatives & Safety Committee Regulations 1977, regulation 9 (2) (a)</p> <p>Health and Safety at Work etc Act 1974, section 2</p>	

SEE BELOW – SPECIFIC STANDARD			
<p>Safety representatives have been appointed and given the time and resources to carry out their duties effectively.</p> <p>SEE BELOW – SPECIFIC STANDARD</p>	<p>Organisation’s facilities/union recognition agreements</p> <p>Training plan</p> <p>Organisation’s health and safety policy</p>	<p>Health and Safety at Work etc Act 1974, section 2</p> <p>Safety Representative & Safety Committee Regulations 1996, regulation 4A and 4(2)</p>	
<p>The Trust has effective means of consulting with employees who do not belong to a union on health and safety matters.</p>	<p>Team meeting minutes include health and safety</p> <p>health and safety and other briefings</p> <p>Procedures for raising health and safety concerns</p> <p>Whistle blowing procedure</p>	<p>Safety Representative & Safety Committee Regulations 1996</p>	

A. The Management of health and safety

Organising - Cooperation and control - safety committee			
Standard	All organisations should have effective health and safety committees that instigate, develop and carry out measures to ensure the health, safety and welfare at work of staff.		
Rationale	In recognition of partnership working with recognised trade unions organisations are able to demonstrate they run effective health and safety committees as prescribed under the Safety Representative & Safety Committee Regulations 1977.		
Legal requirements	Safety Representatives & Safety Committee Regulations 1977 www.tuc.org.uk/extras/brownbook.pdf		
Criteria	Evidence	References	Completed
A safety committee has been set up by the organisation if requested by two safety representatives. It should have been established no later than three months after the request is made.	Evidence of a communication process between recognised trade unions and the organisation.	Safety Representatives & Safety Committee Regulations 1977, regulation 9 (1) and (2)(c)	
Effective consultation regarding the establishment of a new safety committee held with all recognised trade union safety	Evidence of communication held between recognised trade unions and the organisation.	Safety Representatives & Safety Committee Regulations 1977, regulation 9 (2) (a) Health and Safety at Work etc Act 1974, section 2	

Criteria	Evidence	References	Completed
Representatives who represent members employed by the organisation. Consultation/negotiation covered the functions and tasks to be undertaken by the committee and the composition of both management and union representation.	Evidence of set objectives or terms of reference of the committee.		
The health and safety committee promotes cooperation between employers and employees in instigating, developing and carrying out measures to ensure health, safety and welfare at work of the employees	Evidence (such as minutes/reports) of regular meetings with effective publicity of committee's discussions and recommendations. Evidence of speedy decisions by management on committee recommendations, promptly translated into action & effective publicity.	Safety Representatives & Safety Committee Regulations 1977, guidance note 9	
The number of management reps does not exceed the number of employee reps. Total size of the committee is as compact as possible and compatible to the principle of ensuring adequate representation of management and employees.	Evidence of set objectives/terms of reference of committee.	Safety Representatives & Safety Committee Regulations 1977, guidance notes 9	
Organisation posts notice stating the composition of the committee and the workplaces to be covered by it. This notice is accessible to all employees	Notice of the composition of the health and safety committee available to all employees.	Safety Representatives & Safety Committee Regulations 1977, regulation 9 (2)(b)	

Criteria	Evidence	References	Completed
<p>Management representatives have adequate authority and the knowledge and expertise necessary to give accurate information to the committee on policy and service needs and to ensure that agreed actions are implemented. Specialists may be co-opted for particular meetings when there is discussion on subjects for which their expertise is required.</p>	<p>Management representation on the Safety Committee to include a director with responsibility for health and safety, relevant members from senior management, for example, human resources, estates.</p>	<p>Safety Representatives & Safety Committee Regulations 1977, guidance note 9</p>	
<p>Occupational health, infection control, risk management, local security management specialist and, if applicable, the Health and Safety officer/adviser are ex-officio members of the safety committee.</p>		<p>Safety Representatives & Safety Committee Regulations 1977, guidance note 9</p>	
<p>The committee meets as required and as agreed within the committee. Sufficient time is provided to enable full discussion of business. Dates of future meetings are planned well in advance - six months or a year ahead.</p>	<p>Evidence of a schedule of advance dates of meetings published and available to all staff.</p>	<p>Safety Representatives & Safety Committee Regulations 1977, guidance note 9</p>	

Criteria	Evidence	References	Completed
<p>The committee’s business includes:</p> <ul style="list-style-type: none"> • progress against strategy and action plans, results of health and safety monitoring and audits and a study of accidents and notifiable disease statistics and trends, so that reports may be made on unsafe and unhealthy conditions and practices and include recommendations for remedial action • review of reports/information provided by the HSE inspectors • effectiveness of health and safety training and communication on health and safety matters with employees/contractors. 	<p>Evidence of minutes of safety committee meetings and reports dealing with relevant health and safety issues affecting staff.</p>	<p>Safety Representatives & Safety Committee Regulations 1977, guidance note 41</p>	
<p>Union safety representatives attend safety committee meetings as part of their normal work. As a consequence s/he suffer no loss of pay through attendance at meetings of safety committees or any other activities undertaken on behalf of the committee.</p>		<p>Safety Representatives & Safety Committee Regulations 1977, guidance note 47</p>	

A. The Management of health and safety

Organising - Cooperation and communication - the role and rights of the safety rep			
Standard	Employers ensure accredited safety reps have access to training and paid time off to undertake regular workplace inspections and participate in Health and Safety Committees.		
Rationale	In recognition of partnership working with recognised trade unions organisations are able to demonstrate how it supports accredited Safety Representatives when undertaking their functions as prescribed under the Safety Representative & Safety Committee Regulations 1977.		
Legal requirements	Safety Representatives & Safety Committee Regulations 1977		
Criteria	Evidence	References	Completed
Paid time off is provided to safety reps to undertake inspections in their workplace.	<p>Quarterly inspections are timetabled in advance within the safety rep's work area. Where a safety rep is not available within the work area, a rep from another area may conduct the inspection. Inspections may be undertaken solely by the safety rep or done as a joint exercise with their manager.</p> <p>Inspections also arranged when there has been a significant change, such as the introduction of new equipment or a new working practice.</p>	Safety Representatives & Safety Committee Regulations 1977, regulation 5	

Criteria	Evidence	References	Completed
Paid time is provided to safety reps when carrying out an inspection following a notifiable accident, occurrence or disease.	Evidence of employer process to ensure relevant safety reps are notified when such situation occurs and to facilitate safety reps' ability to undertake this function.	Safety Representatives & Safety Committee Regulations 1977, regulation 6	
Paid time off is provided to ensure safety rep undertakes training in their role.	Evidence that as soon as possible after accreditation safety reps attend the basic training provided by their own union or the TUC. Evidence that further training is provided for special responsibilities, updating, changes in legislation and so on. Length of training cannot be prescribed but should cover the legal context, work place hazards and how to tackle them and employers' health and safety policies.	Safety Representatives & Safety Committee Regulations 1977, regulation 4(2)	
Safety reps are provided with information to enable them to fulfil their functions.	Employer provides accredited safety reps with relevant documentation.	Safety Representatives & Safety Committee Regulations 1977, regulation 7	
Safety reps are consulted in good time of any measure that may affect the health and safety of the employees they represent.	Evidence that the employer enables safety reps to have adequate time to comprehend information provided by the employer, to discuss any employer proposals with affected members and to effectively participate in the employer's consultation process.	Safety Representatives & Safety Committee Regulations 1977, regulation 4A	

Criteria	Evidence	References	Completed
<p>Safety reps are consulted at all stages of risk assessment planning and implementation, including:</p> <ul style="list-style-type: none"> • the number and appointment of risk assessors • training of risk assessors • planning of risk assessments priorities and programmes • receiving copies of the written records • the arrangements for monitoring and review of assessments. 	<p>Minutes of meetings show that in the course of safety committee's business safety reps are involved in the planning and implementation of risk assessments undertaken by the organisation.</p> <p>It is the responsibility of managers not safety reps to undertake risk assessment and to implement their findings. The Management of Health and Safety at Work Regulations say "competent persons" who are the representative of the employer should fulfil this task.</p>	<p>Management of Health and Safety at Work [amendment] Regulations 1999, regulation 3 and 7</p>	
<p>Safety reps are invited to meet HSE Inspectors and any other enforcing authority dealing with health and safety matters when they visit the workplace.</p>		<p>Management of Health and Safety at Work [amendment] Regulations 1999, regulation 4</p>	
<p>Paid time off is provided to safety reps to attend safety committee meetings and/ or participate in health and safety staff side meetings.</p>	<p>Organisation arranges regular safety committee meetings, which ensures good attendances of the safety reps accredited in that workplace.</p>	<p>Management of Health and Safety at Work [amendment] Regulations 1999, regulation 4</p>	
<p>Safety reps ensure their health and safety rep training is up-to-date and maintain their own personal and professional development.</p>	<p>Course attendance certificates. Attendance at relevant safety reps conferences.</p>		

A. The Management of health and safety

Organising – Competence			
Standard	Employers ensure they have systems and arrangements in place to secure the competence of all staff.		
Rationale	Duty holders require the necessary competence to identify and manage their risks. This covers the competence of directors and managers down to the competence of individual to do their work.		
Legal requirements	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work [amendment] Regulations 1999, regulation 5		
Criteria	Evidence	References	Completed
There are sufficient “competent persons” to provide health and safety assistance to the organisation.	Evidence of qualifications Evidence of CPD	Management of Health and Safety at Work [amendment] Regulations 1999, regulation 5 <i>Leading Health and Safety at Work: Leadership Actions for Directors and Board Members</i> , Institute of Directors and Health & Safety Commission, October 2004	
Adequate health and safety information is available to employees and their representatives to allow for informed decision making on preventative and protective measures.	Training needs analysis Induction training Access to health and safety information - risk assessment reports	Management of Health & Safety at Work Regulations 1999, regulation 10 Information for Employees Safety Representative & Safety Committee Regulations 1996, regulation 4A & 7 Health and Safety (Consultation with Employees) Regulations 1996	

Criteria	Evidence	References	Completed
All board members and senior managers are sufficiently trained and competent with respect to their health and safety responsibilities.	IOSH Directing Safely Certificate or equivalent standard of training provision.	<p>Management of Health and Safety at Work [amendment] Regulations 1999, regulation 5</p> <p><i>Leading Health and Safety at Work: Leadership Actions for Directors & Board Members</i>, Institute of Directors & Health & Safety Commission, October 2007.</p> <p>www.hse.gov.uk/pubns/indg417.pdf</p> <p>www.iod.com/hsguide</p> <p>www.hse.gov.uk/leadership</p>	
All staff, including managers, receive training in health and safety, which should be recorded.	<p>Organisation's health and safety policy</p> <p>Job descriptions</p> <p>Organisation chart</p>	<p>Health and Safety at Work etc Act 1974</p> <p>Management of Health and Safety at Work (amendment) Regulation 1999, regulation 1999</p>	
All new staff receive training in health and safety and the management of risk.	<p>Induction training</p> <p>Training records</p> <p>KSF outlines for Core Dimension 3</p>	<p>Management of Health and Safety at Work [amendment] Regulations 1999, regulation 5</p> <p>The NHS Knowledge & Skills Framework & the Development Review Process, Oct 2004, core dimension 3</p>	

Criteria	Evidence	References	Completed
Appropriate and adequate supervision is available, particularly for those who are learning or are new to a job.	Induction training Training records Training programme/schedule Personal development plans Records of attendance at training Certificate/CPD	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work (amendment) Regulation 1999, regulation 1999	
The Trust has identified the need for health and safety refresher training, has a system for managing this and refresher training is up-to-date.	Induction training Training needs analysis Training programme/schedule Personal development plans Records of attendance at training Certificate/CPD	Management of Health and Safety at Work [amendment] Regulations 1999, regulation 5 NHS Knowledge & Skills Framework & the Development Review Process, Oct 2004, NHSLA Standards	
The Trust has disciplinary procedures in place for failure to adhere to health and safety policies and procedures.	Health and safety policies HR policies		

A. The Management of health and safety

Planning and implementing - Risk assessment and risk management			
Standard	Employers should set up an effective health and safety management system to implement their health and safety policy which is proportionate to the hazards and risks.		
Rationale	Risk management involves the organisation looking at the risks that arise in the workplace and then putting sensible health and safety measures in place to control them. By doing this you protect your most valuable asset, your employees, as well as members of the public from harm.		
Legal requirements	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work [amendment] Regulations 1999, regulation 5		
Criteria	Evidence	References	Completed
Trusts have improving health and safety as a core requirement of their future strategy which reflects both local priorities and HSE strategy.	Strategy document	Link to health and safety strategy	
An executive director is designated to ensure appropriate risk management strategies and systems are in place.	Corporate health and safety policy Job description Organisation chart	Health and Safety at Work etc Act 1974 <i>Leading Health and Safety at Work: Leadership Actions for Directors and Board Members</i> , Institute of Directors and Health & Safety Commission, October 2004 www.hse.gov.uk/pubns/indg417.pdf	

Criteria	Evidence	References	Completed
The Trust has a policy on risk assessment and there is a systematic approach to the completion of risk assessments.	Policy document Risk assessments	Management of Health and Safety at Work [amendment] Regulations 1999 http://www.hse.gov.uk/risk/index.htm	
Risk assessments are completed by competent persons and involve relevant people, for example. safety rep, staff involved in task and so on.	Risk assessments Training records	Management of Health and Safety at Work [amendment] Regulations 1999 http://www.hse.gov.uk/risk/index.htm	
The risk assessments are suitable and sufficient based on analysis of task, environment, equipment and people involved/affected.	Risk assessments Internal / external audit reports	Management of Health and Safety at Work [amendment] Regulations 1999 http://www.hse.gov.uk/risk/index.htm	
The risk assessments identify the preventative and protective measures needed to control the risk. The risk hierarchy is used: Eliminate, Reduce, Isolate, Control, Safe systems of work, PPE, etc	Risk assessments Procedures / systems of work Risk registers Training Internal / external audit reports	Management of Health and Safety at Work [amendment] Regulations 1999 http://www.hse.gov.uk/risk/index.htm	
Preventative and protective measures identified are prioritised and implemented so far as is reasonably practicable. (description in Annex A)	Risk assessments Procedures / systems of work Risk registers Training Internal / external audit reports	Management of Health and Safety at Work [amendment] Regulations 1999 http://www.hse.gov.uk/risk/index.htm	

Criteria	Evidence	References	Completed
Safe systems of work, protocols or procedures are developed where needed to control the risks.	Risk assessments Procedures / systems of work Risk registers Training Internal / external audit reports	Management of Health and Safety at Work [amendment] Regulations 1999 http://www.hse.gov.uk/risk/index.htm	
Risk assessments are regularly reviewed, for example annually - or sooner if there are changes affecting the assessment such as a change of activities, buildings or staff	Risk assessments Procedures / systems of work Risk registers Internal / external audit reports	Management of Health and Safety at Work [amendment] Regulations 1999 http://www.hse.gov.uk/risk/index.htm	
Staff and their safety representatives are consulted and involved in the completion of risk assessments and implementation of control measures.	Training records Team meetings Appraisals	Management of Health and Safety at Work [amendment] Regulations 1999 http://www.hse.gov.uk/risk/index.htm	
Risk assessments are recorded and the outcomes shared with all appropriate staff.	Risk assessments	Management of Health and Safety at Work [amendment] Regulations 1999 http://www.hse.gov.uk/risk/index.htm	
Outcomes of risk assessments, for example risk action plans, are taken to the appropriate level for action.	Risk registers Action plans Board minutes	Management of Health and Safety at Work [amendment] Regulations 1999 http://www.hse.gov.uk/risk/index.htm	
Risk assessments are shared with others such as contractors, other organisations involved in the work and where appropriate patient representatives.	Risk registers	Management of Health and Safety at Work [amendment] Regulations 1999 http://www.hse.gov.uk/risk/index.htm	

A. The Management of health and safety

Measuring performance and monitoring			
Standard	Employers should measure what they are doing to implement their health and safety policies.		
Rationale	Organisations need to measure what they are doing to implement their health and safety policy to assess how effectively they are controlling risks and how well they are developing a positive health and safety culture.		
Legal requirements	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work [amendment] Regulations 1999 Safety Representatives and Safety Committees Regulations 1977		
Criteria	Evidence	References	Completed
Senior management is committed to the monitoring process.	Board minutes	HSG65 A Guide to Measuring Health and Safety Performance http://www.hse.gov.uk/opsunit/perfmeas.pdf	
Monitoring measures the involvement of managers and staff in the implementation of health and safety policies and procedures.	Board minutes Job descriptions Appraisal Audit documentation	HSG65 A Guide to Measuring Health and Safety Performance http://www.hse.gov.uk/opsunit/perfmeas.pdf	

Criteria	Evidence	References	Completed
Proactive inspections to ensure that preventive and protective measures are in place and are effective are completed. Whenever possible a safety representative, manager and senior managers should be involved.	Risk register Health and safety policy Inspection reports	Management of Health and Safety at Work [amendment] Regulations 1999, regulation 5 Safety Representatives and Safety Committees Regulations 1977, regulations 4 and 5 www.tuc.org.uk/extras/brownbook.pdf HSG65 A Guide to Measuring Health and Safety Performance http://www.hse.gov.uk/opsunit/perfmeas.pdf	
Investigations of the immediate and underlying causes of accidents ensure appropriate remedial action and that lessons are learnt.	Investigation report Accident reports Risk assessment Risk register	Management of Health and Safety at Work [amendment] Regulations 1999 HSG65 A Guide to Measuring Health and Safety Performance http://www.hse.gov.uk/opsunit/perfmeas.pdf	
Investigation findings and remedial actions being taken are communicated to relevant employees and to safety reps.	Monthly reports to the Board Accident and investigation reports	Management of Health and Safety at Work [amendment] Regulations 1999 HSG65 A Guide to Measuring Health and Safety Performance http://www.hse.gov.uk/opsunit/perfmeas.pdf	
Results of inspections and investigations are used to establish priorities for future work, especially appropriate remedial activity in the wake of an incident, learning lessons, preventing re-occurrence.	Monthly reports to the Board Accident and investigation reports Risk register	<i>Organisation with a Memory</i> www.dh.gov.uk/en/AdvanceSearchResult/index.htm?searchTerms=organisation+with+a+memory Incident investigation tool, National Patient Safety Agency www.npsa.nhs.uk/patientsafety/improvingpatientsafety/patient-safety-tools-and-guidance/	

Criteria	Evidence	References	Completed
All staff involved in managing health and safety are subject to annual appraisal based on their job description and agreed objectives.	Job description Appraisal / objectives KSF outline Core 3	NHS Knowledge & Skills Framework & the Development Review Process, core 3 HSG65 A Guide to Measuring Health and Safety Performance http://www.hse.gov.uk/opsunit/perfmeas.pdf	
The work of supervisors/managers is monitored to check that RAs/systems of work are being implemented and are effective.	Feedback to staff during supervision/appraisal		
Organisations have developed a minimum data set for collection, analysis and monthly reporting to the Board.	Minimum data set Board minutes	<i>Leading Health and Safety at Work: Leadership Actions for Directors and Board Members</i> , Institute of Directors and Health & Safety Commission, October 2004 www.hse.gov.uk/pubns/indg417.pdf	

A. The Management of health and safety

Audit and review			
Standard	Employers should measure what they are doing to implement their policy and to assess how effectively they are controlling risks and how well they are developing a positive health and safety culture.		
Rationale	The organisation should ensure that it has a documented process to audit and review the management system. This process will provide feedback and improve the system as part of the quality management cycle.		
Legal requirements	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work [amendment] Regulations 1999 Safety Representatives and Safety Committees Regulations 1977		
Criteria	Evidence	References	Completed
Senior management should be committed to the audit process.	Board minutes Audit documentation	HSG65 A Guide to Measuring Health and Safety Performance http://www.hse.gov.uk/opsunit/perfmeas.pdf	
The Trust has an adequate audit process and programme in place. This should cover purpose, scope, content and controls).	Audit documentation	HSG65 A Guide to Measuring Health and Safety Performance http://www.hse.gov.uk/opsunit/perfmeas.pdf	
The auditors are competent to assess health and safety standards.	Job descriptions Appraisal Audit documentation	HSG65 A Guide to Measuring Health and Safety Performance http://www.hse.gov.uk/opsunit/perfmeas.pdf	

Criteria	Evidence	References	Completed
Audits measure the level of involvement of managers and staff in the application of the health and safety management system.	Job descriptions Appraisal Audit documentation	HSG65 A Guide to Measuring Health and Safety Performance http://www.hse.gov.uk/opsunit/perfmeas.pdf	
The Trust uses audit results to establish priorities for future work.	Monthly reports to the Board Accident and investigation reports	<i>Organisation with a Memory</i> www.dh.gov.uk/en/AdvanceSearchResult/index.htm?searchTerms=organisation+with+a+memory Incident investigation tool, National Patient Safety Agency www.npsa.nhs.uk/patientsafety/improvingpatientsafety/patient-safety-tools-and-guidance/	
The Trust has controls in place to ensure the quality of the auditing process.			
Organisations publish an annual health and safety report showing progress against the health and safety plan. A summary of health and safety progress is included in annual Trust board report.	Published report	<i>Leading Health and Safety at Work: Leadership Actions for Directors and Board Members</i> , Institute of Directors and Health & Safety Commission, October 2004 www.hse.gov.uk/pubns/indg417.pdf	
The Board establishes priorities and uses performance standards/ indicators to measure performance.	Priorities and standards document Internal and external audit reports Annual reports	Management of Health and Safety at Work [amendment] Regulations 1999	

Criteria	Evidence	References	Completed
	Incident statistics and analysis		
Periodic reviews of the entire system including planning, organisation, control and monitoring ensure continued effectiveness of the system.	Annual board report Internal / external audit reports Investigation report Accident reports Risk assessment report Sickness absence statistics Risk register	Management of Health and Safety at Work [amendment] Regulations 1999	

What does the law say?

There is an implied requirement under the Health and Safety at Work etc Act 1974 for an employer to carry out risk assessment: the act lays down that 'reasonably practicable' precautions have to be taken to ensure the safety of staff and others on an employer's premises.

The Management of Health and Safety at Work [amendment] Regulations 1999 impose specific risk assessment requirements. The main requirements are:

- all employers and self-employed persons must carry out an assessment of health and safety risks to employees and to others who would be affected
- there must be a specific assessment of work that may put at risk the health of a new or expectant mother, or her baby, where women of child-bearing age are employed (Management of Health and Safety at Work [amendment] Regulations 1999)
- if there are five or more employees, the significant findings must be recorded
- risk assessment data must be shared with others (employees and other relevant persons) and, in specified circumstances, assessments must be reviewed as appropriate.

It is therefore necessary to carry out risk assessments to identify actions needed to comply with the requirements and prohibitions imposed by, or under, the relevant statutory provisions.

Who is responsible?

On behalf of the employers, the chief executive of the organisation has the overall statutory and operational responsibility for managing health and safety. A board member (ideally an executive director) should be allocated clear responsibility for overseeing health and safety risk management across the whole organisation. This will show the Board's commitment to the health and safety of staff, patients and visitors, and to the effective management of risk.

In addition, all employees have a responsibility to understand their role in managing health and safety risks, both present and potential, not only to themselves but also to others who may not seem to be directly affected.

When is risk assessment necessary?

A risk assessment should be done wherever there is a risk to the health and safety of staff, patients or the public. Good risk management begins with hazard identification. When seeking to identify risks, it is essential to avoid the mistake of overlooking the obvious. The fact that some activities may have been undertaken for long periods without incident does not mean they are risk-free.

When hazards have been identified, risks should be assessed and appropriate action taken to remove, minimise and control them.

What should be done?

The appointed director, working on behalf of the chief executive and board, should be responsible for ensuring that appropriate risk management strategies and systems are in place, and that properly trained health and safety advisers are employed. Regular reports should be made to the board giving details concerning health risks and health and safety performance, noting emerging trends and recommending action as necessary. The board should ensure that sufficient time is allocated to discuss them.

For an employer, the main risk assessment duties include:

- making a suitable and sufficient assessment of the risks to the health and safety of employees and the risks to others, such as patients, who may be affected
- identifying the preventative and protective measures needed to improve workplace health and safety
- introducing the preventative and protective measures needed
- reviewing the assessment if there is reason to believe that it is no longer valid, for example if the process has changed, the building has been refurbished or an experienced member of staff has left
- keeping a written record of the findings of the assessment and any groups of employees particularly at risk
- having arrangements in place for the effective planning, organisation, control
- monitoring and review of the preventative and protective measures
- providing any health surveillance identified in the risk assessment

- appointing competent people to assist the employer
- establishing procedures to be followed in the event of serious and imminent danger
- providing effective health and safety information, instruction and training for all employees on a regular basis, and ensuring that the training is updated and repeated on a regular basis
- consulting regularly with safety representatives and staff.

What is meant by 'competent persons'?

The NAO report¹ in 2003 found that only 43 per cent of NHS health and safety staff were accredited to the level of membership of the Institute of Occupational Safety and Health. A further 16 per cent held a general certificate in health and safety and 6 per cent held an NVQ in health and safety management. Furthermore, 17 per cent held various other qualifications at certificate level and 18 per cent had no qualification at all.

The Department of Health accepted the NAO recommendation that all NHS employers should aim to have competent persons, who are accredited Institute of Occupational Safety and Health (IOSH) members, responsible for the day-to-day health and safety of their organisation.

NHS employers should consider the following when looking at this role:

- the people may be employees or outside consultants (but it is advisable for NHS employers to have their health and safety advisors in house rather than buying in services from external organisations that have little experience of the NHS)
- they must be familiar with the work of the NHS and with the special problems associated with managing a 24-hour, 365-days-a-year service
- there must be sufficient competent people to carry out the work
- they must be given adequate time and resources to carry out their functions, as well as adequate decision-making authority.

¹ NAO (2003) A Safer Place to Work: Improving the management of health and safety risks to staff in NHS trusts

Eliminating risk

In an organisation as large and as complex as the NHS, it will never be possible to eliminate risk completely. However, NHS employers should aim to eliminate as many unnecessary risks as possible. Where this is not possible, they need to reduce risk to a level that is considered acceptable by:

- combating risks at the source
- adapting work practices to make them safer
- taking into account any health factors affecting the work of individuals
- giving priority to measures that protect the whole workforce
- ensuring all staff are appropriately trained and aware of their responsibilities.

What risks should be assessed?

There is very little that takes place in an NHS organisation, whether it is a major acute trust or a GP's surgery that could not be assessed. However, an experienced health and safety practitioner will identify those areas that pose the greatest risk to safety and prioritise them for assessment. Tools to assist in identifying the areas of greatest risk are referred to later in this chapter.

When assessing risk, some of the main areas that should be considered are:

- manual handling
- control of substances hazardous to health (COSHH)
- violence and aggression
- slips, trips and falls
- needlesticks
- stress
- bullying and harassment.

The risk assessment process

Risk assessment provides information on the nature of the problem, the stress-related hazards and how they might affect the health of those exposed to them, and the healthiness of the organisation. Adequately completed, risk assessment allows the key features of the problem to be identified and prioritised in terms of the nature and size of their possible effects, or the number of people who may be exposed. This, and the evaluation, will be a tool for continuous improvement and a source of learning for future risk management projects.

It is essential to ensure that risk assessments, once completed, are processed immediately and included in the organisational risk register.

Keeping records

When risk assessment takes place, NHS employers must ensure that records are kept and maintained to a satisfactory standard to avoid risks recurring.

Under the Management of Health and Safety at Work [amendment] Regulations 1999 it is a legal requirement, where there are five or more employees, to:

- record the significant findings of the risk assessment
- record the arrangements for planning, organisation, control, monitoring and review of the measures taken
- establish procedures for serious and imminent danger and for danger areas.

The records employers are required to keep will vary in range and will depend on the division of duties between different staff and departments, and the way in which information is communicated. In general, however, the records kept have four distinct functions. These are:

- to ensure legal compliance, in particular the requirement to keep risk assessments on file for inspectors' visits
- to provide a guide to safe working practices within the organisation, identifying additional precautions that need to be implemented to provide a safe place and system of work
- to act as a pointer to issues that need to be addressed when devising staff training, for induction, skill-training and the promotion and development of supervisory and managerial staff
- to become a baseline against which the work of the organisation can be audited. Documenting safe working arrangements provides a template against which actual performance can be judged.

The records themselves could be as simple as including a list of core and other activities undertaken by staff, identifying those that represent a significant risk and have therefore been assessed as such, and risk assessment forms and staff training records.

Each major risk assessment should include details of the next time the work or task is to be reviewed. The records must be securely held, in compliance with the Data Protection Act 1998.

B. The Management of health and safety

Incident reporting			
Standard	Employers, the self employed and those in control of premises must report specified workplace incidents.		
Rationale	If you are an employer or in control of premises you must report any work related deaths, injuries, cases of disease, security incidents or near misses involving your employees or members of the public and the self employed.		
Legal requirements	Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) Secretary of State Directions on work to tackle violence against NHS staff 2003		
Criteria	Evidence	References	Completed
The Trust has an incident reporting policy in place which sets out the requirements of accident and incident reporting under RIDDOR and other statutory requirements.	Policy and procedures	HSE information sheet <i>RIDDOR: guidance for employers in the healthcare sector</i> HSE Publication <i>A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.</i> <i>Tackling Violence against staff</i> - Explanatory notes - Security Management Service	
The policy identifies the roles and responsibilities of individuals, for example: <ul style="list-style-type: none"> • who identifies whether an incident is RIDDOR reportable • who is responsible for reporting reportable incidents to HSE. 	Policy and procedures	HSE information sheet <i>RIDDOR: guidance for employers in the healthcare sector</i> HSE Publication <i>A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.</i>	

Criteria	Evidence	References	Completed
The policy identifies the differences of incident reporting for staff, patients and members of the public.	Policy and procedures	HSE information sheet <i>RIDDOR: guidance for employers in the healthcare sector</i> . HSE Publication <i>A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</i> .	
The policy explains how to report an incident clearly. The Trust has produced straight forward information on how and what to report for notice boards.	Policy and procedures	HSE information sheet <i>RIDDOR: guidance for employers in the healthcare sector</i> . HSE Publication <i>A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</i> .	
The policy is properly communicated to staff.	Policy and procedures Staff surveys	HSE information sheet <i>RIDDOR: guidance for employers in the healthcare sector</i> . HSE Publication <i>A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</i> .	
Staff are prompted to report near misses.	Policy and procedures Staff surveys	HSE information sheet <i>RIDDOR: guidance for employers in the healthcare sector</i> . HSE Publication <i>A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</i> .	
Staff surveys include questions on under-reporting of incidents	Staff surveys Focus groups	HSE information sheet <i>RIDDOR: guidance for employers in the healthcare sector</i> HSE Publication <i>A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</i> .	
The Trust has systems in place to adequately investigate accidents and incidents.	Policy and procedures	HSE information sheet <i>RIDDOR: guidance for employers in the healthcare sector</i> . HSE Publication <i>A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</i> .	

Criteria	Evidence	References	Completed
Staff, managers and others receive feedback on investigations and how improvements are implemented.	Policy and procedures	HSE information sheet <i>RIDDOR: guidance for employers in the healthcare sector</i> . HSE Publication <i>A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</i> .	
The Trust analyses trends and patterns of incidents reported.	Policy and procedures	HSE information sheet <i>RIDDOR: guidance for employers in the healthcare sector</i> . HSE Publication <i>A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</i> .	
The Trust uses incident data to help target improvements.	Health and safety strategies Action plans Committee meetings and minutes.	HSE information sheet <i>RIDDOR: guidance for employers in the healthcare sector</i> . HSE Publication <i>A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</i> .	
The Trust has systems in place to ensure appropriate records are kept.	Policy and procedures	HSE information sheet <i>RIDDOR: guidance for employers in the healthcare sector</i> HSE Publication <i>A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</i> .	
The Trust shares relevant RIDDOR information with safety representatives as required by the under the Safety Representatives and Safety Committees Regulations 1977.	Committee meetings and minutes.	HSE information sheet <i>RIDDOR: guidance for employers in the healthcare sector</i> HSE Publication <i>A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</i> . <i>Safety Representatives and Safety Committees Regulations 1977</i>	

C. Provision of an occupational health service

Integration			
Standard	Occupational Health Services should form an integral part of the management of the organisation. Occupational Health Services should work in collaboration with HR/Personnel, Health and Safety personnel and safety representatives for the improvement of the working environment for staff.		
Rationale	Evidence shows that an OHS that is integrated into the management processes of an organisation has an improved impact on the well-being of staff and the organisation. Working jointly with HR/Personnel and line managers has been shown to facilitate a better managed and quicker return to work, rehabilitation or redeployment of staff.		
Legal requirements	Management of Health and Safety at Work [amendment] Regulations 1999 Safety Representatives and Safety Committees Regulations 1977		
Criteria	Evidence	References	Completed
There is a document setting out the requirements of the occupational health service, including the range of services to be provided.	Service level agreement Corporate health and safety strategy Corporate health and safety policy Corporate risk management strategy	<i>Occupational Health Service 'Standards for Accreditation'</i> , Faculty of Medicine January 2010 Health and Wellbeing Strategy, DH 2005 Boorman Review/ NHS Operating Framework 2010/11	
The document sets out the reporting relationships of the occupational health service.	Service level agreement Evidence of management chain		

Criteria	Evidence	References	Completed
<p>The relationship of occupational health to other functions, committees and risk management is set out.</p>	<p>Corporate risk management strategy Organisation charts</p>		
<p>Provision is made for the involvement of health and safety representatives in working more closely with the occupational health function.</p>	<p>Notes of meetings Organisation charts Operating procedures for occupational health case conferences Terms of reference for health and safety committee</p>	<p>Management of Health and Safety at Work [amendment] Regulations 1999 Safety Representatives and Safety Committees Regulations 1977 <i>Occupational Health Service 'Standards for Accreditation', Faculty of Medicine January 2010</i></p>	

C. Provision of an occupational health service

Integration			
Standard	All NHS staff should have access to competent, comprehensive and confidential Occupational Health Services.		
Rationale	Staff working in the NHS are entitled to equity of access to OH services regardless of where they work or their working patterns. Equity of access must consider the accessibility of OH departments and the availability of competent OH staff.		
Legal requirements	Management of Health and Safety at Work [amendment] Regulations 1999 Safety Representatives and Safety Committees Regulations 1977		
Criteria	Evidence	References	Completed
Access is provided to a comprehensive occupational health service which meets the minimum service delivery standards set out in Department of Health, NHS Employers and NHS Plus guidance.	Service level agreement Local occupational health policy	Management of Health and Safety at Work Regulations 1999 www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/OccupationalHealth.aspx <i>Occupational Health Service 'Standards for Accreditation'</i> , Faculty of Medicine January 2010	
Staff are involved in decision making on occupational health policy and practice.	Evidence of staff involvement in policy making Evidence of consultation with trade unions, for example safety committee minutes	www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/OccupationalHealth.aspx Safety Representatives and Safety Committees Regulations 1977	

Criteria	Evidence	References	Completed
A competent and confidential service is provided.	Occupational health operational policy	<p>Access to Medical Reports Act 1988 http://www.opsi.gov.uk/acts/acts1988/Ukpga_19880028_en_1.htm</p> <p>Data Protection Act 1998 http://www.opsi.gov.uk/acts/acts1998/ukpga_19980029_en_1</p> <p>Access to Health Records Act 1990 http://www.opsi.gov.uk/acts/acts1990/Ukpga_19900023_en_1.htm</p> <p>General Medical Council http://www.gmc-uk.org/ Nursing and Midwifery Council http://www.nmc-uk.org/ Health Professions Council http://www.hpc-uk.org/ <i>Occupational Health Service 'Standards for Accreditation': Faculty of Medicine January 2010</i></p>	
Services are provided by competent staff with appropriate training and qualifications.	<p>Membership of the faculty of occupational medicine</p> <p>Appropriate nursing qualifications</p> <p>CPD</p>	<p><i>Health and Safety Essential Guide - Occupational Health</i> www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/OccupationalHealth.aspx</p> <p><i>Occupational Health Service 'Standards for Accreditation', Faculty of Medicine January 2010</i></p>	
Staff involved in providing the services have access to best practice, training and development opportunities and CPD.	<p>Appraisal and personal development plan</p> <p>CPD</p>	<p>www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/OccupationalHealth.aspx</p> <p><i>Faculty of Medicine: Occupational Health Service 'Standards for Accreditation' January 2010</i></p>	

Criteria	Evidence	References	Completed
The occupational health service works with line managers and HR/personnel to provide advice and assistance in the rehabilitation and redeployment of staff where necessary.	Occupational health operational policy Minutes of case conferences		
Staff have equity of access as far as is practical with regard to location, shift patterns and the availability of trained staff.	Occupational health operational policy Service level agreement	The Management of Health and Safety at Work [amendment] Regulations 1999, regulation 6	
Provision of services outside the organisation to other employers does not impact adversely on the quality of service to staff within the organisation.	Occupational health operational policy Service level agreement	NHS Plus Guidance www.nhsplus.nhs.uk/	

C. Provision of an occupational health service

Management arrangements			
Standard	Employers should ensure that responsibilities are clarified at all levels of the organisation and that the activities of everyone involved in managing occupational health services are well coordinated.		
Rationale	A comprehensive and robust system should be in place for the identification, evaluation and control of all risks within the organisation.		
Legal requirements	Management of Health and Safety at Work [amendment] Regulations 1999		
Criteria	Evidence	References	Completed
Board level responsibility for occupational health is defined and organisational accountabilities are clear.	Corporate health and safety strategy Corporate health and safety policy Board minutes		
The Board discusses and ratifies the occupational health policy annually.			
There are sufficient competent persons (ideally in-house) to provide occupational health assistance to the organisation.			

Criteria	Evidence	References
The Board receives and discusses regular reports on the management of occupational health risks within the organisation.		
An executive director is designated to hold a coordinating role for all aspects of risk management including occupational health provision.		<i>A Safer Place to Work: Improving the management of health and safety risks to staff in the NHS trust</i> , NAO HC623 2002-2003 ISBN: 0102921431
Everyone with responsibilities understands clearly what they have to do to discharge their responsibilities and have the time and resources to discharge them effectively.	Induction training	
Performance standards should be set and judged for those with responsibilities to discharge.	Local occupational Health strategy	<i>Occupational Health Service 'Standards for Accreditation'</i> , Faculty of Medicine January 2010
Appropriate and adequate supervision should be available.	Organisation charts Appraisal	<i>Occupational Health Service 'Standards for Accreditation'</i> , Faculty of Medicine January 2010
All occupational health services which are not led by a qualified consultant in occupational medicine have in place arrangements to receive advice from one.	Contract Service level agreement	

C. Provision of an occupational health service

Competency/training			
Standard	The OH service is adequately staffed and resourced with appropriately trained and competent staff to carry out the functions required of it.		
Rationale	Adequate staffing and resources to fulfil the OH service obligation to the organisation should be set out in the terms of an agreement between the two parties. In the case of an internal contract staffing levels may be assessed through the internal monitoring process.		
Legal requirements	Management of Health and Safety at Work [amendment] Regulations 1999		
Criteria	Evidence	References	Completed
There is a written description of agreed staffing levels based on an organisational needs analysis, and also qualifications requirements and responsibilities covering the following staff: <ul style="list-style-type: none"> • medical • nursing • other professions • contract staff. 	Occupational health operational policy Service level agreement Job descriptions Evidence of qualifications NMC GMC	<i>Occupational Health Service 'Standards for Accreditation'</i> , Faculty of Medicine January 2010	
The occupational health service complies with the principles of good governance.		Integrated Governance Handbook, 2006 www.dh.gov.uk/en/AdvanceSearchResult/index.htm?searchTerms=Integrated+Governance+Handbook%2C+2006	

Criteria	Evidence	References	Completed
The occupational health service is adequately staffed and resourced to carry out the functions it is contracted to provide.	Occupational health operational policy Service level agreement	<i>Occupational Health Service 'Standards for Accreditation'</i> , Faculty of Medicine January 2010	
The Board receives regular reports on the occupational health service and monitors its compliance with the contract.	Board reports		
There is a statement setting out the occupational health department policy on: <ul style="list-style-type: none"> • security of information • clinical governance • ethics • appraisal training and CPD. 	Occupational health operational policy		

C. Provision of an occupational health service

Service delivery			
Standard	The organisation should be able to show that it is providing an accessible and timely service to employees and is meeting the standards set by the Department of Health, NHS Plus and NHS Employers.		
Rationale	An OH service which meets the service delivery standards and which is delivered in an accessible and timely manner will have a direct impact on staff health and well being.		
Legal requirements	Management of Health and Safety at Work [amendment] Regulations 1999		
Criteria	Evidence	References	Completed
Organisations provide a competent, confidential service to staff.	Occupational health policy	NHS Plus Standards http://www.nhsplus.nhs.uk/providers/images/library/files/pdf/NHS_Plus_Standards3.pdf <i>Occupational Health Service 'Standards for Accreditation'</i> , Faculty of Medicine January 2010	
Staff can access the service in a timely manner as laid down in a service level agreement.	Service level agreement Occupational health policy NHS Staff Survey		
All services provided to staff meet the standards set by the Department of Health, NHS Employers and NHS Plus.	Service level agreement Occupational health policy Board minutes NHS Staff Survey	NHS Plus Standards http://www.nhsplus.nhs.uk/providers/images/library/files/pdf/NHS_Plus_Standards3.pdf	

Criteria	Evidence	References	Completed
Occupational health services can demonstrate to the Board that they are making the best use of qualified staff and other resources.	Job descriptions Evidence of qualifications KSF	NHS Plus Standards http://www.nhsplus.nhs.uk/providers/images/library/files/pdf/NHS_Plus_Standards3.pdf	
		<i>Occupational Health Service 'Standards for Accreditation', Faculty of Medicine January 2010</i>	

D. Musculoskeletal Disorders/Manual Handling

Standard	Arrangements are in place to effectively manage manual handling risks.		
Rationale	Manual handling injuries account for a significant proportion of injuries in the NHS.		
Legal requirements	Management of Health and Safety at Work Regulations 1999 (regulation 3) Manual Handling Operation Regulations 1992		
Criteria	Evidence	References	Completed
The organisation has a current manual handling policy.	Manual handling policy	Manual Handling Operation Regulations 1992 Management of Health and Safety at Work [amendment] Regulations 1999, regulation 3	
Suitable and sufficient generic risk assessments are undertaken which include the environment, patients, and inanimate objects, and are reflected in the corporate and local risk register.	Generic manual handling assessments Patient needs assessments Inanimate load assessments Risk registers	Lifting Operations and Lifting Equipment Regulations 1992, ACoP Management of Health and Safety at Work [amendment] Regulations 1999, regulation 3 Manual Handling Operations Regulations 1992	
Safety representatives are consulted and involved at all stages of risk assessment planning and implementation.	Documentation of consultation with safety reps	Management Health and Safety at Work Regulations 1999, ACoP	

Criteria	Evidence	References	Completed
New staff, pregnant employees and new mothers are risk assessed and properly consulted throughout this process.	Risk assessment report Specific policy for new and expectant mothers	Management Health and Safety at Work Regulations 1999 New and Expectant Mothers at Work: A guide for employers, HSG122, 2002	
Arrangements are in place to minimise the risks from manual handling to staff.	Equipment needs analysis Compliance with Lifting Operations and Lifting Equipment Regulations 1992 Capital programmes to procure equipment	Electronic Profiling Bed Guidance Note http://www.hse.gov.uk/foi/internalops/sectors/public/070710.htm	
Arrangements are in place to provide and maintain manual handling equipment suitable to the task.	Equipment needs analysis Compliance with Lifting Operations and Lifting Equipment Regulations 1992 Capital programmes to procure equipment Systems for cleaning equipment	Electronic Profiling Bed Guidance Note http://www.hse.gov.uk/foi/internalops/sectors/public/070710.htm	
Where Electric Profiling Beds (EPB) have been identified as a reasonably practicable control measure, they have been provided, or, arrangements are in place to replace them as part of a Trust-wide implementation.	Trust implementation programme (four years from April 2008) Contracts (to be monitored)	Electronic Profiling Bed Guidance Note http://www.hse.gov.uk/foi/internalops/sectors/public/070710.htm	
A training needs analysis has been carried out which identifies the training needs of staff, and a training schedule is in place to deliver the training identified.	Training needs analysis Training schedule Passport template	Manual Handling Operation Regulations 1992	

Criteria	Evidence	References	Completed
Suitable and sufficient training is provided to staff involved in manual handling tasks, including refresher training.	Training records Training programme Training analysis and schedule Template based on MH passport	Manual Handling Operation Regulations 1992 <i>All Wales NHS Manual Handling Training Passport and Information Scheme</i> , December 2007	
A register is kept of manual handling training provided to staff.	Training register	Manual Handling Operation Regulations 1992	
Arrangements are in place to assess the competency of staff.	Competency assessments and programme Dreyfus' continuum of skills acquisition (already used as a model in application to nursing skills and recently adapted for physiotherapy)	<i>Guidance on Manual Handling in Physiotherapy</i> , The Chartered Society of Physiotherapy, 3rd edition 2008	
Staff have access to competent advice.	Qualified Back Care Advisor and Trainers	Management of Health and Safety at Work [amendment] Regulations 1999, regulation 7	
Competent persons are appropriately qualified and meet minimum competency standards to practice.	Qualified Back Care Advisor and Trainers	Management of Health and Safety at Work [amendment] Regulations 1999, regulation 7 Health and Safety Essential Guide - Health and Safety www.nhsemployers.org/HealthyWorkplacesHealthAndSafety_newHealthAndSafetyEssentialGuide/Pages/HealthAndSafety.aspx Health and Safety Essential Guide - Health, Work and Wellbeing - MSDs http://www.nhsemployers.org/HealthyWorkplaces/MSDs/Pages/FitforworkMusculoskeletalDisordersintheEuropeanWorkforce.aspx	
There is regular monitoring of performance and compliance with the manual handling policy.	Reports to appropriate committees Accident/incident/claim rates Equipment investment/ replacement programme Achievement against training schedule Sickness absence statistics	Management of Health and Safety at Work [amendment] Regulations 1999, regulation 5	

D. Musculoskeletal Disorders/Manual Handling

Display screen equipment			
Standard	NHS employers are required to provide assessment for all “users ¹ ” or “operators ⁵ ” of display screen equipment to ensure health and safety risks at workstations are identified.		
Rationale	To minimise the risk of repetitive strain injury, other musculoskeletal disorders and stress among NHS staff.		
Legal requirements	<p>The Health and Safety (Display Screen Equipment) Regulations 1992 (as amended 2002)</p> <p>Health and Safety at Work etc Act 1974</p> <p>The Management of Health and Safety at Work (Amendment) Regulations 1999</p> <p>Workplace (Health, Safety and Welfare) Regulations 1992</p> <p>Provision and Use of Work Equipment Regulations 1998</p>		
Criteria	Evidence	References	Completed
<p>Every employer should perform a suitable and sufficient analysis of all workstations which are:</p> <ul style="list-style-type: none"> • used for their purpose by “users” • provided by them and used for their purpose by “operators” 	Individual electronic or written assessments	<p>The Health and Safety (Display Screen Equipment) Regulations 1992 (as amended 2002), regulations 2 and 3</p> <p>SI1992 No 2792</p> <p>The Management of Health and Safety at Work (Amendment) Regulations 1999</p>	

⁴ The Health and Safety (Display Screen Equipment) Regulations 1992 (as amended 2002), regulation 1 Definition of a “user” is an employee who habitually uses DSE as a significant part of their normal work.

⁵ The Health and Safety (Display Screen Equipment) Regulations 1992 (as amended 2002), regulation 1 Definition of a “operator” is a self-employed person who habitually uses DSE as a significant part of their normal work.

Criteria	Evidence	References	Completed
<p>Assessments are reviewed if there is reason to suspect they are no longer valid or there have been significant changes.</p> <p>It is important to note home workers are also subject to these regulations, whether or not their workstation is provided by their employer.</p> <p>There is no legal guidance on how long records (written or electronic) should be kept, however employers may prefer to store them indefinitely bearing in mind civil claims for alleged DSE related conditions may be submitted many years after it is claimed the condition first initiated</p>		<p>Health and Safety at Work etc Act 1974 (section 2)</p> <p><i>Home working: Guidance for employers and employees on health and safety</i> INDG226</p> <p>http://www.hse.gov.uk/pubns/indg226.pdf</p>	
<p>All workstations must meet the requirements laid down in the schedule to the Regulations. Employers have considered:</p> <ul style="list-style-type: none"> • the whole workstation including equipment, furniture and the work environment • the job being done • any special needs of individual staff. 	<p>Individual electronic or written assessments</p> <p>Written evidence of consultation with safety reps, users and operators regarding employer's risk assessment.</p> <p>Provision of suitable equipment and training for disabled users (for example, visually impaired, dyslexic users).</p>	<p>The Health and Safety (Display Screen Equipment) Regulations 1992 (as amended 2002), regulation 3 SI 1992 No 2792</p> <p>Safety Representatives & Safety Committee Regulations 1977, regulations 4(a) & 7</p> <p>The Management of Health and Safety at Work (Amendment) Regulations 1999, ACoP 34</p> <p>Disability Discrimination Act 1995 (requirement to make reasonable adjustments)</p>	
<p>Employers plan the activities of "users" so that they are able to take frequent breaks or changes in activity.</p>	<p>Health and safety policy</p> <p>Individual electronic or written assessments</p>	<p>The Health and Safety (Display Screen Equipment) Regulations 1992 (as amended 2002), regulation 4</p>	

Criteria	Evidence	References	Completed
“Users” have the right (at their employer’s expense) to an appropriate eye and eyesight test by a competent person and at regular intervals thereafter.	Health and safety policy Individual electronic or written assessments Terms and conditions of service	The Health and Safety (Display Screen Equipment) Regulations 1992 (as amended 2002), regulation 5	
The basic cost of any spectacles found to be necessary for DSE work (other than the “users” normal spectacles) is met by the employer.	Health and safety policy Individual electronic or written assessments Terms and conditions of service	The Health and Safety (Display Screen Equipment) Regulations 1992 (as amended 2002), regulation 5	
Employers provide “users” with adequate health and safety training in the use of any workstation where they are required to work. Training is also required where workstations are substantially modified. Employers consult with safety reps on the planning and organisation of training.	Health and safety policy Individual electronic or written assessments Written evidence of consultation with safety reps on the planning and organisation of the training	The Health and Safety (Display Screen Equipment) Regulations 1992 (as amended 2002), regulations 6 (1) and 6 (2) <i>Working with VDUs</i> INDG36 http://www.hse.gov.uk/pubns/indg36.pdf Safety Representatives & Safety Committee Regulations 1977, regulation 4A 1(d)	
Employers ensure “operators” and “users” at work within their undertaking are provided with adequate information to ensure their safety while using their workstations.	Individual electronic or written assessments	The Health and Safety (Display Screen Equipment) Regulations 1992 (as amended 2002), regulation 7	

Criteria	Evidence	References	Completed
<p>For laptops and other portable equipment with display screen used primarily for recording patient details the following criteria are followed:</p> <ul style="list-style-type: none"> • Prior consultation with safety reps before introduction of such devices, which is deemed as new technology in the workplace. • Risk assessment includes manual handling considerations, for example the weight of the equipment and distance carried by users. Assessment includes work organisation, practises and environment as well as the needs of the individual user/operator • “Users” and “operators” are trained and monitored to ensure that when possible devices are placed on a firm surface at the right height for keying. 	<p>Individual electronic or written assessments</p> <p>Written evidence of consultation and outcome undertaken with safety representatives</p> <p>Written records of regular joint inspections held with safety representatives of staff working with DSE or portable equipment.</p>	<p>Manual Handling Operations Regulations 1992</p> <p>Management of Health and Safety at Work Regulations 1999, regulation 3</p> <p>Safety Representatives and Safety Committee Regulations 1977</p>	

D. Musculoskeletal Disorders/Manual Handling

Bariatrics			
Standard	Employers should have risk assessment and process planning policies in place for Bariatric services that ensure the health and safety of patients and staff is adequately protected.		
Rationale	The bariatric patient with mobility problems may increase risk of work related musculoskeletal disorders to health workers as they exceed the guideline weights set by the HSE. Policies are needed to lead the process planning, assessment and management of manual handling risks, including the number of staff, provision of equipment and intra and inter-agency communication.		
Legal requirements	Health & Safety at Work Act 1974 Management of Health & Safety at Work Regulations 1999		
Criteria	Evidence	References	Completed
The knowledge and training needs of individual members of staff for treating Bariatric patients is assessed.	Written record of individual's induction and training for handling bariatric patients and using specifically designed manual handling equipment. Annual update training is also provided and recorded on individual's training records.	<i>Risk Assessment & Process Planning for bariatric patient handling pathways</i> , HSE Research Report RR573 http://www.hse.gov.uk/research/rrhtm/rr573.htm	
Generic assessment is undertaken by a "competent person" to ensure adequate supply and accessible storage of manual handling equipment which is fit for purpose (for example, the range of bariatric shapes and sizes).	Written report of the assessment undertaken by competent person. Provision of policy setting out the protocol for the standards of training for staff and the access and storage requirements of equipment.	Management of Health & Safety at Work Regulations 99.	

Criteria	Evidence	References	Completed
<p>An environmental risk assessment is undertaken to ensure essential space and access is provided to treat bariatric patients safely. Staff and their representatives are consulted within this process. Assessment considers:</p> <ul style="list-style-type: none"> • Adequate bed space area to perform lateral transfers and allow use of mobile hoist without excessive reorganisation of the environment. • Adequate space to allow a heavy duty extra wide chair. • Adequate space to ensure all general and specific duties undertaken by health workers can be done without excessive reorganisation of the environment. 	<p>Written record of the risk assessment Written evidence of staff consultation and the responses.</p>	<p>Safety Representatives & Safety Committees Regulations 1977 (Regulation 4A)</p>	
<p>Risk assessment of transportation of bariatric patients, including consultation with staff. Vehicles are designed to accommodate the patient and staff's safety requirements</p>			
<p>Consideration is given to staffing requirements associated with the care of bariatric patient. Sufficient staff must always be available to ensure safe manual handling as well as to rotate staff to prevent repetitive strain injuries and fatigue.</p>	<p>Written policy to include guidelines on the number of staff required for the various manual handling and movement tasks associated with bariatric patients' needs.</p>		
	<p>Written policy to include discharge planning, for example how a patient's plan of care will be communicated to all agencies/personnel involved.</p>		

E. Violence and Aggression

Management of violence and aggression	
Standard	Arrangements are in place to effectively manage violence and aggression risks.
Rationale	Key health and safety risk in the NHS. All staff have a right to protection from violence and aggression while at work.
Legal requirements	<p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>Management of Health and Safety at Work [amendment] Regulations 1999</p> <p>From April 2008 the 'Standard Contract' issued by DH will apply to agreements made by PCTs with the following Providers of acute services:</p> <p>All NHS Trusts;</p> <p>NHS Foundation trusts (FTs) – All New FTs and existing FTs whose contracts expire by 31 March 2008 will adopt the contract. FTs whose contracts extend beyond March 2008 may choose to adopt the Standard Contract or retain their existing contracts until the required period of notice to change has expired.</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091451</p>

Criteria	Evidence	References	Completed
Suitable and sufficient risk assessments have been carried out of the environment, patients, visitors and staff groups/activities. At risk staff groups and areas within the organisation have been identified as a result.	Risk register	<p>Management of Health and Safety at Work [amendment] Regulations 1999</p> <p><i>The prevention and management of violence</i>, NHS Business Services Authority, SMS Division</p> <p>NHS Security Management Service A Professional Approach to managing Security in the NHS, 2003</p> <p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>http://www.nhsbsa.nhs.uk/fraud</p>	
The organisation has a designated executive director or officer to lead on security management work supported by a nominated local security management specialist	Job description Appraisal Work plan Annual report	<p><i>A Professional Approach to managing Security in the NHS</i>, NHS Security Management Service 2003</p> <p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>http://www.nhsbsa.nhs.uk/fraud</p>	
The organisation has implemented a current security management policy	Completed template	<p>NHS SMS policy template for the management of security</p> <p>http://www.nhsbsa.nhs.uk/fraud</p>	

Criteria	Evidence	References	Completed
The organisation has a current violence and aggression policy.	Security policy	<p><i>The prevention and management of violence</i>, NHS Business Services Authority, SMS Division</p> <p><i>A Professional Approach to managing Security in the NHS</i>, NHS Security Management Service 2003</p> <p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>http://www.nhsbsa.nhs.uk/fraud</p>	
The organisation has assessed the risks to lone workers and has implemented a lone worker policy.	Lone worker policy	<p>'Not Alone – A Guide for the Better Protection of Lone Workers in the NHS (2005),' NHS Security Management Service 2005</p> <p>http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/Lone_Working_Guidance_final.pdf</p>	
The organisation has a policy on the handling of patients with a record of violent behaviour.	Policy document	<p>The prevention and management of violence NHS Business Services Authority, SMS Division</p> <p><i>A Professional Approach to managing Security in the NHS</i>, NHS Security Management Service 2003</p> <p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>http://www.nhsbsa.nhs.uk/fraud</p>	

Criteria	Evidence	References	Completed
Appropriate hardware controls and supporting policies/procedures are in place.	Security policy	<p><i>The prevention and management of violence</i>, NHS Business Services Authority, SMS Division</p> <p><i>A Professional Approach to managing Security in the NHS</i>, NHS Security Management Service 2003</p> <p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>http://www.nhsbsa.nhs.uk/fraud</p>	
A training needs analysis has been carried out which identifies the training needs of staff, and a training schedule is in place to deliver the training identified.	Training needs analysis Training plan CPD	<p>NHS SMS Conflict Resolution Training Guidance</p> <p><i>Promoting Safer and Therapeutic Services implementing the national syllabus in mental health and learning disability services</i></p> <p><i>Conflict resolution for NHS ambulance services</i></p> <p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>http://www.nhsbsa.nhs.uk/fraud</p>	

Criteria	Evidence	References	Completed
Suitable and sufficient training in conflict resolution is provided to front line staff, including refresher training.	Induction training Training plans CPD	<p>NHS SMS Conflict Resolution Training Guidance <i>Promoting Safer and Therapeutic Services implementing the national syllabus in mental health and learning disability services</i> <i>Conflict resolution for NHS ambulance services</i> <i>The prevention and management of violence, NHS Business Services Authority, SMS Division</i> <i>A Professional Approach to managing Security in the NHS, NHS Security Management Service 2003</i></p> <p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>www.cfsms.nhs.uk</p>	
A register is kept of training provided to staff	Register of training	<p>NHS SMS Conflict Resolution Training Guidance Promoting Safer and Therapeutic Services implementing the national syllabus in mental health and learning disability services <i>Conflict resolution for NHS ambulance services</i> <i>A Professional Approach to managing Security in the NHS, NHS Security Management Service 2003</i></p> <p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>www.cfsms.nhs.uk</p>	

Criteria	Evidence	References	Completed
Staff have access to a fully trained and accredited local security management specialist who is available to provide local advice on providing a safe and secure environment.	Organisational chart	<p><i>A Professional Approach to managing Security in the NHS</i>, NHS Security Management Service 2003</p> <p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>http://www.nhsbsa.nhs.uk/fraud</p>	
Each NHS body has nominated someone to be trained and accredited to fulfil the role of local security management specialist.	Evidence of qualification	<p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>Secretary of State for Health Direction on work to tackle violence against staff 2003 (amended 2006)</p> <p><i>A Professional Approach to managing Security in the NHS</i>, NHS Security Management Service 2003</p> <p>http://www.nhsbsa.nhs.uk/fraud</p>	

Criteria	Evidence	References	Completed
Contingency plans for dealing with incidents of violence and aggression are available and tested.	Documented contingency plans	<p><i>The prevention and management of violence</i>, NHS Business Services Authority, SMS Division</p> <p><i>A Professional Approach to managing Security in the NHS</i>, NHS Security Management Service 2003</p> <p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>http://www.nhsbsa.nhs.uk/fraud</p>	
Monitoring of performance and compliance with the violence and aggression policy takes place regularly.	Board minutes	<p><i>The prevention and management of violence</i>, NHS Business Services Authority, SMS Division</p> <p><i>A Professional Approach to managing Security in the NHS</i>, NHS Security Management Service 2003</p> <p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>http://www.nhsbsa.nhs.uk/fraud</p>	

Criteria	Evidence	References	Completed
The organisation has implemented effective arrangements to ensure all non-physical assaults are reported to the health body and where appropriate referred to the police.	Policy document Health body reporting line Incident investigations and reports	Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006) Non Physical Assault Explanatory Notes (2004) http://www.nhsbsa.nhs.uk/fraud	
The organisation has implemented effective arrangements to ensure all physical assaults are reported to the health body and where appropriate referred to the police and the CFSMS.	Policy document Health body reporting line Incident investigations and reports Evidence of prosecution numbers rising	Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006) http://www.nhsbsa.nhs.uk/fraud	
Organisations have a robust policy in place for taking forward prosecutions against perpetrators of violence against staff.	Policy document Health body reporting line Incident investigations and reports Evidence of prosecution numbers rising	<i>The prevention and management of violence where withdrawal is not an option</i> , Business Services Authority, Security Management Services Division, 2007 http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/prev_man_violence.pdf <i>A Professional Approach to managing Security in the NHS</i> , NHS Security Management Service 2003 Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006) Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006) http://www.nhsbsa.nhs.uk/fraud	

Criteria	Evidence	References	Completed
The organisation has a policy in place setting out the support available to staff who have been victims of violent behaviour and/or assault.	Policy document Access to counselling and other support services	<p><i>Professional Approach to managing Security in the NHS</i>, NHS Security Management Service 2003</p> <p>Secretary of State Directions to NHS bodies on measures to deal with violence against NHS staff and professionals who work in or provide services to the NHS, 2003 (amended 2006)</p> <p>Secretary of State Directions to NHS bodies on security management measures, 2004 (amended 2006)</p> <p>http://www.nhsbsa.nhs.uk/fraud</p>	

E. Violence and Aggression

Lone workers			
Standard	Arrangements are in place to effectively manage the risks to lone workers.*		
Rationale	Lone workers are those who work by themselves without close or direct supervision. Lone workers face particular problems but should not be put at more risk than other employees. A number of activities carried out in the health sector such as manual handling, working at heights, driving or working in confined spaces present risks to lone workers.		
Legal requirements	Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999		
Criteria	Evidence	References	Completed
Risk assessments identify all lone working staff, including those that work in premises not owned by the Trust (for example, provided by other NHS employers/local authorities/private companies and so on).	Risk assessment Lone worker policy	Management of Health and Safety at Work Regulations 1999 HSE 'Working Alone' guidance http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/Lone_Working_policy_template.pdf	

* Need to cross reference to lone working (violence) standard

Criteria	Evidence	References	Completed
Risk assessments identify activities which present increased risks to the lone worker and appropriate control measures are put in place to reduce the risks.	Risk assessments Permits to work Safe systems of work Lone worker policy	Confined Spaces Regulations 1997 Electricity at work regulations 1989 Management of Health and Safety at Work Regulations 1999 HSE 'Working Alone' guidance http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/Lone_Working_policy_template.pdf	
Staff and their representatives are involved in lone worker risk assessment processes.	Risk assessments Health and safety committee minutes	Safety Representatives and Safety Committee Regulations 1977 Health and Safety (Consultation of employees) Regulations 1997 HSE 'Working Alone' guidance http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/ http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/Lone_Working_policy_template.pdf	
Risk assessments identify appropriate levels of supervision for lone working activities.	Risk assessments	Management of Health and Safety at Work Regulations 1999 HSE 'Working Alone' guidance	

Criteria	Evidence	References	Completed
Lone workers have appropriate means of raising the alarm.	Lone worker policy	Management of Health and Safety at Work Regulations 1999 HSE 'Working Alone' guidance http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/Lone_Working_policy_template.pdf	
Information and training is provided for lone workers on safe working practices, precautions and emergency measures.	Training records Lone worker policy	Management of Health and Safety at Work Regulations 1999 HSE 'Working Alone' guidance http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/Lone_Working_policy_template.pdf	
Procedures are in place to deal with lone working emergency situations, including accidents to lone workers and assistance for lone working drivers.	First Aid policy and procedures Lone worker policy	Management of Health and Safety at Work Regulations 1999 First Aid at Work Regulations 1981 HSE 'Working Alone' guidance http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/Lone_Working_policy_template.pdf	
Checks are made with occupational health to ensure that lone workers have no medical conditions that may make them unsuitable for working alone.	Risk assessments Occupational health records Lone worker policy	Management of Health and Safety at Work Regulations 1999 HSE 'Working Alone' guidance http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/Lone_Working_policy_template.pdf	

Criteria	Evidence	References	Completed
Systems are in place to monitor the effectiveness of lone worker risk assessments.	Incident report Health and safety audits Health and safety committee minutes Lone worker policy	Management of Health and Safety at Work Regulations 1999 HSE 'Working Alone' guide http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/Lone_Working_policy_template.pdf http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/Lone_Working_policy_template.pdf	

E. Violence and Aggression

Bullying and harassment	
Standard	Arrangements are in place to effectively manage the risks to staff from being bullied or harassed by patients, other staff or their managers.
Rationale	Research indicates that bullying and harassment can have the same negative impact on observers as it does on the people being bullied, to the extent that employees may choose to leave the employer. The costs of bullying and harassment include increased sickness absence, low productivity, high staff turnover, potential litigation costs and damage to the reputation of the organisation.
	<ul style="list-style-type: none"> Protection from Harassment Act 1997 The Equal Treatment Directive 2002 The Sex Discrimination Act 1975 (Amendment) Regulations 2003 The Race Relations Act 1976 (Amendment) Regulations 2003 The Employment Equality (Sexual Orientation) (Amendment) Regulations 2003 The Employment Equality (Religion or Belief) (Amendment) Regulations 2004 Employment Equality (Age) Regulations 2006

Criteria	Evidence	References	Completed
Policies are in place for managing incidents of bullying and harassment which clearly state that this behaviour is unacceptable and may lead to disciplinary action and which set out the roles and expectations of managers and HR.	Policy Board papers	<i>Bullying and harassment at work</i> , ACAS, June 2006, http://www.acas.org.uk/index.aspx?articleid=794 TUC http://www.tuc.org.uk/ Healthy Workplaces Handbook, 2007, NHS Employers Health and Safety Essential Guide - Health, Work and Wellbeing - MSDs http://www.nhsemployers.org/HealthyWorkplaces/MSDs/Pages/FitforworkMusculoskeletalDisordersintheEuropeanWorkforce.aspx DDA http://www.opsi.gov.uk/acts/acts1995/ukpga_19950050_en_1 Equality Commission http://www.equalityhumanrights.com/en/Pages/default.aspx	
Bullying and harassment are clearly defined and the definition has been communicated to, and understood by, all staff.	Policy Definition	<i>Bullying and harassment at work</i> , ACAS, June 2006 http://www.acas.org.uk/index.aspx?articleid=794	
Formal and informal confidential complaints procedures are in place and staff are aware of and understand them.	Policy Evidence of meetings Communications plan	<i>Bullying and harassment at work</i> , ACAS, June 2006 http://www.acas.org.uk/index.aspx?articleid=794	
Managers have received the appropriate training in managing bullying and harassment complaints.	Training plans Evidence of who has received training	<i>Bullying and harassment at work</i> , ACAS, June 2006 http://www.acas.org.uk/index.aspx?articleid=794	
Support and guidance is made available to those complaining of bullying or harassment including access to mediation, conciliation and counselling services.	Evidence of referral to counselling or other support	<i>Bullying and harassment at work</i> , ACAS, June 2006 http://www.acas.org.uk/index.aspx?articleid=794	

Criteria	Evidence	References	
Patients and their family and friends are made fully aware of the standards of conduct expected of them and of the sanctions that may follow unacceptable behaviour.	Trust policy Posters/leaflets for patients	<i>Non-Physical Assault Explanatory Notes: A framework for reporting & dealing with non-physical assaults against NHS staff and professionals</i> , NHS Security Management Service, November 2004	
Data on complaints is collated centrally to allow for the identification of any patterns of bullying or “hot spots”.	Data Details of interventions	<i>Bullying and harassment at work</i> , ACAS, June 2006 http://www.acas.org.uk/index.aspx?articleid=794	
The Board receives regular updates on bullying and harassment and any trends that have been noted.	Board papers	<i>Bullying and harassment at work</i> , ACAS, June 2006 http://www.acas.org.uk/index.aspx?articleid=794	

F. Slips, trips and falls

Standard	Arrangements are in place to effectively manage slip trip and fall risks.		
Rationale	Slips trips and falls are the most common causes of major injuries in all workplaces. They are especially important in the healthcare setting because they affect the public as well as staff.		
Legal requirements	Management of Health and Safety at Work [amendment] Regulations 1999 Workplace (Health, Safety and Welfare) Regulations 1992 HSG38 Lighting at Work2		
Criteria	Evidence	References	Completed
Suitable and sufficient risk assessments have been carried out.	Risk register	Management of Health and Safety at Work [amendment] Regulations 1999, regulation 3	
Contamination has been eliminated or reduced by maintaining equipment and ensuring that effective procedures are in place to clear liquid leakages as soon as possible.	Accident reports Near miss reports Maintenance reports Risk management policy	Workplace (Health, Safety and Welfare) Regulations 1992, regulation 9 and 12	
Resistance of floor surfaces is maintained by using appropriate cleaning methods and signage.	Housekeeping policy Maintenance policy Risk management policy	Workplace (Health, Safety and Welfare) Regulations 1992, regulation 9 and 12 www.hse.gov.uk/pubns/web/slips02.pdf www.hse.gov.uk/healthservices/slips/index.htm	

Criteria	Evidence	References	Completed
Adequate lighting is maintained in all areas of the hospital.	Risk management policy	HSG38 Lighting at Work Workplace (Health, Safety and Welfare) Regulations 1992, regulation 8	
Environmental conditions such as glare, shadows, and temperature extremes, do not distract the attention of staff, patients and visitors away from the condition of the floor.	Risk management policy Accident reports Near miss reports	Workplace (Health, Safety and Welfare) Regulations 1992, regulation 12	
Suitable and sufficient training is provided to staff, including refresher training.	Appraisal Induction training KSF Core dimension 3	Management of Health and Safety at Work [amendment] Regulations 1999 NHS knowledge and Skills Framework	
Slip-resistance has been assessed and taken into account when selecting new floor surfaces.	Housekeeping policy Risk register Risk management policy Accident reports Near miss reports	Workplace (Health, Safety and Welfare) Regulations 1992, regulation 12	

G. Stress

Standard	Arrangements are in place to effectively manage risks related to stress.		
Rationale	The potential for stress is at all levels of the NHS. Demands of both work and home life may result in employees being unable to work effectively and place their health at risk. Organisations should concentrate on identifying and tackling the causes of stress (preventative measures), as well as providing secondary and tertiary interventions.		
Legal requirements	Management of Health and Safety at Work [amendment] Regulations 1999 Health and Safety at Work etc Act 1974		
Criteria	Evidence	References	Completed
Suitable and sufficient risk assessments have been made.	Risk register	<p>HSE Management Standards http://www.hse.gov.uk/stress/standards/</p> <p>TUC http://www.tuc.org.uk/</p> <p><i>Health and Safety Essential Guide - Stress Management</i> http://www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/StressManagement.aspx</p> <p>IWL http://www.nhsemployers.org/HealthyWorkplaces/ImplementingBoorman/Pages/Improvingworkinglives.aspx</p>	

Criteria	Evidence	References	Completed
Stressors have been identified by applying the HSE Stress Management Standards, or, equally effective measures have been taken.	Staff questionnaire Facilitated workshops Board report	HSE Management Standards http://www.hse.gov.uk/stress/standards/ TUC http://www.tuc.org.uk/ <i>Health and Safety Essential Guide - Stress Management</i> http://www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/StressManagement.aspx IWL http://www.nhsemployers.org/HealthyWorkplaces/ImplementingBoorman/Pages/Improvingworkinglives.aspx	
The organisation has a stress policy in place which has been agreed with trade union representatives.	Stress policy Evidence of consultation such as health and safety committee minutes or other partnership forums.	HSE Management Standards http://www.hse.gov.uk/stress/standards/ TUC http://www.tuc.org.uk/ Safety Representatives and Safety Committee Regulations 1997 <i>Health and Safety Essential Guide - Stress Management</i> http://www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/StressManagement.aspx IWL http://www.nhsemployers.org/HealthyWorkplaces/ImplementingBoorman/Pages/Improvingworkinglives.aspx	
Control measures have been identified which include primary (preventative), interventions.	Evidence of board report implementation	HSE Management Standards http://www.hse.gov.uk/stress/standards/ TUC http://www.tuc.org.uk/ <i>Health and Safety Essential Guide - Stress Management</i> http://www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/StressManagement.aspx IWL http://www.nhsemployers.org/HealthyWorkplaces/ImplementingBoorman/Pages/Improvingworkinglives.aspx	

Criteria	Evidence	References	Completed
Roles and responsibilities of managers, staff and support services such as occupational health service/ suitable counsellors, are clearly defined.	Job description Organisation charts Stress policy	HSE Management Standards http://www.hse.gov.uk/stress/standards/ TUC http://www.tuc.org.uk/ <i>Health and Safety Essential Guide - Stress Management</i> http://www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/StressManagement.aspx IWL http://www.nhsemployers.org/HealthyWorkplaces/ImplementingBoorman/Pages/Improvingworkinglives.aspx	
Staff have access to and are aware of support services such as occupational health service/ counsellors.	Health and safety policy Occupational health policy Service level agreement	HSE Management Standards http://www.hse.gov.uk/stress/standards/ TUC http://www.tuc.org.uk/ <i>Health and Safety Essential Guide - Stress Management</i> http://www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/StressManagement.aspx IWL http://www.nhsemployers.org/HealthyWorkplaces/ImplementingBoorman/Pages/Improvingworkinglives.aspx	
Managers work with staff and their union representatives to identify stressors in the workplace and to reduce, as far as is possible, their effect on staff.	Notes of meetings	HSE Management Standards http://www.hse.gov.uk/stress/standards/ TUC http://www.tuc.org.uk/ <i>Health and Safety Essential Guide - Stress Management</i> http://www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/StressManagement.aspx IWL http://www.nhsemployers.org/HealthyWorkplaces/ImplementingBoorman/Pages/Improvingworkinglives.aspx	

Criteria	Evidence	References	Completed
Managers and staff have been provided with suitable and sufficient training to manage stress.	Training plan Appraisal Objectives CPD KSF	HSE Management Standards http://www.hse.gov.uk/stress/standards/ TUC http://www.tuc.org.uk/ <i>Health and Safety Essential Guide - Stress Management</i> http://www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/StressManagement.aspx IWL http://www.nhsemployers.org/HealthyWorkplaces/ImplementingBoorman/Pages/Improvingworkinglives.aspx	
The organisation has in place policies that have been shown to have a positive effect on reducing levels of stress such as flexible working, childcare and carer provision.	Flexible working policy Childcare policy Carer policy	HSE Management Standards http://www.hse.gov.uk/stress/standards/ TUC http://www.tuc.org.uk/ <i>Health and Safety Essential Guide - Stress Management</i> http://www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/StressManagement.aspx IWL http://www.nhsemployers.org/HealthyWorkplaces/ImplementingBoorman/Pages/Improvingworkinglives.aspx	

H. COSHH General Arrangements

Standard	There are controls in place reflecting the Control of Substances Hazardous to Health (COSHH) risks.		
Rationale	Hazardous substances include chemical and biological products. Potential exposure to biological hazards is a significant risk in the NHS. Substances such as solvents and formaldehydes may also be used/handled/produced routinely by the organisation.		
Legal requirements	Control of Substances Hazardous to Health Regulations 2002 Management of Health and Safety at Work [amendment] Regulations 1999		
Criteria	Evidence	References	Completed
Suitable and sufficient risk assessments have been undertaken across all directorates/divisions	Risk register Risk management policy COSHH assessments	Control of Substances Hazardous to Health Regulations 2002 See also standard on latex, blood borne viruses and HCAI http://www.hse.gov.uk/pubns/indg136.pdf	
The organisation has taken steps to prevent or adequately control exposure, including the removal of hazardous substances and substitution with less hazardous substances.	COSHH assessments Latex policy	Control of Substances Hazardous to Health Regulations 2002	
The organisation ensures that control measures are used and maintained.	COSHH assessments Inspection reports Maintenance records	Control of Substances Hazardous to Health Regulations 2002 Personal Protective Equipment at Work Regulations 1992	

Criteria	Evidence	References	Completed
Where required, exposure to hazardous substances is monitored.	COSHH assessments Exposure monitoring records	Control of Substances Hazardous to Health Regulations 2002	
Where required, health surveillance is carried out.	COSHH assessments Occupational health policy and procedure Latex policy	Control of Substances Hazardous to Health Regulations 2002	
Plans and procedures are in place to deal with accidents, incidents and emergencies involving hazardous substances.	Emergency plan Spillage policy	Control of Substances Hazardous to Health Regulations 2002 Management of Health and Safety at Work [amendment] Regulations 1999	
The organisation has a current policy on the control of chemical and biological hazards.	COSHH policy Latex policy	Control of Substances Hazardous to Health Regulations 2002	
Information, instruction and training and supervision is provided to staff and others (including contractors) on health and safety measures.	Induction training Training records Training policy Appraisals Objectives KSF	Control of Substances Hazardous to Health Regulations 2002 Personal Protective Equipment at Work Regulations 1992 Management of Health and Safety at Work [amendment] Regulations 1999	

I. Prevention and Control

Communicable diseases			
Standard	<p>All NHS employers must provide a clinical immunisation service to NHS staff via the NHS OHS.</p> <p>All NHS employers must ensure that a system exists to assess applicants being considered for a post for their TB Immunity status.</p> <p>NHS employers must ensure that a system of notification of staff contacts of TB to OHS must exist and that the OHS provides suitable follow-up of staff.</p>		
Rationale	<p>Staff protection from infection is a requirement of the Control of Substances Hazardous to Health Regulations 2002.</p> <p>Exposure to TB could lead to infection in susceptible health care workers.</p>		
Legal requirements	Control of Substances Hazardous to Health Regulations 2002		
Criteria	Evidence	References	Completed
Suitable and sufficient risk assessments have been made	Risk register	The Management of Health and Safety at [amendment] Work Regulations 1999	
The NHS Occupational Health Service (OHS) uses expert evidence to maintain an immunisation service.		<p>Hepatitis B infected health care workers: Guidance on implementation of Health Service Circular 2000/020</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008156</p>	
The OHS maintains policies on staff immunisation that are regularly reviewed to ensure that they take account of developments in vaccine licensing and provision within England.	Policy	<p>HSC 2002/10 Hepatitis C Infected Health Care Workers</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4004561</p>	

Criteria	Evidence	References	Completed
The OHS provides immunisation programmes which meet these guidelines The OHS ensures that immunisations are administered safely within suitable facilities.	Programme data	Lettersandcirculars/ healthservicecirculars/DH_4004561 Hepatitis B infected Health Care Workers antiviral therapy 2007 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073164	
All clinical and laboratory NHS workers are offered pre-employment assessment of TB immunity status and (with consent) be offered with BCG vaccination, if clinically indicated.	Vaccination records	Health Clearance for TB, Hepatitis B, Hepatitis C and HIV: New healthcare workers 2007 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073132	
A system exists to exclude staff that are not immune from work with TB as far, as is reasonable practicable.	Trust policy	<i>Healthy Workplaces Handbook</i> , 2007, NHS Employers Section 26	
A system is in place for internal staff movement that results in review of TB immunity prior to a change of work to a high risk TB environment.	Trust policy		
The OHS has a written protocol/process/procedure describing its system for dealing with immunisations.	OHS protocol		
Notification to the OHS results in follow-up of the workers appropriate to the risk from the source, the workers TB immunity status and any symptoms that exist or develop.	Policy OHS protocols		

I. Prevention and Control

Needlestick management/blood borne viruses	
Standard	<p>All NHS employers must have arrangements in place to ensure a service for staff who have needlestick and other injuries that could result in transmission of BBVs.</p> <p>Suitable and sufficient risk assessments have been made to enable the organisation to identify where use of devices using sharps protection mechanisms should be made.</p>
Rationale	<p>The follow up of staff following needlestick and other contamination injuries is required under the COSHH Regulations. Staff who receive needlestick and other contamination injuries can be exposed to a risk from BBV in the source patient. Prevention of infection with HIV and Hepatitis B can occur with early assessment and provision of treatments. Early treatment of Hepatitis C may prevent chronic carriage of this infection.</p>
Rationale	<p>The Health and Safety at Work etc Act 1974</p> <p>The Management of Health and Safety at Work [amendment] Regulations 1999</p> <p>Control of Substances Hazardous to Health Regulations 2002</p> <p>EU Council Directive 89/391/EEC</p> <p>EU Council Directive 89/655/EEC</p> <p>EU Council Directive 2000/54/EEC</p> <p>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995</p> <p>Health Act (2006): Code of practice for the prevention and control of healthcare associated infections</p>

Criteria	Evidence	References	Completed
Arrangements are in place to prevent, wherever possible, occupational exposure to blood-borne viruses including prevention of sharps injuries and provision of post exposure prophylaxis, including, where appropriate, the use of devices using sharps protection mechanisms.	Sharps/needlestick management policy Immunisation against Hepatitis B Risk assessments for needlestick management Training plans Provision of protective clothing Use where appropriate of devices using sharps protection mechanisms	Management of Health and Safety at Work [amendment] Regulations 1999	
Suitable and sufficient risk assessments have been made to enable the organisation to identify where use of devices using sharps protection mechanisms should be made.	Risk register	The Management of Health and Safety at Work [amendment] Regulations 1999 Hepatitis B infected health care workers: Guidance on implementation of Health Service Circular 2000/020	
Arrangements include the NHS OHS for initial assessment of all cases during the normal working hours of the OHS. An out of hours arrangement must be in place and staff made aware of all the arrangements for their care.	Sharps/needlestick management policy OHS protocols	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008156 HSC 2002/10 Hepatitis C Infected Health Care Workers	
Alternative arrangements are in place where the NHS OHS is not present to assess cases (rural and remote areas) or where the assessment is undertaken by another clinical service.	Policy	http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4004561 Hepatitis B infected Health Care Workers antiviral therapy 2007	
There is support from GUM/ID for the follow-up of staff commenced on HIV PEP.	SLA	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073164	

Criteria	Evidence	References	Completed
Arrangements ensure that PEP can be provided immediately if required at the time of initial assessment.	Policy OHS protocols	Health Clearance for TB, Hepatitis B, Hepatitis C and HIV: New healthcare workers 2007 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073132	
The arrangements include consideration of rural practice and out-of-hours assessments.	Policy OHS protocols		
The OHS has a written protocol/process/procedure describing its system for dealing with serious communicable disease exposures.	Policy OHS protocols		

I. Prevention and Control

Latex			
Standard	Employers are required to undertake suitable and sufficient risk assessments of the use of latex. Health surveillance is provided for staff who are exposed to significant risk of respiratory and skin sensitises and irritants if a COSHH risk assessment identifies a health risk despite control measures.		
Rationale	The COSHH Regulations require that risk assessments are undertaken for significant risks to health from hazardous substances. Risk assessment will identify situations where health surveillance is necessary.		
Legal requirements	Control of Substances Hazardous to Health Regulations 2002 The Management of Health and Safety at Work [amendment] Regulations 1999		
Criteria	Evidence	References	Completed
NHS employers regularly undertake a suitable and sufficient risk assessment that: <ul style="list-style-type: none"> • eliminates the risk where appropriate – gloves should only be worn where there is a risk of infection • aims to reduce and eliminate the use of latex gloves, substituting to other glove materials where ever possible – nitrile, vinyl, synthetic. Where staff raise objections to working with latex gloves efforts are made to providing suitable alternatives. 	Risk assessment report	The Management of Health and Safety at Work [amendment] Regulations 1999, regulation 3	

Criteria	Evidence	References	Completed
<ul style="list-style-type: none"> limits exposure through single use, disposable natural rubber latex gloves. When they are used they must be low-protein and powder-free. <p>The main findings of risk assessment are recorded.</p> <p>The findings are used to review the effectiveness of the organisation's policy on latex use.</p>			
NHS employers can identify those workers who require health surveillance because of the risks associated with their jobs.	Risk register Occupation health assessment	The Management of Health and Safety at Work [amendment] Regulations 1999 Control of Substances Hazardous to Health Regulations 2002, regulation 6 HSE http://www.hse.gov.uk NPSA http://www.npsa.nhs.uk	
A procedure exists during recruitment to identify posts where health surveillance is required. This information is provided to the NHS OHS which will assess applicants for such posts as to the fitness in relation to the hazard as well as any other post specific factors.	Service level agreement Occupational health policy Recruitment policy Risk assessments	The Management of Health and safety at Work [amendment] Regulations 1999 HSE http://www.hse.gov.uk NPSA http://www.npsa.nhs.uk	
NHS employers advise the OHS of current workers requiring health surveillance. Current workers are offered health surveillance at regular intervals while they perform work with the specific hazardous substance.	Service level agreement Occupational health policy Risk management policy	Control of Substances Hazardous to Health Regulations 2002, regulation 11 HSE http://www.hse.gov.uk NPSA http://www.npsa.nhs.uk	

Criteria	Evidence	References	Completed
The purpose of the health assessment (to determine fitness for work with latex) is clearly indicated to staff when they are offered assessments.	Staff signature on referral	HSE http://www.hse.gov.uk NPSA http://www.npsa.nhs.uk	
Any internal staff movements or a change in current duties which will result in work with hazardous substances that is risk assessed as requiring health surveillance are notified to the OHS. The OHS will offer health surveillance in such circumstances.	Risk management policy Occupational health policy Service level agreement	Control of Substances Hazardous to Health Regulations 2002, regulation 6 HSE http://www.hse.gov.uk NPSA http://www.npsa.nhs.uk	
Management and staff are made aware of the risks and dangers of latex allergy. Where staff are found to have an allergy to latex gloves, occupational health, support and advice is provided. Staff are provided with the same level of support and advice as that which is provided to patients.	Risk management policy Occupational health policy.		

I. Prevention and Control

Healthcare Acquired Infection - including hand washing			
Standard	NHS organisations should comply with the standards set out in support of the inspection regime laid down in Action on Health Care Associated Infections in England.		
Rationale	Patients and staff should be treated, and work, in a safe clean environment in order to minimise the risk of acquiring a health care associated infection.		
Legal requirements	Health and Social Care (Community Health and Standards) Act 2003 Standards for Better Health 2004 Care Standards Act 2000 Health Act (2006): Code of practice for the prevention and control of healthcare associated infections		
Criteria	Evidence	References	Completed
The organisation complies with the Code of Practice issued by the Secretary of State for Health.	Local policy document Inspection results	Health and Social Care (Community Health and Standards) Act 2003 http://www.opsi.gov.uk/acts/acts2003	
The organisation has in place appropriate systems to keep, so far as is reasonably practicable, patients, staff and visitors safe from HCAI.	Local policy documentation Risk reports Risk register	The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110288	

Criteria	Evidence	References	Completed
<p>Systems are in place which address:</p> <ul style="list-style-type: none"> • management arrangements for infection prevention and control • clinical leadership in all directorates or units for infection prevention • application of evidence based clinical protocols to minimise infection risks • maintenance of high standards of hygiene and cleanliness. 	<p>Local policies Job descriptions Clinical protocols Cleaning contract/policies</p>	<p>The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110288</p>	
<p>The organisation has an appointed Director of Infection Prevention and Control who reports directly to the Chief Executive and Board.</p>	<p>Job description Board minutes</p>	<p>The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110288</p>	
<p>The organisation has a lead manager for cleaning services with responsibility for ensuring there is a strategic cleaning plan which is reviewed and approved by the Board annually and allocated sufficient and appropriate resources.</p>	<p>Job description Cleaning strategy Board minutes Funding allocation</p>	<p>The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110288</p>	
<p>The organisation has in place a decontamination lead with responsibility for ensuring that a decontamination programme is implemented throughout the organisation and in line with national guidelines.</p>	<p>Job description Decontamination policy</p>	<p>The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110288</p>	

Criteria	Evidence	References	Completed
Arrangements are in place to prevent, wherever possible, occupational exposure to blood-borne viruses including prevention of sharps injuries and provision of post exposure prophylaxis, including, where appropriate, the use of devices using sharps protection mechanisms.	Sharps/needlestick management policy Immunistation against Hepatitis B Risk assessments for needlestick management Training plans Provision of protective clothing Use where appropriate of devices using sharps protection mechanisms	The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110288 Management of Health and Safety at Work [amendment] Regulations 1999	
Appropriate policies are in place for the safe handling and disposal of clinical waste	Policies Risk assessments Risk register	The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110288	
Prevention and control of HCAIs is included in training of all staff.	Training plans	The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110288	
Training in the effective washing of hands is given to all staff	Training plans	The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110288	

J. Contractors and Subcontractors

Standard	Adequate arrangements are in place to ensure that there is effective management and coordination of activities where various employers interact (including resident/non-resident contractors and volunteers).		
Rationale	Where the activities of different employers (and self-employed people) interact they may need to cooperate with each other to ensure their respective statutory duties. NHS organisations are responsible for the impact of contractors and subcontractors on patients, staff and visitors to their premises.		
Legal requirements	Management of Health and Safety at Work [amendment] Regulations 1999		
Criteria	Evidence	References	Completed
The risks to, or created by, other employers/resident contractors have been identified.	Risk register Organisation's health and safety policy	Management of Health and Safety at Work [amendment] Regulations 1999 <i>Health and Safety Essential Guide</i> - Health and Safety http://www.nhsemployers.org/HealthyWorkplaces/HealthAndSafety_new/HealthAndSafetyEssentialGuide/Pages/HealthAndSafety.aspx <i>Use of Contractors, a joint responsibility</i> , HSE, INDG368 www.hse.gov.uk/pubns/indg368.pdf	
A list of approved contractors who work for the Trust has been compiled and available when required.	List of approved contractors	Management of Health and Safety at Work [amendment] Regulations 1999 <i>Use of Contractors, a joint responsibility</i> , HSE, INDG368 www.hse.gov.uk/pubns/indg368.pdf	

Criteria	Evidence	References	Completed
Systems are in place to control risks to, or from, contractor's staff prior to commencement of contracts. This includes checking that contractors have provided the organisation with any necessary information such as a method statement and health and safety information.	Contract Service level agreement Organisation's health and safety policy	Management of Health and Safety at Work [amendment] Regulations 1999 Leading Health and Safety at Work: Leadership Actions for Directors and Board Members, Institute of Directors and HSC , October 2007 http://www.hse.gov.uk/pubns/indg417.pdf Use of Contactors, a joint responsibility, HSE, INDG368 www.hse.gov.uk/pubns/indg368.pdf	
Where an organisation acts as a host employer, it provides health and safety information and training to employees, for example, emergency arrangements and evacuation procedures (Management of Health & Safety at Work Regulations, 1999).	Contract Service level agreement Organisation's health and safety policy	Management of Health and Safety at Work [amendment] Regulations 1999 Use of Contactors, a joint responsibility, HSE, INDG368 www.hse.gov.uk/pubns/indg368.pdf	
Arrangements exist for coordination of health and safety activity.	Notes of meetings Organisational chart	Management of Health and Safety at Work [amendment] Regulations 1999 Use of Contactors, a joint responsibility, HSE, INDG368 www.hse.gov.uk/pubns/indg368.pdf	
The health and safety performance of contractors and other employers is monitored and records kept.	Contract Service level agreement Risk management policy	Management of Health and Safety at Work [amendment] Regulations 1999 Use of Contactors, a joint responsibility , HSE, INDG368 www.hse.gov.uk/pubns/indg368.pdf	
Contractors and other employers report all accidents and incidents to the Trust.	Organisation's health and safety policy Contract Service level agreement Accident report Near miss report	Management of Health and Safety at Work [amendment] Regulations 1999 Use of Contactors, a joint responsibility, HSE, INDG368 www.hse.gov.uk/pubns/indg368.pdf	

K. Fire

Standard	Arrangements are in place to ensure that all staff understand fire risks and know what to do in the event of a fire so that fire safety procedures can be applied effectively.		
Rationale	Healthcare premises present a unique fire risk due to the varying degrees of mobility of building occupants. It is essential therefore, that healthcare staff are competent in the skills of fire prevention and are fully aware of their responsibilities and the actions that need to be taken in the event of fire.		
Legal requirements	Health and Safety at Work etc Act 1974, sections 2 and 3 Management of Health and Safety at Work [amendment] Regulations 1999, regulations 3, 8, 9 and 13 Regulatory Reform (Fire Safety) Order 2005, (SI 2005/1541)		
Criteria	Evidence	References	Completed
Fire risk assessments are carried out.	Fire risk assessments	<i>Fire code - Fire Safety in the NHS, HTM 05-01: Managing Healthcare Fire Safety, paragraph 9.6</i>	
There is a fire safety policy that details responsibilities for fire safety and organisational arrangements.	Fire safety policy	<i>Fire code - Fire Safety in the NHS, HTM 05-01: Managing Healthcare Fire Safety, paragraph 9.6</i>	
A specialist fire safety adviser is appointed as a competent person.	Job description KSF	<i>Fire code - Fire Safety in the NHS, HTM 05-01: Managing Healthcare Fire Safety, paragraph 9.6</i>	
Fire wardens are appointed and appropriately trained.	Training records KSF	<i>Fire code - Fire Safety in the NHS, HTM 05-01: Managing Healthcare Fire Safety, paragraph 9.6</i>	

Criteria	Evidence	References	Completed
Personal emergency evacuation plans (PEEPS) are prepared for individuals who may need assistance.	PEEPS Risk assessments	<i>Fire code - Fire Safety in the NHS, HTM 05-01: Managing Healthcare Fire Safety, paragraph 9.6</i>	
There is an annual programme of fire drills.	Evidence of programme Records of drills	<i>Fire code - Fire Safety in the NHS, HTM 05-01: Managing Healthcare Fire Safety, paragraph 9.6</i>	
There is communication and cooperation on fire safety with organisations that share premises.	Fire safety policy Minutes of health and safety meetings	<i>Fire code - Fire Safety in the NHS, HTM 05-01: Managing Healthcare Fire Safety, paragraph 9.6</i>	
All staff receive regular, updated training and instruction. The duration and frequency of the training is determined by a training needs analysis which itself takes into account those risks quantified by risk assessment.	Training records Training needs analysis Fire risk assessments	<i>Fire code - Fire Safety in the NHS, HTM 05-01: Managing Healthcare Fire Safety, paragraph 9.6</i> Management of Health and Safety at Work [amendment] Regulations 1999 (regulation 3)	
All staff receive induction training on or before their first day of employment. This includes full familiarisation with the local alarm and evacuation protocols.	Training records Staff questionnaires	<i>Fire code - Fire Safety in the NHS, HTM 05-01: Managing Healthcare Fire Safety, paragraph 9.5</i>	
Video and computer-based training is only used to enhance the training delivered by the employer. It is not used as a replacement.	Signing-in sheets Course content outlines	<i>Fire code - Fire Safety in the NHS, HTM 05-01: Managing Healthcare Fire Safety, paragraph 9.7</i>	

Criteria	Evidence	References	Completed
<p>Fire safety training programmes include:</p> <ul style="list-style-type: none"> • basic fire safety • good housekeeping • actions to take on discovering a fire • actions to take on hearing the fire alarm • evacuation procedures • staff responsibilities during a fire incident • specialist role, (fire wardens, switchboard staff etc). 	<p>Course content outlines</p>	<p><i>Fire code - Fire Safety in the NHS, HTM 05-01: Managing Healthcare Fire Safety, paragraph 9.9</i></p>	
<p>Fire safety training is monitored for effectiveness and attendance rates are checked.</p>	<p>Fire safety committee minutes Reports to board Incident reports</p>	<p><i>Fire code - Fire Safety in the NHS, HTM 05-01: Managing Healthcare Fire Safety, paragraph 9.4</i></p>	

L. Working Time Directive (including night workers)

Standard	Arrangements are in place to ensure that the organisation and its employees comply with the legislation on Working Time.		
Rationale	It is important that all employees are protected from working too many hours at work and that young people and night workers who may be more at risk receive additional protection.		
Legal requirements	The Working Time Regulations 1998 The Working Time (Amendment) Regulations 2003		
Criteria	Evidence	References	Completed
All workers have been made aware of their rights under the Working Time Regulations.	Induction training Communications plan	The Working Time Regulations 1998	
Arrangements are in place for recording and reviewing the working hours of employees.	Time sheets Work records	The Working Time Regulations 1998	
Arrangements are in place for managing the working hours of young people employed by the organisation.	Policy for young workers Time sheets Work records	The Working Time Regulations 1998	
A procedure exists during recruitment to identify posts involving night work. This information is provided to the NHS OHS, which will assess applicants for such posts as to fitness for night work as well as any post specific to health factors.	Recruitment policy Occupational health policy Risk assessment policy	The Management of Health and Safety at Work [amendment] Regulations 1999	

Criteria	Evidence	References	Completed
Arrangements are in place for reviewing the health and safety of night workers.	Night workers risk assessments	The Working Time Regulations 1998, regulation 6	
Arrangements are in place for night workers to be regularly assessed by occupational health.	Occupational health SLA Occupational health records	The Working Time Regulations 1998, regulation 7	
The OHS has a written protocol/process/procedure describing its system for dealing with night workers health assessments.	Occupational health policy		
A policy exists to allow for transfer of employees from night work to day work if their health is at risk from the night work.	Policy Case conference notests	The Working Time Regulations 1998, regulation 7	

M. Pregnancy and new mothers

Standard	Risks have been assessed and adequate provisions made to ensure the health and safety of new and expectant mothers at work.		
Rationale	Employers have a legal and moral duty to protect women of childbearing age from hazards and risks in the workplace.		
Legal requirements	<p>The Management of Health and Safety at Work (Amendment) Regulations 1999, regulations 3 & 16</p> <p>The Employment Rights Act 1996</p> <p>Workplace (Health, Safety & Welfare) Regulations 1992, regulation 25</p> <p>Sex Discrimination Act 1975</p> <p>The Maternity and Parental Leave etc. and the Paternity and Adoption Leave (Amendment) Regulations 2006</p>		
Criteria	Evidence	References	Completed
A policy is in place, and properly communicated to staff, which sets out the entitlements for new and expectant mothers in relation to changes in working conditions.	Policy	New and expectant mothers at work - A guide for employers, HSE, 2002 www.hse.gov.uk/pubns/indg373.pdf	
Generic risk assessments are carried out to assess the risks for new and expectant mothers.	Risk register	The Management of Health and Safety at Work (Amendment) Regulations 1999	

Criteria	Evidence	References	Completed
<p>Individual risk assessments are carried out to assess the risks to each new or expectant mother.</p> <p>If the risk assessment shows that the employee or her child would be at risk were she to continue with her normal duties then suitable alternative work is offered.</p> <p>If it is not reasonably practicable to offer suitable alternative work then the employee is suspended on full pay.</p> <p>[Note - failure to conduct or to implement the findings of a risk assessment, which has led to the employee suffering a detriment could be a potential breach under the Sex Discrimination Act 1975.]</p>	<p>Risk register</p> <p>Risk assessment report.</p>	<p>The Management of Health and Safety at Work (Amendment) Regulations 1999, regulation 16</p> <p><i>Agenda for Change Terms and Conditions Handbook</i>, section 15</p> <p><i>New and expectant mothers at work - A guide for employers</i>, 2002 HSE</p> <p>www.hse.gov.uk/pubns/indg373.pdf</p> <p>Sex Discrimination Act 1975</p>	
<p>Suitable facilities are provided for new and expectant mothers to rest</p>	<p>Facilities</p>	<p>Workplace (Health, Safety and Welfare) Regulations 1992, regulation 25 (4)</p>	
<p>Where a pregnant employee produces a certificate from her GP or midwife showing that it is necessary for her health and safety not to work nights the employer has sought to offer suitable alternative work on the same terms and conditions.</p>	<p>Certificate from a registered medical practitioner or a registered midwife</p> <p>Risk assessment report</p>	<p>Employment Rights Acts 1996, section 67</p> <p>The Maternity and Parental Leave etc. and the Paternity and Adoption Leave (Amendment) Regulations 2006, regulation 17</p>	

N. The Workplace

Temperature			
Standard	During working hours, a reasonable temperature should be maintained inside buildings. Under the regulations reasonable comfort means without the need for special clothing. If such a temperature is impractical because of hot/cold processes all reasonable steps should be taken to achieve a temperature which is as close as possible to comfortable.		
Rationale	To provide a comfortable working environment for staff		
Legal requirements	Workplace (Health, Safety & Welfare) Regulations 1992		
Criteria	Evidence	References	Completed
<p>A risk assessment of a work area is undertaken to determine whether the temperature is reasonable under the circumstances. Ward temperatures may range between 18c to 21c depending on particular patient groups' needs, for example elderly patients tend to require a higher temperature. Work areas where staff conduct hard physical work may need lower temperatures ranging from 13c to 18c.</p> <p>Risk assessment is undertaken if there are changes to the work environment such as unscheduled repair/maintenance work on heating/ventilation and air conditioning systems or when employees and/or patients complain or report illnesses that may be caused by the thermal environment.</p>	<p>Written record of the risk assessment.</p> <p>Records of consultation with affected staff and their representatives.</p>	<p>HSE thermal comfort advice</p> <p>www.hse.gov.uk/temperature/thermal/index.htm</p>	

Criteria	Evidence	References	Completed
A sufficient number of thermometers are provided to enable staff to determine the temperature in any work area inside a building.	Written record of the work area's environment risk assessment.	Workplace (Health, Safety & Welfare) Regulations 1992, regulation 7	
The workplace is adequately thermally insulated and excessive effects of sunlight on temperature are avoided.	Written record of the environment risk assessment ascertaining temperature levels and staff's feedback.	Workplace (Health, Safety & Welfare) Regulations 1992	
Methods of heating and cooling don't result in the release of injurious or offensive fumes, gas or vapour.	Written record of the work area environment risk assessment.	Workplace (Health, Safety & Welfare) Regulations 1992, regulation 7	
Health surveillance or medical screening is provided to staff if they identify particular needs such as pregnancy, certain illnesses, disabilities and if undertaking certain medication.			

Criteria	Evidence	References	Completed
<p>When people are too hot, the following remedies are considered in consultation with staff:</p> <ul style="list-style-type: none"> • Placing insulating materials around hot plant and pipes. • Providing air conditioning. • Providing fans – (desk/pedestal or ceiling mounted fans. • Ensuring windows can be opened. • Removing staff from working in direct sunlight if possible. • Providing cold water dispensers. • Consulting with staff on working hours/shifts to reduce the amount of time staff spend in a hot environment. • Providing sufficient breaks in work. • Relaxing the dress code. 	<p>Provision of a written action plan which may provide short term and long term solutions.</p>	<p>HSE thermal comfort advice www.hse.gov.uk/temperature/thermal/index.htm</p>	
<p>When people are too cold consider the following options are considered in consultation with staff:</p> <ul style="list-style-type: none"> • Providing adequate heating – eg portable heaters. • Reducing draughts. • Providing insulating floor coverings. • Providing appropriate protective clothing for cold environments. • Introducing systems of work that limit exposure – eg flexible work patterns, job rotation • Providing sufficient breaks to allow staff to access hot drinks to warm up in a heated area. 	<p>Provision of a written action plan which may provide short term and long term solutions.</p>	<p>HSE thermal comfort advice www.hse.gov.uk/temperature/thermal/index.htm</p>	

O. Radiation

Standard	Arrangements are in place to effectively manage the risks from radiation to employees.		
Rationale	Legislation places several responsibilities upon the NHS to manage radiation to ensure that staff are protected and that the risks associated with radiation are eliminated or reduced to as low as reasonably practicable (ALARP).		
Legal requirements	Management of Health and Safety at Work Regulations 1999 (MHSWR) Ionising radiation Regulations 1999 (IR1999) Ionising Radiation (Medical Exposures) Regulations 2000 (IR(ME)R) Radioactive Substances Act 1993 (RSA) Medical Devices Regulations (MDR)		
Criteria	Evidence	References	Completed
The chief executive of the organisation is aware of their duty of compliance on ensuring proper and effective management of radiation	Policies and procedures	Management of Health and Safety at Work Regulations 1999 (MHSWR) The regulatory requirements for medical exposure to ionising regulation (HSE 2001, ISB0717621340)	

Criteria	Evidence	References	Completed
<p>The organisation has appointed experts with the responsibility of managing radiation safety. (radiation protection supervisor (RPS), medical physics expert (MPE), radiation protection adviser (RPA))</p>	<p>Policies and procedures</p>	<p>Ionising radiation Regulations 1999 (IR1999)</p> <p>Ionising Radiation (Medical Exposures) Regulations 2000 (IR(ME)R)</p> <p>The regulatory requirements for medical exposure to ionising radiation (HSE 2001, ISB0717621340)</p> <p>Work with ionising radiation, The approved code of practice and non statutory guidance to the ionising radiation regulations 1999 (HSE publication L121)</p>	
<p>The organisation has satisfied itself that the appointed experts have:</p> <ul style="list-style-type: none"> • received appropriate information and instruction • know and understand the requirements of the legislation and OCoP, local rules and contingency plans • possess sufficient authority to allow them to supervise all radiation protection aspects of the work • know what to do in an emergency and where to seek more information 		<p>Ionising Radiation Regulations 1999 (IR1999) Regulation 14</p> <p>Work with ionising radiation, The approved code of practice and non statutory guidance to the ionising radiation regulations 1999 (HSE publication L121)</p> <p>Ionising Radiation Regulations 1999 (IR1999) Regulation 14</p> <p>Ionising Radiation Regulations 1999 (IR1999)</p>	
<p>Risk assessments have been completed for all radiation hazards.</p>	<p>Risk assessments Risk register</p>	<p>Ionising Radiation Regulations 1999 (IR1999)</p>	

Criteria	Evidence	References	Completed
The risk assessments are suitable and sufficient.	Risk assessments Risk register Policies and procedures	Ionising Radiation Regulations 1999 (IR1999)	
The employer has provided suitable and sufficient training for all employees engaged in work with radiation, including RPA, RPS, MPE.	Training plans Training records PDPs	Ionising Radiation Regulations 1999 (IR1999) Regulation 14 Ionising Radiation (Medical Exposure) Regulations IR(ME)R 2000 Regulation 4(4)a and (4)b Ionising Radiation(Medical Exposure) (Amendment) Regulations IM(ME)R(A) 2006	
The employer has ensured that the RPA is properly certificated by an assessing body.	Copy of certificate(s)	Ionising Radiation Regulations 1999 (IR1999) Regulation 2	
Systems are in place to ensure certification, training and CPD are maintained and up to date.	Training records PDPs	Ionising Radiation Regulations 1999 (IR1999) Regulation 2	
Staff that are likely to receive an effective dose of radiation that exceeds three tenths of a relevant dose limit during a calendar year are designated as classified radiation workers.	Staff records Register of designated staff	Ionising Radiation Regulations 1999 (IR1999) Regulation 2	
Classified radiation workers are subject to a medical surveillance programme.	Surveillance records Medical records	Ionising Radiation Regulations 1999 (IR1999) Regulation 20	
Sufficient medical surveillance is in place for the protection of staff working with radiation.	Surveillance records Medical records	Ionising Radiation Regulations 1999 (IR1999) Regulation 2	

Criteria	Evidence	References	Completed
The organisation has engaged an approved dosimetry service (ADS) to make systematic assessments of all radiation exposures likely to be significant.	Contract Assessment records	Ionising Radiation Regulations 1999 (IR1999) Regulation 21	
Dose records for classified persons are held by an approved ADS.	Contract Assessment records	Ionising Radiation Regulations 1999 (IR1999) Regulation 21	
The organisation has provided the appropriate information to the ADS to allow it to carry out its function effectively.	Evidence of information provided	Ionising Radiation Regulations 1999 (IR1999) Regulation 21(4)	
Staff have received training in the care and use of dosimeters and do they understand their legal obligations and entitlements.	Training records	Ionising Radiation Regulations 1999 (IR1999) Regulation 21(4) Ionising Radiation Regulations 1999 (IR1999) Regulation 34 Health and Safety at Work etc Act 1974 Section 7 Ionising Radiation Regulations 1999 (IR99) Regulation 18(2) (c) (ii) Ionising Radiation Regulations 1999 (IR99) Regulation 21(6) Data Protection Act 1998	
Systems are in place to facilitate investigations into mislaid, lost or damaged dosimeters and possible over exposure to radiation.	Policies Contract with ADS	Ionising Radiation Regulations 1999 (IR1999) Regulation 22(1) Ionising Radiation Regulations 1999 (IR99) Regulation 25	

Criteria	Evidence	References	Completed
Sufficient policies are in place for the speedy and effective assessment and treatment of acute radiation exposure.	Policies	Ionising Radiation Regulations 1999 (IR1999) Regulation 22(1) Ionising Radiation Regulations 1999 (IR99) Regulation 25	
Arrangements are in place for a suitable quality assurance programme for equipment.	Quality assurance agreement	Ionising Radiation Regulations 1999 (IR99) Section 32 (3,4)	
Arrangements are in place for critical examinations in relation to new equipment being erected or installed.	Policy Agreement with installer Critical examination report	Ionising Radiation Regulations 1999 (IR99)	
Assessment has been made of the health and safety risks caused by display laser equipment and action taken to ensure the risks are controlled so far as is reasonably practicable.	Risk assessment Risk register	The radiation safety of display laser installations HS(G)95 HSE	

P. Workplace Transport

Standard	Arrangements are in place to effectively manage the risks from vehicle movements to pedestrians on site.		
Rationale	The law places several responsibilities upon the NHS to manage hospital premises to make sure that transport safety has been considered. Hospital traffic and pedestrian routes must be suitable for the people and vehicles using them.		
Legal requirements	Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999 Workplace (Health, Safety and Welfare) Regulations 1992		
Criteria	Evidence	References	Completed
The organisation has appointed someone with the responsibility of managing transport safety.	Policies and procedures	Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999 Workplace (Health, Safety and Welfare) Regulations 1992	
Risk assessments have been completed for all workplace transport hazards.	Risk assessments Risk register	Workplace (Health, Safety and Welfare) Regulations 1992 - <i>Workplace Transport Safety – An employer’s guide</i> , HSE. HSG136 www.hse.gov.uk/workplacetransport/	

Criteria	Evidence	References	Completed
<p>The risk assessments are suitable and sufficient. They consider:</p> <ul style="list-style-type: none"> • The design and layout of road systems. • Road signs and markings. • Movement of pedestrians. • Parking areas. • Loading bays and deliveries. • Lighting. The construction of roads and temporary workplaces. 	<p>Risk assessments Risk register Policies and procedures Site plans</p>	<p>Workplace (Health, Safety and Welfare) Regulations 1992 <i>Workplace Transport Safety – An employer’s guide</i>, HSE. HSG136 www.hse.gov.uk/workplacetransport/ The Highway Code</p>	
<p>Site transport rules and procedures are documented and distributed.</p> <p>Staff, drivers and others are aware of these rules and this can be demonstrated.</p>	<p>Risk assessments Risk register Policies and procedures</p>	<p>Workplace (Health, Safety and Welfare) Regulations 1992 <i>Workplace Transport Safety – An employer’s guide</i>, HSE. HSG136 www.hse.gov.uk/workplacetransport/</p>	
<p>Appropriate sanctions are applied when employees fail to maintain standards.</p>	<p>Risk assessments Risk register Policies and procedures</p>	<p>Workplace (Health, Safety and Welfare) Regulations 1992 <i>Workplace Transport Safety – An employer’s guide</i>, HSE. HSG136 www.hse.gov.uk/workplacetransport/</p>	
<p>The organisation takes adequate steps to detect unsafe behaviour of drivers of site and visiting vehicles and pedestrians.</p>	<p>Risk assessments Risk register Policies and procedures</p>	<p>Workplace (Health, Safety and Welfare) Regulations 1992 <i>Workplace Transport Safety – An employer’s guide</i>, HSE. HSG136 www.hse.gov.uk/workplacetransport/</p>	

Q. Work Equipment

Provision and use of work equipment			
Standard	NHS employers are required hold work equipment and medical devices which is so constructed or adapted as to be suitable for the purpose for which it is used or provided.		
Rationale	To eliminate or minimise the risk of injury or ill health from use and maintenance of work equipment by operators and persons within the locality of such equipment.		
Legal requirements	Health and Safety at Work Act 1974 Management of Health and Safety at Work 1999 Provision and Use of Work Equipment Regulations 1998 The Medical Devices Regulations 1994 Lifting Operations and Lifting Equipment Regulations 2002 Control of Substances Hazardous to Health Regulations 2002 Electricity at Work Regulations 1989 Personal Protective Equipment Regulations 1992 Ionising Radiations Regulations 1985 Noise at Work Regulations 1989 The Transportable Pressure Vessels Regulations 2001		
Criteria	Evidence	References	Completed
The organisation has a current policy or procedure on the safe use of work equipment. The policy covers the legal requirements of the Provision and Use of Work Equipment Regulations 1998 (PUWER) and Lifting Operations and Lifting Equipment Regulations 2002 (LOLER).	Policy	Provision and Use of Work Equipment Regulations 1998 Lifting Operations and Lifting Equipment Regulations 2002	

Criteria	Evidence	References	Completed
The policy or procedures provide a definition of the work equipment appropriate for their organisation, that is, maintenance equipment, patient handling equipment and medical devices.	Policy	Provision and Use of Work Equipment Regulations 1998 Lifting Operations and Lifting Equipment Regulations 2002	
The policy includes arrangements to ensure work equipment and medical devices purchased by the organisation are suitable and fit for purpose.	Manufacturer's instructions Medical devices policy Risk assessments or safe systems (for equipment with specific risks to health and safety) Training and competency records	Provision and Use of Work Equipment Regulations 1998 Management of Health and Safety at Work 1999 Procurement Projects Guides NHS Supply Chain The Medical Devices Regulations 1994	
Arrangements are in place to ensure work equipment is maintained and inspected an efficient state, in efficient working order and in good repair. The organisation has a maintenance schedule and register for all work equipment that requires inspection, in particular legislative examinations under LOLER, For example six-monthly thorough examinations on lifting equipment that is used to lift persons (hoist, slings, lifts).	Manufacturer's instructions Maintenance, service and inspection logs/records Cleaning and disinfection logs/ records Installation or decommissioning inspection records Portable appliance testing records	Provision and Use of Work Equipment Regulations 1998 Lifting Operations and Lifting Equipment Regulations 2002 Control of Substances Hazardous to Health Regulations 2002 Electricity at Work Regulations 1989	

Criteria	Evidence	References	Completed
All employees who use work equipment have available to them adequate health and safety information, and where appropriate, written instructions pertaining to the use of work equipment.	Material safety data sheets Manufacturer's instructions Risk & COSHH assessments and safe systems of work Waste policy Medical devices policy Work equipment use and maintenance instructions Use of work equipment guidance and best practice Training and competency records	Provision and Use of Work Equipment Regulations 1998 Lifting Operations and Lifting Equipment Regulations 2002 The Medical Devices Regulations 1994	
All employees who use work equipment have received adequate training for purposes of health and safety including precautions to be taken and safe working methods.	Training and competency records Use of work equipment guidance and best practice Risk and COSHH assessments and safe systems of work	Management of Health and Safety at Work Regulations 1999 Provision and Use of Work Equipment Regulations 1998 Lifting Operations and Lifting Equipment Regulations 2002	
The organisation has appropriate arrangements in place to identify and take out of action defective equipment.	Maintenance records Defect log	Provision and Use of Work Equipment Regulations 1998 Lifting Operations and Lifting Equipment Regulations 2002	
The organisation regularly monitors performance and compliance with the work equipment policy and procedures.	Monitoring inspections. Audit reports Committee minutes and meetings Action plans	Provision and Use of Work Equipment Regulations 1998, regulation 24 Lifting Operations and Lifting Equipment Regulations 2002 The Medical Devices Regulations 1994 Noise at Work Regulations 1989	

R. First Aid

Standard	Arrangements are in place to provide adequate and appropriate equipment, facilities and personnel to ensure that employees receive immediate attention if they are injured or taken ill at work.		
Rationale	<p>In the event of injury or sudden illness, failure to provide first aid could result in a casualty's death. The aim of first aid is to reduce the effects of injury or illness suffered at work, whether caused by the work itself or not. First aid provision must be 'adequate and appropriate in the circumstances'. This means that sufficient first-aid equipment, facilities and personnel should be available:</p> <ul style="list-style-type: none"> (a) to give immediate assistance to casualties with both common injuries or illness and those likely to arise from specific hazards at work (b) to summon an ambulance or other professional help. 		
Legal requirements	<p>Health and Safety at Work etc. Act 1974 The Health and Safety (First Aid) Regulations 1981 The Health and Safety (First Aid) Regulations 1981 (Approved Code of Practice – revised 1997)</p>		
Criteria	Evidence	References	Completed
Assessments are carried out to provide an assessment of first aid needs.	<p>Risk assessment First aid policy *There is no requirement for the assessment of first aid needs to be formal or written down although it may be useful for employers to record the results. Employers might need to justify their level of first-aid provision.</p>	<p>Health and Safety at Work etc. Act 1974 The Health and Safety (First Aid) Regulations 1981</p>	

Criteria	Evidence	References	Completed
Assessments involve consideration of workplace hazards and risks, the size of the organisation and other relevant factors, to determine what first-aid equipment, facilities and personnel should be provided.	Assessment (see above) Purchasing requests	The Health and Safety (First Aid) Regulations 1981 The Health and Safety (First Aid) Regulations 1981 (Approved Code of Practice – revised 1997)	
Subject to the findings of the risk assessment employers should appoint a first-aider or first-aiders who has/have undertaken training and has/have a qualification. They must hold a valid certificate of competence in either: <ul style="list-style-type: none"> • first aid at work (FAW), issued by a training organisation approved by HSE; or • emergency first aid at work (EFAW), issued by a training organisation approved • by HSE or a recognised Awarding Body 	Job descriptions Training records	The Health and Safety (First Aid) Regulations 1981 The Health and Safety (First Aid) Regulations 1981 (Approved Code of Practice – revised 1997) www.hse.gov.uk/firstaid/index.htm	
Employees are advised of the arrangements that have been made in connection with the provision of first-aid, including the location of equipment, facilities and personnel.	Proof of communication to employees	The Health and Safety (First Aid) Regulations 1981 Reg 4	
First aid notices are displayed where staff can refer to them. The information is clear and easily understood by all employees. Employers take steps to cater for those with reading or language difficulties. There is at least one notice in a prominent position at each site, including the base for travelling employees.	First aid notices posted up where appropriate	The Health and Safety (First Aid) Regulations 1981	

Criteria	Evidence	References	Completed
The first aid needs of employees working away from the main site, for example those who travel regularly or who work elsewhere, are met. The assessment will determine whether those who travel long distances or are continuously mobile should carry a personal first aid kit.	First aid policy Lone worker policy	The Health and Safety (First Aid) Regulations 1981	
Special arrangements such as issuing personal communicators and providing additional training are made for employees who work in remote areas.		The Health and Safety (First Aid) Regulations 1981	
Adequate provision is made at all times people are at work. Employers ensure there is cover for annual leave and other planned absences of first-aiders or appointed persons. Employers also consider what cover is needed for unplanned and exceptional absences such as sick leave or special leave due to bereavement.	Rotas First aid policy	The Health and Safety (First Aid) Regulations 1981	
First aid information is available as part of induction training.	Induction records	The Health and Safety (First Aid) Regulations 1981 (Approved Code of Practice – revised 1997) www.hse.gov.uk/firstaid/index.htm	
Trained first-aiders are provided in sufficient numbers and at appropriate locations to enable first aid to be administered without delay should the occasion arise.		The Health and Safety (First Aid) Regulations 1981	

Criteria	Evidence	References	Completed
<p>When selecting someone to take up the role of a first-aider, a number of factors are taken into account, including an individual's:</p> <ul style="list-style-type: none"> • reliability, disposition and communication skills • aptitude and ability to absorb new knowledge and learn new skills • ability to cope with stressful and physically demanding emergency procedures • normal duties. These should be such that they may be left to go immediately and rapidly to an emergency. 	Selection criteria	<p>The Health and Safety (First Aid) Regulations 1981 (Approved Code of Practice – revised 1997)</p> <p>www.hse.gov.uk/firstaid/index.htm</p>	
Retraining is undertaken by first aiders before certificates expire.	Certificates Training records	The Health and Safety (First Aid) Regulations 1981	
The materials, equipment and facilities needed to ensure that the level of cover identified as necessary are available to employees at all relevant times. This includes ensuring that first-aid equipment, suitably marked and easily accessible, is available in all places where working conditions require it.	Procurement records Materials	<p>The Health and Safety (First Aid) Regulations 1981</p> <p>The Health and Safety (First Aid) Regulations 1981 (Approved Code of Practice – revised 1997)</p>	
<p>At least one first aid container is supplied with a sufficient quantity of first-aid materials suitable for the particular circumstances is provided on each site.</p> <p>Depending on the findings of the first aid needs assessment, more than one first aid container might be required on large sites. First aid containers are easily accessible and preferably placed near to hand washing facilities.</p>	Procurement records Materials	<p>The Health and Safety (First Aid) Regulations 1981</p> <p>The Health and Safety (First Aid) Regulations 1981 (Approved Code of Practice – revised 1997)</p>	

Criteria	Evidence	References	Completed
<p>There are periodic reviews of first aid needs, particularly after any operating changes, to ensure provision remains appropriate.</p>	<p>Review and assessment</p>	<p>The Health and Safety (First Aid) Regulations 1981</p> <p>The Health and Safety (First Aid) Regulations 1981 (Approved Code of Practice – revised 1997)</p>	
<p>First-aiders and appointed persons are supplied with a book in which to record incidents they attend.</p> <p>Any such book should be kept in accordance with the requirements of the Data Protection Act 1998.</p> <p>Where there are a number of first-aiders working for a single employer, it is advisable for one central book to be used, though this may not be practicable on larger, well spread out sites. The information to be recorded should include:</p> <ul style="list-style-type: none"> • date, time and place of the incident • name and job of the injured or ill person • details of the injury/illness and what first aid was given • what happened to the person immediately afterwards (for example went back to work, went home, went to hospital) • name and signature of the first-aider or person dealing with the incident. 	<p>First aid record book</p>	<p>The Health and Safety (First Aid) Regulations 1981</p> <p>The Health and Safety (First Aid) Regulations 1981 (Approved Code of Practice – revised 1997)</p>	

The partnership for occupational safety and health in healthcare (POSHH)

The Partnership for Occupational Safety and Health in Healthcare HeHealthcare is the Health and Safety Sub-Group of the NHS Staff Council.

1. Overall purpose

The overall purpose of the group is to raise standards of occupational health and safety in the healthcare organisations and to promote best practice across both the NHS and the Independent sector.

2. Objectives

Its objectives are:

- to assist NHS Employers in the development of a national occupational health and safety strategy for the healthcare sector and to promote its implementation
- to scope, evaluate and encourage the spread of good practice, particularly in respect of risks identified within the HSC's priority programmes and the NHS Employers contractual programme of work
- to work in partnership with the HSE in assisting the aims and directives of the Ministerial Task Force for health, safety and productivity to reduce the incidence of workplace days lost through ill health and injury
- to identify potential areas where standard approaches across sectors would be beneficial (for example, key performance indicators) and seek to agree what those approaches should be and promote their implementation
- to develop partnership links with other relevant bodies in areas of work which have an impact on healthcare occupational health and safety and to provide a source of expertise where necessary
- to identify areas of research and to seek sources of funding to support this
- to review standards of occupational health and safety, based on monitoring arrangements within the national Occupational Health strategy, and identify common areas that may need addressing
- to share information on best practice and explore how each of the healthcare bodies represented on the group can make best use of this knowledge
- to be a focal point for consultation on government policy making and development relating to Occupational Health & Safety.

3. Membership

The membership of the group is:

- NHS Employers Organisation plus nominated representatives to reflect the variety of healthcare settings within the NHS
- Representatives from AMICUS, BMA, CSP, RCN and UNISON
- HSE
- Registered Nursing Home Association
- Independent Healthcare Advisory Services
- NHS Litigation Authority
- Counter Fraud and Security Management Services.

The group invites other organisations to contribute to particular areas of work as appropriate.

4. Ways of working

- The group has adopted partnership working to deliver its aims.
- There are joint chairs: one from representatives of staff organisations and one from representatives of employers.
- Chairs alternate for each meeting and work with NHSE in the planning of agendas, minutes and other documentation.
- The secretariat to the group is provided by NHS Employers.
- Regular reports are provided for the NHS Staff Council.
- To maintain a tripartite structure, HSE, NHSLA and CFSMS are represented on the group as expert advisers.

Contact us

www.nhsemployers.org

enquiries@nhsemployers.org

NHS Employers

29 Bressenden Place 2 Brewery Wharf

London Kendell Street

SW1E 5DD Leeds LS10 1JR

This document is available in pdf format at www.nhsemployers.org/publications

Published November 2010

© NHS Employers published October 2010. This document may not be reproduced in whole or in part without permission.

The NHS Confederation (Employers) Company Ltd Registered in England. Company limited by guarantee: number 5252407

EINF13901