

Policy Document Control Page

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- **Working at height section revised at 4.14.3 Falls / Working at height**
- **Added 4.15 New and Expectant Mothers**
- **Added 4.16 Safety Sharps Management**
- **Renumbering 4.15 onwards**
- **Review date changed**

Originator

Originated By: K Pennington

Designation: Health Safety and Emergency Planning Manager

Equality Analysis Assessment (EAA) Process

Equality Analysis Assessment Undertaken by: K Pennington

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Where policy deemed relevant to equality-

EIA undertaken by N/R

EIA undertaken on

EIA approved by EIA work group on

Approval and Ratification

Referred for approval by: K Pennington

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Policy to be uploaded to the Trust's external website? Yes

Review

Review Date: July 2018

Responsibility of: K Pennington

Designation: Health Safety and Emergency Planning Manager

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 17th May 2016

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1. INTRODUCTION:

Pennine Care NHS foundation Trust recognises its responsibility in complying with the **Health and Safety at Work Act 1974** and its **associated regulations** and is committed to ensuring, so far as is reasonably practical, the health safety and welfare of all its employees and those who are affected by its undertakings, by providing as healthy and as safe an environment as possible and providing as up to date information, instruction and training as is available.

2. SCOPE OF POLICY

To ensure a healthy and safe working environment, management and staff must work together. The Trust therefore expects all employees of the Trust, including those carrying out work on its behalf, to exercise responsibilities to maintain healthy and safe working conditions by:

2.1 taking reasonable care for their health and safety and that of others who might be affected by their acts or omissions

2.2 co-operating as far as is necessary with their colleagues and others to enable the Trust to carry out its statutory duties and responsibilities

2.3 following the policies and procedures set out in the Policy Manual. This includes reporting and recording all incidents clearly and completely on the Incident Report Form immediately after they occur, or within 48 hours at the latest.

2.4 correct use of all safety equipment, devices and protective clothing provided

2.5 employees must not intentionally or recklessly misuse or interfere with anything provided in the interests of health, safety or welfare in pursuance of any aspect of health and safety law, should this occur, an employee would be subject to the Trust's Disciplinary Procedure

2.6 Health and Safety information is located in each area of work, which includes policies, procedures and information on health and safety including risk management and health and safety at work. The Health and Safety Policy is the "umbrella policy" which underpins all other health and safety related policies.

The Trust shall endeavour to maintain such health and safety management systems, as detailed in regulation 5 of the Management at Work Regulations 1999, HSE guidance and the Institute of Directors document referencing "Plan, Do, Check, Act"

HEALTH & SAFETY POLICY

1. STATEMENT OF HEALTH AND SAFETY POLICY

Pennine Care NHS Foundation Trust's (the Trust) Board is aware that effective health and safety management is integral to the Trust's success and is committed to achieving and maintaining high health, safety and welfare standards throughout the Trust. This policy therefore applies to all employees, the activities of the Trust whether being conducted on Trust premise, in the community or on partner sites.

This policy is part of the Trust's health and safety management system, which has been adopted by the Board and it is their aim to ensure so far as is reasonably practicable the health, safety and wellbeing of all its employees, patients and others who may be affected by its service provision

All Trust employees, those training with or attached to the Trust, or those visiting its premises while at work, as well as those contracted to work within its areas of control should take an active involvement in health and safety.

Therefore, the policy is to be brought to their attention and they are required to comply with it and the Trust's health and safety management system.

In order to achieve its aim, the Board has set the following key objectives:

- (a) Take all reasonable practical steps to provide and maintain a safe and healthy working environment for its employees and ensuring that its activities do not put at risk the health and safety of patients and others to whom the Trust owes a duty of care.
- (b) As a minimum, the Trust and its employee will comply with the requirements of relevant health and safety law.
- (c) Consultation with all employees and contractors via health and safety committees, groups and forums is actively encouraged.
- (d) Health and safety issues are discussed and resolved with line management.
- (e) Health and Safety Leads are appointed to work with employee representatives and management in all areas of the Trust, to ensure that health and safety issues are regularly addressed.
- (f) Employees are trained to enable them to work in a safe and healthy manner and within the requirements of this policy.
- (g) Identify hazards and risks, to implement actions and policies and to monitor and review incidents associated with violence and aggression in the workplace.

- (h) To appoint, manage and monitor competent contractors to assist the Trust in meeting its health and safety responsibilities.

The Trust is committed to a programme of continued improvement in its standard of health and safety and to raising the profile of health and safety at all levels within the Trust.

The Board has therefore elected to implement a health and safety management system that complies with requirements of the Australian/ New Zealand Standard for Risk Management: AS.NZS 4360:2004.

The nature of the Trusts activities means that there are no guarantees that accidents and cases of ill health will not occur. The Board, in implementation of its health and safety management system, is showing its commitment to continual vigilance and to placing an emphasis on the prevention rather than cure of health and safety risks.

Chief Executive:

Signed:

Date:

2. ROLES AND RESPONSIBILITIES FOR HEALTH AND SAFETY

2.1 Pennine Care NHS Trust

Pennine Care NHS Foundation Trust as a corporate body and employer has the overall responsibility for the ensuring so far as is reasonable practicable the health and safety of their employees or others that come into contact with the Trust or its activities. All actions taken by the Board are in accordance with the Health and Safety at Work Act 1974.

2.2 Chief Executive

The Chief Executive, on behalf of the Board, has responsibility for ensuring that an organisational structure and arrangements exist to ensure, the health, safety and welfare of staff employed within the Trust and all persons liable to be affected by the activities carried out by the Trust.

This will include:

- (i) All staff employed by the Trust in conducting its activities
- (ii) The work processes, activities and systems performed within the Trust
- (iii) The accommodation within which the Trust's activities are carried out
- (iv) Property in the form of equipment, supplies, furnishings etc. that is used in the performance of these activities.
- (v) The Health and Safety at Work Act 1974, subordinate regulations and appropriate codes of practice in force are complied with;
- (iv) Day to day responsibilities for managing health and safety within the Trust is delegated to the individual Directors, managers who have the appropriate decision making authority;

The Chief Executive shall also arrange to:

- (i) Monitor the arrangements for health and safety through reports from the Health & Safety Committee
- (ii) Ensure that sufficient resources are made available and that roles and responsibilities are understood and carried out as detailed below by nominated persons

2.3 Executive / Non Executive Directors – Board Members

Each member of the Board has an individual role in providing and promoting health and safety leadership within the Trust.

This is achieved by:

- (i) Accepting its collective role in providing health and safety leadership within the organisation
- (ii) Board decisions reflect the intentions of the health and safety policy statement

- (iii) Engages the active participation of employees in improving health and safety through consultation with safety groups and safety representatives
- (iv) Being kept informed of, and alert to, relevant health and safety risk management issues by appointing a Board member as “Health and Safety Director”.
- (v) Ensuring that it has access to information on Health and Safety and undergoes appropriate training.

Further information can be found in accordance with the Health and Safety Commissions (HSC) INDG 343 and IOD/HSC “Leading Health and Safety at Work: Actions and good practice for Board Members” and IOD / HSC “Leading Health and Safety at Work – Leadership actions for Directors and Board Members” INDG 417

2.4 Director of Finance

The Chief Executive on behalf of the Trust board has nominated the Director of Finance with monitoring health and safety at this time.

2.5 Divisional / Service / Directors

Divisional / Service Directors have responsibility for implementing the requirements of this policy within their areas of responsibility / control. These responsibilities will include;

- (i) Ensuring the implementation of the Trust health and safety policy within their areas of responsibility;
- (ii) Ensuring that organisational roles and responsibilities for health and safety are delegated and understood by all employees as necessary;
- (iii) Ensuring that suitable and sufficient resources including: time, personnel, materials, equipment, training and finances are allocated for the effective management of health and safety;
- (iv) Ensure that appropriate information, instruction, training and supervision is available to all staff to enable them to undertake their roles safely;
- (v) Monitoring the effectiveness of health and safety management systems and reviewing any action plans needed to maintain health and safety standards;
- (vi) Set the overall standards for health and safety within their areas and promote a culture of continuous improvement;
- (vii) Be responsible for the health and safety of employees, temporary workers, service users, visitors, contractors and others within their area of responsibility;
- (viii) Ensure and promote a culture where risks to health and safety are assessed, appropriate control measures and safe systems of work are prepared, implemented and monitored;
- (ix) Ensure arrangements are in place for health surveillance of staff where required;
- (x) Ensure that suitable and sufficient health and safety provision is included in any contract or service level agreement made with others or joint service providers in accordance with the Health and Safety at Work Act 1974;

2.6 Senior Managers / Managers

Senior Managers / Managers will have day - to - day responsibility for implementing the requirements of this policy within his/her area of responsibility / control.

Designated job titles include but are not exhaustive:

(i) Service Line Managers, Head of Department.

(ii) Ward Manager, Modern Matron, Service Manager, Deputy Head, Team Manager, Manager, Officer.

(iii) Any other management designation assigned to an employee of Pennine Care NHS Foundation Trust job role, either student, part time or full time employed

These responsibilities will include

- (i) Implementation of the Trust health and safety policy for their areas of responsibility.
- (ii) Ensuring that organisational roles and responsibilities for health and safety are understood by all employees / contractors etc. as necessary
- (iii) Ensuring that suitable and sufficient resources including: time, personnel, materials and finances are utilised and practically applied to achieve the effective management of health and safety for all persons who may be affected by the Trusts undertakings
- (iv) Ensure that their areas of responsibilities and service activities undertaken are suitably and sufficiently risk assessed;
- (v) To monitor and record the effectiveness of health and safety management systems through the risk assessment process;
- (vi) Bring to the attention of the Trust any concerns regarding the effectiveness of any health and safety measures employed;
- (vii) To ensure the implementation of any action plans necessary to maintain health and safety standards;
- (viii) Consult and communicate on a regular basis with all staff and or their representatives e.g. trade unions etc, contractors and service providers on health and safety issues and that there is a process for employee involvement in health and safety management;
- (ix) Ensure that work is properly planned and resourced, that appropriate controls are implemented and that those staff involved are suitably, trained and supervised;
- (x) Ensuring all staff attendance on any associated health and safety training programmes;
- (xi) Investigate and report incidents resulting in members of their workforce being absent from work or where there is serious risks to health, safety or the environment, even if there is no actual injury or damage.

2.7 Supervisors

Supervisors have a responsibility to implement the requirements of this policy within the area of his/her responsibility or control.

Designated job titles include but are not exhaustive:

Team Leaders, Assistant Ward Manager, Deputy Team Leader, Advisor

These responsibilities will include

- (i) Implementation of the Trust health and safety policy with their areas of responsibility;
- (ii) Ensuring that organisational roles and responsibilities for health and safety are understood by all employees / contractors etc. as necessary
- (iii) Ensuring that suitable and sufficient resources including: time, personnel, materials and finances are utilised and practically applied to achieve the effective management of health and safety for all persons who may be affected by the Trusts undertakings
- (iv) Monitor the effectiveness of health and safety management systems through the risk assessment process.
- (v) Bring to the attention of the Trust's management, immediately, any concerns regarding the effectiveness of any health and safety measures employed
- (vi) To implement any delegated action plans necessary to maintain health and safety standards

2.8 Employees

Employees of Pennine Care NHS Foundation Trust include all those who work full time, part time or are being trained as part of pre-employment, contractors or specialist consultants employed by the trust in conducting its undertakings.

In addition to any specific responsibilities, which may be delegated to them, all employees must:

- (i) Make themselves familiar with and conform to all Pennine Care NHS Foundation Trust health and safety policies and procedures.
- (ii) Take reasonable care for their own health and safety and for others who may be affected by what they do or do not do and to cooperate with the Trust in all aspects of health and safety.
- (iii) Not to intentionally misuse or interfere with anything provided for health, safety and welfare reasons
- (iv) Operate / handle and store all machinery, equipment, dangerous substances, transport equipment, means of production or safety devices in accordance with any relevant training and instructions
- (vi) Wear appropriate protective equipment as required by specific policies and procedures
- (vii) Report all accidents, near misses, damage and unsafe acts or conditions, whether persons are injured or not, to their supervisor or manager;
- (vii) Report any defect in plant or equipment, or shortcomings in the existing safety arrangements to their supervisor or manager without delay
- (viii) Be aware that the final level of responsibility is that of each and every employee
- (ix) Not undertake any task for which authorisation and training has not been given

- (xi) Attend health and safety training when requested to do so and to bring to their line managers attention should they acknowledge that they require further training or that their training is no longer valid.
- (xii) To adhere and contribute to risk assessments undertaken in their areas of work.

All employees have a duty to take reasonable care for the health and safety of themselves and others who may be affected by their own acts or omissions. Additionally employees are required to comply with any duty imposed by the employer, to enable any statutory duty or requirement imposed on them to be complied with.

Employees are encouraged to improve standards of health and safety and any constructive suggestions made by them will be welcomed. Such suggestions should be passed to the appropriate operational manager or safety representative.

2.9 Contractors

All contractors employed by the Trust have a duty to comply with all aspects of health and safety legislation and to take reasonable care for the health and safety of themselves and others who may be affected by their own acts or omissions.

Contractors are required to comply with any instructions or duty imposed by the Trust, to enable any statutory duty or requirement imposed on the Trust to be complied with. CO 25 Contractors on Site Policy.

3.0 Director of Capital Investment and Estate Services

The Director of Capital Investment and Estate Services has responsibility for estates, facilities, maintenance management and security and ensures compliance by ensuring inspections and reviews. This using but not limited to, D o H Guidance, Health and Safety legislation, Environmental Health legislation, fire safety legislation, building regulations and NHS standards for LSMS. This includes advising and monitoring trust "Risk Assessments & Health and Safety Procedures" and Serious Untoward Incidents supported by reviewing site reports and inspections.

3.1 Health Safety and Emergency Planning Manager (HSEP) / Health and Safety Advisor

The role of the Health Safety and Emergency Planning Manager / Health and Safety Advisor is to:

- (i) Advise the Trust on health and safety matters with regards to relevant legislation and compliance.
- (ii) Advise Trust committees and working groups on health and safety issues
- (iii) Support the Trust in investigating, along with Divisional / Services and other representatives, accidents and incidents and assist in completing reports for submission to the relevant departments, personnel and external agencies

(iv) Ensure reports with regards to the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 are completed and submitted in a timely manner as required.

(v) Collate information and present reports to the Board, Health and Safety Committee and Divisional / Borough Health and Safety Working groups on health and safety issues and recommend proactive and remedial action as deemed necessary.

(vi) To monitor health and safety risk assessments and ensure inclusion on the Trust Risk Register through the Patient Safety and Clinical Risk Manager;

(x) Liaise closely with other organisations in respect of shared premises, for example the Local Authorities and other Host Trusts, in promoting co-operation and co-ordination of joint responsibilities;

(xi) Have the delegated authority to cease any activity which is deemed to be a immediate threat to the health, safety or wellbeing of employees or others;

(xii) Act as a point of contact with external authorities with all matters regarding health and safety.

3.2 Fire Safety Manager / Advisor

The role of the Fire Safety Manager / Advisor is to:

(i) Support the Trust in developing and implementing the fire safety policy and procedures in line with the current legislation and to provide professional fire safety leadership and management to the Trust to enable compliance with current fire safety legislation and statutory requirements.

(ii) Interpreting regulations such as Building Regs, Hospital Technical Memorandums, Hospital Building Notices, EU Directives, British Standard relating to Fire Safety and Trust policies to achieve compliance with current fire safety legislation and maintaining good fire safety standards, signage etc.

(iii) Ensuring inspections and maintenance programmes are developed to meet statutory requirements, minimise risk and provide a safe environment for patients, staff and visitors so far as is reasonably practicable.

(iv) Provide professional and technical advice and support to nominated Fire Wardens, Estates Operations Team and Ward & Departmental Managers by means of: regular training and up dates on fire safety, reviewing intended work plans, reviewing reports of minor works and monitoring day – to – day fire safety issues to ensure fire safety is not compromised

(v) Plan, organise and deliver mandatory fire lectures and fire drills – including documented evacuation procedures, building specific training - to all Trust staff and record for audit all such events.

(vi) Conduct fire safety inspections and record fire safety risk assessment, in accordance with current fire safety legislation and amendments of Trust premises

and to submit timely reports to the Estates Operations Manager of each inspection with action plans and timescales as necessary.

(vii) Develop and maintain effective partnerships with other agencies and services regarding fire safety issues where the Trust may conduct its undertakings.

(viii) Prepare relevant reports for Trust Board and NHS Estates.

3.3 Patient Safety Lead

The Patient Safety Lead has the responsibility of maintaining and up dating the Risk Register and the Trust Incident Reporting Management System (Safeguard) and for submitting periodic reports to the Trust board and Borough / Divisional Integrated Governance Groups for discussion and action to eliminate or reduce to as low a level as possible identified risks.

3.4 Local Security Management Specialist (LSMS) / Designated Responsible Person

The LSMS / Designated Responsible Person has responsibility for:

- (I). Providing appropriate security for staff, service users and the public on Trust premises.
- (II). Safety of Pennine Care Trust property and assets
- (III). Facilitating police liaison regarding crime and crime prevention.
- (IV). Assist / advise on training staff in conflict resolution and personal safety. Development of policies relating to staff and security e.g. Staff Working Alone policy.

3.5 Fire Warden

Personnel who are nominated as Fire Wardens are to:

- (i) Receive appropriate training and attend refresher - training sessions from the Fire Safety Officer to conduct their duties
- (ii) Conduct any tasks and duties required of them in the role of Fire Warden as designated to them by the Fire Safety Officer
- (iii) Maintain fire safety logs as designated by the Fire Safety Officer
- (iv) Conduct fire safety checks of their working environment regularly as designated by the Fire Safety Officer.
- (v) Report any fire safety concerns to the Fire Safety Officer and line management as they are identified.
- (vi) Be aware of the Fire safety Policy and promote good fire safety practices and procedures

3.6 First Aider / Appointed Persons in the Workplace

Personnel who are nominated as First Aiders / Appointed Persons in the Workplace are to:

- (i) Provide first aid assistance to employees and others who require assistance whilst on Pennine Care Trust premises
- (ii) Alert emergency services should the need arise
- (iii) Inform line management of any first aid issues that arise
- (iii) Advise line management on the need to replenish or renew any first aid equipment or stores that may be needed
- (iv) Receive training and maintain competence in providing first aid.

3.7 Health and Safety Committee

The Health and Safety Committee meets every 2 months and is chaired by the Health and Safety Director or designate. The role of this group is to discuss identified health and safety issues and monitor performance and compliance with health and safety standards.

The committee is responsible for the generation of good practice and positive responses to health and safety. The Health and Safety Committee will report to the Trust Board via the Quality Governance Assurance Committee.

The Health and Safety Committee shall receive audit and monitoring reports on the following subjects by the nominated responsible person

- (i) Health and Safety – The HSEP / Health and Safety Advisor
- (ii) Fire Safety - The Fire Safety Manager
- (iii) RIDDOR – The HSEP / Health and Safety Advisor
- (iv) First Aid provision – Borough / Divisional Health and Safety Leads
- (v) Risk Register – Patient Safety Lead / Risk Representative
- (vi) Statutory compliance (buildings) – Operations Manager (Estates)
- (vii) Security – LSMS or designated deputy

3.8 Borough / Divisional / Directorate Health and Safety Working Groups

The Borough / Divisional / Directorate Health and Safety Working Groups meet periodically to discuss and action issues as identified on the local risk register. The membership of these groups is made up of representatives from each location within the Borough / Divisional / Directorate. A suitably nominated person chairs each group.

The group is responsible for the generation of good practice and positive responses to health and safety within the Borough / Divisional / Directorate.

The Borough / Divisional / Directorate Health and Safety Working Groups will report to the Trust Health and Safety Committee.

4. HEALTH AND SAFETY ARRANGEMENTS

4.1 Policy and Procedural Arrangements

Pennine Care NHS Foundation Trust accepts its responsibility in the assessment and management of hazards and risks associated with its services and undertakings as required under reg.5 of the Management of Health and Safety at Work Regulations 1999 and following the HSE management model HSG 65 "Successful *Health and Safety* Management".

To support this responsibility the Trust has developed a number of policies and procedures, which are detailed below and are reviewed and up dated as required by legislation, designated by the Trust board or that the current policies and procedures are no longer relevant.

The Trust brings the policies and procedures, and any revisions, to the attention of all employees and relevant persons through one or more of the following processes or conduits of information:

- Induction training
- Mandatory training
- Refresher training
- On going professional development (certificated courses)
- Trust Committees
- Governance Management Meetings
- Service / Department meetings
- Works Tendering process (Contractors)
- Access to hard copy files of policies and procedures
- Access to Pennine Care NHS Foundation Trust Intranet / Internet
- Corporate News Briefs
- Information Leaflet's

4.2 Risk Management

The Trust accepts its responsibility to assess and manage the risks to which its employees and others persons may be exposed to by the Trusts undertakings and to eliminate or reduce those risks to as low a level as is reasonably practicable.

The arrangements for the assessment and management of identified risks within the Trust and associated undertakings are detailed in the **Risk Management Strategy Policy** and the **Risk Assessment Policy**

4.3 Fire Safety Management

The Trust accepts its responsibility to manage fire safety within all premises under its control and to liaise and cooperate with other agencies in the management of fire safety.

The arrangements for the management of fire within the Trust are detailed in the **Fire Safety Policy**.

4.4 First Aid

The Trust accepts its responsibility to manage first aid within all premises under its control and to liaise and cooperate with other agencies in the management of first aid.

The arrangements for the management of first aid within the Trust are detailed in the **First Aid Policy**.

4.5 Manual Handling

The Trust accepts its responsibility to assess and manage the risks from manual handling for all its employees.

The arrangements for the management of manual handling within the Trust are detailed in the **Minimal Lift Policy**.

4.6 Control of Substances Hazardous to Health

The Trust accepts its responsibility to assess and manage the risk to employees and others who may be exposed to substances hazardous to health.

The arrangements for the management of possible exposure to substances hazardous to health are detailed in the **Control of Substances Hazardous to Health Policy** and **Latex Policy**.

4.7 Contractors on Site

The Trust accepts its responsibility to appoint and manage contractors employed by the Trust on all of its sites and to liaise and cooperate with other agencies in the management of contractors.

The arrangements for the management of contractors within the Trust are detailed in the **Contractors on Site Policy**.

4.8 Display Screen Equipment

The Trust accepts its responsibility to assess and manage risks associated with the use of display screen equipment.

The arrangements for the assessment and management of display screen equipment used within the Trust are detailed in the **Display Screen Equipment Policy**.

4.9 Management of Violence and Aggression

The Trust accepts its responsibility to assess and manage the risks from violence and aggression in the workplace.

The arrangements for the management of violence and aggression in the workplace are detailed in the **Management of Violence and Aggression Policy**.

4.10 Infection Control

The Trust accepts its responsibility to assess and manage the risks of infection within the workplace by employees and others who may be affected by its undertaking.

The arrangements for the management of infection control within the Trust are detailed in the **Infection Control Policy**.

4.11 Medicines Policy

The Trust accepts its responsibility to manage medicines of all natures within all premises under its control and to liaise and cooperate with other agencies in the safe management medicines administration.

The arrangements for the management of medicines within the Trust are detailed in the **Medicines Policy**.

4.12 Waste Management

The Trust accepts its responsibility to manage all forms of waste within all premises under its control and to liaise and cooperate with other agencies in the management of waste.

The arrangements for the management of waste within the Trust are detailed in the **Control of Waste Management Policy**

4.13 Food Safety

The Trust accepts its responsibility to manage food safety within all premises under its control and to liaise and cooperate with other agencies in the management of food safety.

The arrangements for the management of food safety within the Trust are detailed in the **Food Safety Policy**.

4.14 Slip / Trip / Falls

The Trust accepts its responsibility to manage slips, trips and falls within all premises under its control for service users, staff and others (including falls from height) and to liaise and cooperate with other agencies in the management of slips, trips and falls.

Slips, Trips and Falls.

The four main causes of slips, trips and falls in healthcare are:

- Slippery/wet surfaces – caused by water and other fluids
- Obstructions, both temporary and permanent
- Slippery surfaces caused by dry or dusty floor contamination, such as plastic, lint or talcum powder
- Uneven surfaces and changes of level, such as unmarked ramps.

Other causes include factors such as: the wearing of unsuitable footwear, a poor level of lighting and external glare; human factors such as employees rushing; running or carrying heavy/cumbersome items, the use of improper cleaning regimes and working at height.

4.14.1 Duties

It is the duty of the Trust to raise the awareness of staff and others to the risks associated with slips, trips and falls.

It is the duty of all employees and others on Trust premises to be aware of their environment at all times and to take the immediate necessary action to eliminate or reduce the hazards of slips, trips and falls wherever they appear.

4.14.2 Risk Assessment & Environment Management

Employees are made aware of preventing and reducing workplace slip, trips and falls from occurring through: Trust and workplace induction, mandatory and supplementary training, management reports, Trust committees, posted signs and notices and workplace briefings, health and safety campaigns.

Employees are to manage hazards associated with slips trips and falls by: completion of risk assessments; good housekeeping practices; frequent and thorough cleaning regimes; reporting possible slip and trip hazards to the appropriate person(s) as soon as possible and to follow up actions if not completed in a timely manner.

Risk assessments are to be complete: Environmental audit (June), Annual audit (January). The completed documentation is sent to the Borough / Divisional / Directorate Governance Management team for audit and a report is submitted to the Health and Safety Committee, quarterly for information.

Good housekeeping practice includes; immediately cleaning up spillages, limiting access to contaminated areas, removing trailing cables, closing filing cabinet draws, posting warning signs and communicating this to line management and others, reporting promptly slip and trip hazards etc.

Other good practices include but not exhaustive; wearing appropriate footwear or footwear coverings for the environment, ensuring the safety of vulnerable others such as the very young, the elderly and the infirm through comprehensive risk assessment, ensuring effective light levels, applied slip resistant flooring and the removal of uneven flooring etc.

4.14.3 Falls / Working at height

Working at Height

Trust employees and those employed by the Trust to carry out work on its behalf, are required by law to take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions.

Following a risk assessment of the work to be conducted - Employees are only to use those dedicated climbing aids, deemed suitable and provided by the Trust for

such work i.e. ladders, stepladders and footstools – where specialist work equipment has been identified as being required, a further risk assessment must be completed prior to any works being undertaken.

When working at height, Staff MUST; ensure that they are confident and competent to work at height; that they check any equipment before use so that it is suitable for the task, it is in good repair (if not, it is isolated – labelled “Do Not Use” and it is reported to Estates immediately) and if training is deemed necessary, that the Staff member has received training prior to commencing the activity.

Acceptable equipment includes – Footstools – step ladders (advisory not to exceed 3 feet or 1 meter above floor level) – Where height above this advisory is necessary, the Estates Department should be contacted for assistance. If Staff are unsure that the work can be conducted safely, they are to contact the Trust Estates Maintenance Department before work commences.

Where work is to be completed using Mechanical Equipment Work Platforms, Mobile Work Platforms, Scaffolding etc. this shall be commissioned from competent external contractors by the Trust’ Estates Department.

Slip, trip and fall incidents will be reviewed periodically at the Health and Safety Committee, the Falls Prevention Strategy Group and the Integrated Governance Group.

Further arrangements for slips, trips and falls management can be found in the **Falls Prevention and Management Strategy**

4.15 New and Expectant Mothers

The Trust and new and expectant mothers are to comply with the requirements set out in the Management of Health and Safety at Work Regulations 1999 (Reg. 16, 17 and 18), the Workplace (health, safety and welfare) Regulations 1992 and any other associated legislation. A New and Expectant Mother’ risk assessment form is available for use on the Trust Intranet under the Health and Safety Department section

4.16 Safer Sharps Management

All Staff are to be aware of the safe use of sharp devices whilst at work, which should be managed and used in accordance with the current legislation and guidance including: Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, Controls of Substances Hazardous to Health (COSHH) Regulations 2002, Reporting of Injuries Diseases and Dangerous Occurrences (RIDDOR) Regulations 1995, where no alternative safety device is available, a specific risk assessment must be undertaken prior to the use of the sharps device.

4.17. Emergency Alert Procedures

Emergency Alert procedures are designed to give adequate warning of imminent danger or serious situations requiring immediate attention to allow personnel to move to a place of safety or the stopping / isolation of equipment, work area or work process.

The manager of each service / department is responsible for ensuring that all employees and visitors within the area are informed of and are fully conversant with emergency procedures as in the event of a pandemic outbreak, fire or management failing.

The arrangements for the management of emergency alert procedures within the Trust are detailed in the **Emergency Plan and Business Continuity Policy** and the **Central Alerts System Policy**

4.18 Staff Working Alone

The Trust accepts its responsibility to manage staff who, work alone within all premises under its control and in the community and to liaise and cooperate with other agencies in the management of lone workers.

The arrangements for the management of lone workers safety within the Trust are detailed in the **Staff Working Alone Policy**.

4.19 Health Surveillance

Where risks to health and safety are identified a process of health surveillance will be introduced by the Trust where appropriate. Health surveillance will be conducted in conjunction with the Occupational Health service and the Trust Human Resource department

4.20 Safety Inspections

Safety inspections will be conducted as part of the Trusts commitment to environmental health and safety. Nominated personnel will conduct inspections in conjunction with departmental managers using Trust Environmental Risk Assessment and Annual Risk Control Questionnaire documentation alternately at 6 monthly intervals.

The findings will be presented and discussed at local Borough / Divisional / Directorate Health and Safety Working Group meetings and actions agreed will be led by local management.

4.21 Safety Audits

Safety Audits will be conducted annually. A Service / Departmental Manager delegated by the Service Director will carry out a full and detailed safety audit.

The audit will be carried out using a pre-prepared checklist (Appendix 1) and a suitable witness will accompany the auditor wherever practicable.

Other health and safety audits will be conducted every 3 or 6 months as designated by the Trust.

4.22 Safety Representatives

The Trust acknowledges the roles and responsibilities of Union appointed Safety Representatives and endeavour to support them in their role of monitoring health

and safety in the workplace as required by the Safety Representatives and Safety Committee Regulations 1977

4.23 Estates – Risk Assessment and Health and Safety Procedures

The Trust, via the Pennine Care NHS Foundation Trust Estates Department maintains a register of workplace risk assessments and health and safety procedures.

The register is up dated as legislation requires, when an incident requires the risk^(s) to be reviewed or when the risk assessment is no longer relevant. The Head of Operational Estates Services shall review the register annually.

4.24 Substance Abuse

Under no circumstances will drugs or alcohol be consumed on or off the premises during an employees' working hours. Any employee found to be working under the influence of drugs or alcohol will be investigated in line with the Conduct and Discipline Policy.

Employees using prescribed drugs should inform their line manager as soon as possible.

4.25 Training

The Trust recognises that health and safety training is an integral and important part of its overall health and safety policy. The Trusts' training needs analysis (TNA) requires that staff will be provided with the appropriate training and instruction and regular updating of their knowledge, as deemed necessary by the Trust, as detailed in the Trust training needs analysis.

Provision will be made for every employee to receive training appropriate to his or her employment and in all relevant aspects of Health and Safety. All new employees will undergo Trust induction course designed to ensure that they are familiar with all aspects of the Trust's organisation and Health and Safety arrangements prior to commencing work

Training records will be established to indicate the satisfactory completion of training and these will be monitored and by the Trust Workforce Organisation Learning and Development department (WOL&D).

The WOL&D will notify the recruiting officer by e-mail of any non-attendance at the trust induction for further action.

Training will be provided for mandatory subjects, as detailed by the Trust and any other such training that promotes the requirements of a safe working practice including the reporting of incidents, near misses etc.

Non-attendance at other identified training as identified in the TNA will be monitored by the WOL&D department. The WOL&D department will notify the authorising manager of all non-attendance at training

4.26 Audits and Risk Assessments - Monitoring and Review

3 / 6 / 12 monthly audit and risk assessment documentation is the responsibility of the Borough / Divisional / Directorate Governance department to audit completion.

Master Audit Documents are to be submitted and reviewed at the next scheduled Health and Safety Committee after completion. Any actions arising from these audits will be discussed and agreed or referred to the relevant group, at this committee.

Risk assessments remain the responsibility of the originator, until such times as the assessment is no longer valid or that a new assessment supersedes the old one or that the originator has delegated the responsibility. It is the originators or delegates responsibility to maintain and up date the assessment as necessary on the Trust Risk Register.

The Patient Safety Lead maintains the Trust Risk Register. The Quality Governance assurance Committee, which reports to the Trust board, reviews the Trust Risk Register regularly. Risks are also reviewed by the local Borough / Divisional Integrated Governance Groups monthly.

5. Compliance and Policy Review

The Health and Safety Committee will review this policy and associated policies, protocols and procedures every 2 years in consultation with staff representatives, or earlier if legislative changes or events demand it.

A copy of the Health and Safety Policy and related information must be retained for use in each area of work and made readily accessible to all employees of the Trust via such means as the Trust Intranet, hard copy file etc. where all policies, protocols and procedures are posted.