

Health and Safety Policy

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Health and Safety Policy

Health & Safety – Statement of Commitment

BrisDoc recognises its general duty to ensure the health, safety and welfare of its employees, contractors and anyone else who may be affected by its activities, so far as is reasonably practicable. BrisDoc will comply with the provisions of the Health and Safety at Work Act 1974, and all relevant subsidiary regulations.

BrisDoc will complete assessments to identify internal and external risks and will learn from any accidents, incidents and near misses that may occur. Necessary changes will be implemented to reduce risk to an acceptable level. Co-Owners will be provided with access to competent health and safety advice and relevant information and training. Risks, specific to certain employees such as new and expectant mothers or the young, will be assessed separately.

The management team will work with co-owners to eliminate bad practice and promote a positive health and safety culture.

The Corporate Leadership Board holds prime responsibility for health and safety and this principle extends from the Managing Director to all first line Managers and those responsibilities are highlighted within this policy. Co-owners also have responsibilities for their own health and safety and others who might be affected by their actions. Managers are also responsible for ensuring that any Contractor (e.g., self-employed clinicians, electrician, auditors) working on BrisDoc's premises has appropriate qualification and indemnity for the task being undertaken and that they conform to the relevant policies in BrisDoc's Health and Safety Manual.

This policy details the organisational arrangements to be adopted and managers are responsible for bringing the contents of this policy to the attention of their staff and to encourage them to understand their responsibilities. The effectiveness of the arrangements will be regularly monitored and reviewed and suggestions for improvement would be welcomed.

Signed: **Nigel Gazzard**
 Managing Director

Date: **March 2023**

Organisational H&S Structure Health & Safety

Health and Safety Responsibilities

Introduction

This policy is a reference document with legal force and has been written to satisfy the requirements of Section 2(3) of the Health and Safety at Work Act 1974 and as such, will be reviewed and updated accordingly. The policy will be brought to the attention of BrisDoc co-owners via the intranet and will be discussed with all new starters at their induction. The overall structure for health and safety organisation is highlighted in the preceding diagram to show management and advisory lines of communication.

The Managing Director

The Managing Director has ultimate accountability for health, safety and welfare and will ensure that there are adequate resources to implement this policy, to promote good risk management and to enable the company to comply with legislative requirements. The Managing Director will support other Board members in meeting their health and safety responsibilities.

The Quality Board

The Leadership & Operational Boards for Urgent Care and Practice Services

(Meet monthly and comprises of Senior Management Team with an Executive Director, GP Non-Executive Directors)

- Each Board member has a role in providing organisational health and safety leadership and has additional personal responsibilities and liabilities under health and safety law. Individually, some Executive Directors will be responsible for maintaining risk registers for their service in order to prioritise actions to control or eliminate health and safety risks.

Collectively the Board will:

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- Define health and safety objectives and assign clear managerial responsibilities for achieving them
- Develop and implement an effective health and safety strategy with a system of monitoring performance
- Consider audit reports and other documents to review the effectiveness of the strategy in achieving objectives
- Allocate resources to support the strategy on a 'priority risk' basis
- Provide employees with access to competent health and safety advice and information
- Ensure risk assessments are completed and acted upon, as necessary
- Consider reports on significant health and safety issues and investigations
- Consider changes in statutory requirements of guidance issued by the HSE
- Engage with staff to improve health and safety standards
- Enforce changes in working practices, wherever necessary, to reduce risk
- Complete health and safety training

The Corporate Leadership Board

(Convenes quarterly and comprises of Executive and Non-executive Directors with the Heads of Services)

The Board is ultimately responsible for monitoring the performance of the Leadership & Operational Boards in achieving organisational health and safety objectives. It will be required to:

- Confirm that the Leadership & Operational Boards comply with the provisions of the Health and Safety at Work Act 1974, and all relevant subsidiary regulations
- Ensure that all its decisions and priorities are consistent with the 'statement of commitment'
- Assess the effectiveness of the strategy in meeting organisational health and safety objectives
- Remain responsive to feedback from staff
- To ensure that necessary reports are made e.g., RIDDORs to the Health and Safety Executive (HSE) and other regulators

Director of Nursing, Allied Health Professionals and Governance

The Director of Nursing, Allied Health Professionals and Governance is the strategic lead for health and safety and is responsible for:

- Overseeing the implementation of policy, strategy and procedures
- As required coordinating the provision of specialist health and safety advice to the Leadership & Operational Boards
- Devising and coordinating a programme of health and safety training for the Leadership & Operational Boards
- Ensuring that appropriate training is provided for all Service Managers, Line Managers, Supervisors and others with a responsibility for health and safety and that records are maintained
- Leading on the investigation of major accidents and dangerous occurrences with the

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assistance and co-operation of Service Managers

- Reporting areas of concern to the Leadership & Operational Boards and advising of any changes in legislation or HSE guidance and the degree of organisational compliance
- Submitting reports as required by RIDDOR, HSE and NHS Protect and ensuring that records are maintained
- Advising the Board of resources required to comply with statutory requirements and the implementation of policy, strategy and procedures
- Ensuring that adequate communication channels are in place and maintained to share health, safety and welfare information with co-owners
- Act as the point of contact for the HSE and report on any formal visits, together with any enforcement notices and rectification procedures to the Leadership & Operational Boards
- Maintaining a record of completed risk assessments within the organisation and assist Service Managers with the completion of subsequent action plans or the development of safe systems of work
- Overseeing responses to incidents by Service Managers
- Auditing the adoption of safe systems of work and monitoring health and safety standards to maintain a high and consistent standard of health and safety performance
- Ensuring that the strategy is continuously reviewed and providing regular updates to the Leadership & Operational Boards as a 'dashboard display', culminating in an annual report
- Ensuring the display of the health and safety poster, health and safety policy statement, employer's liability certificate.

Head of People & Payroll

The Head of People and Payroll will work in close partnership with the Head of Governance in implementing strategy from a staffing perspective and is responsible for the following:

- Ensuring that all new starters within the organisation complete a health assessment form and where required are referred to Occupational Health before being confirmed into role
- Ensuring that all staff receive health and safety guidance before performing their job role and records are maintained of their attendance
- Ensuring that specified training is delivered and records are maintained
- Facilitating access by Co-owners to Occupational Health e.g., counselling services and supporting staff who have been involved in incidents or accidents
- Assisting/advising the Head of Governance in communicating health and safety issues to staff in developing a positive health and safety culture within the organisation.

Senior Managers

- The Heads of Service and Practice Managers maintain operational responsibility for their co-owner colleagues and are responsible for the following:
 - Ensuring the implementation of the policy and strategy by all co-owners
 - Completing risk assessments
 - Administering service 'risk registers'
 - Reporting incidents to the governance team

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- Responding to learning events or accidents reported by co-owners, and where necessary, taking action to affect change
- Ensuring that co-owners wear necessary uniform or PPE
- Ensure that co-owners are appropriately trained
- Monitoring work areas and reporting faults as necessary
- Setting a good health and safety example
- Supporting and guiding their Health and Safety Lead
- Ensuring reported health and safety concerns are acted upon.

Health & Safety Leads

The Health and Safety Lead in each service will be focal point of contact for advice and support within each service. This may be the Senior Manager. The Health and Safety Lead will have specific responsibility for:

- Training colleagues for any tasks they are expected to perform
- Supporting implementation in the workplace of Health and Safety policies
- Undertaking routine risk assessments and any in relation to an incident
- Monitoring and promoting a safe place of work
- Reporting health and safety concerns
- Developing and implementing safe systems of work
- Ensuring work related accidents are recorded in the accident book.

Co-owners with Health and Safety Responsibilities

Certain members of co-owners will be selected to perform specific health and safety roles by their managers e.g., Fire Wardens and as such, they will be required to reach a level of competence, defined in terms of their experience, knowledge and training. The roles are likely to include the following:

- Completing risk assessments
- Developing safe systems of work
- Completing audits and assessments
- Reporting incidents or dangerous occurrences
- Escalating any areas of concern to the Service Managers

Managers retain responsibility and co-owners performing these roles will be provided with clear expectations and necessary support and guidance from their managers.

Co-owners

Under the Health and Safety at Work Act 1974 co-owners also have the following health and safety responsibilities:

- To take reasonable care for their own safety and that of others who may be affected by their actions or omissions
- To co-operate with Line Managers and Supervisors on health and safety issues

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- Not to intentionally misuse or interfere with equipment provided for health and safety

Additionally, the Management of Health and Safety at Work Regulations 1999 require co-owners:

- To report any work situation that would reasonably represent a serious and immediate danger to health and safety or a shortcoming in the employer's protection arrangements for health and safety
- To perform their work, including using any equipment, substances and safety devices, according to information and training that they have received from the employer

Other legislation requires co-owners to make full and proper use of any control measures or system of work provided for their use. This includes personal protective equipment and systems in place for undertaking manual handling tasks (whether patient or object handling). co-owners must acquaint themselves with organisational health and safety policies and procedures and make sure that they know which actions to take as a result.

Occupational Health

Occupational health plays a key role in ensuring that co-owners are fit and healthy and are able to perform their duties without any detriment to their health. All new appointments will be offered the post subject to a satisfactory occupational health assessment. Non-clinical staff complete a declaration form. If an underlying health condition is declared a confidential assessment form will be completed and sent to Occupational Health. Clinical staff complete a confidential assessment form that is sent to Occupational Health. Any further investigations will be made arranged between occupational health and the appointee.

Occupational Health will provide advice about the appointee's health in relation to the job applied for, including information requiring reasonable adjustments or any adaptations required. This information will be sent to the people team advising on whether the candidate:

- Is fit for the job
- Fit with limitations
- Not fit for the job

The appointee will not be confirmed in role until satisfactory health clearance has been given.

Contracts for new clinical staff whose post requires the involvement in or performance of Exposure Prone Procedures (EPPs) will be conditional on satisfactory completion of additional health clearance checks i.e., that they are free from infection from hepatitis B, hepatitis C and HIV and TB. Prospective staff who apply for a post which may involve EPPs and who decline to be tested for Blood Borne Viruses (BBVs) will not be cleared to perform EPPs. BrisDoc acknowledges the right to decline testing and will not discriminate against an individual's decision to do so. Employment will be allowed in areas not requiring EPPs. With effect from July 2019 guidance (CEM/CMO/2019/003) on restrictions of healthcare workers living with hepatitis B to perform EPPs was lifted due to the lower risk of virus transmission with new effective treatments for HBV.

All co-owners working overnight shifts will complete health questionnaires which will be reviewed to ensure that the individual is fit and able to work nights. Any health and safety learning events/accidents will be referred to occupational health as necessary and appropriate

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to ensure the wellbeing of the co-owner member and any changes necessary to the working environment to enable the person to continue to work effectively without any detriment to their health and safety.

Incidents of persistent sickness and or absence will be reviewed in accordance with the Sickness Absence Policy to ensure that there are no underlying health conditions inhibiting the individual's effectiveness and ability to work with referral being made to Occupational Health where necessary.

If required co-owners will participate in screening and vaccination programmes e.g., viral meningitis, measles.

Safety Representatives

The Safety Representative and Safety Committees Regulations 1977 allow for each recognised Trade Union in the workplace to appoint persons to represent co-owners' health and safety interests. BrisDoc will support nominated co-owner members to help promote and develop measures to ensure the health, safety and welfare of their members, by:

- Understanding and promoting BrisDoc's health and safety policy
- Representing co-owners at the Health & Safety & Assurance Steering Group
- Making recommendations to managers on specific health and safety issues
- Contributing towards any joint workplace inspections/audits
- Investigating learning events, accidents, near misses, hazards and or identified potential risks, examining the cause and reporting to management and the Health & Safety & Assurance Steering Group to avoid recurrence
- Representing and supporting co-owners in dealings with the HSE.

Health & Safety & Assurance Steering Group

This Group will be chaired by a Senior Manager, will involve nominated managers and safety representatives and will convene quarterly. The groups comply with The Safety Representatives and Safety Committees Regulations 1977 and specifically the statutory requirements for employers to consult with safety representatives over the following:

- The introduction of any workplace measure which may substantially affect the health and safety of co-owners
- Arrangements for appointing competent persons for health and safety assistance or nominating competent persons to set up procedures for serious and imminent danger
- Health and safety information that BrisDoc is required to provide to co-owners under statutory provisions
- Health and safety consequences of the introduction or planning of new technologies into the workplace

Generally, the Group will promote consultation on matters of health and safety with the following objectives:

- To establish and maintain standards of health, safety, welfare and fire safety in line with the health and safety policy and to conform to legal duties
- To promote co-operation between BrisDoc and its co-owners and to develop, implement and monitor measures to ensure the health, safety and welfare of all co-owners

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To assist with these objectives the Group will consider:

- Trends in learning events, consider how to prevent re-occurrence and make recommendations to management on improvement via the Quality Board
- Monitor the implementation of the health and safety policy
- Reports from co-owners' safety representatives. All meeting minutes shall be made available to co-owners

Arrangements for assuring Health and Safety

Special Hazards and Risks

BrisDoc recognises the particular risks faced by co-owners in respect of the following common hazards (identified by recorded incidents):

- Exposure to biological agents and infection e.g., Hepatitis, HIV/ AIDS and MRSA, Legionella
- Exposure to respiratory irritations, sensitizers and other physical agents such as relating to compliance with the COSHH regulations and the Control of Asbestos at Work regulations
- Fire
- Display Screen Equipment (DSE)
- Road Traffic Collisions (RTCs)
- Work equipment
- Manual handling
- Needlestick Injuries
- Violence and aggression
- Workplace stress
- Slips, trips and falls.

Where the risk(s) cannot be controlled by any other means, suitable personal protective equipment (PPE) will be provided where necessary. Any item of PPE that is provided must be worn. The Director of Nursing, Allied Health Professionals and Governance will ensure, via the Health & Safety & Assurance Steering Group, that appropriate policies are developed and updated across BrisDoc to minimise, so far as is reasonably practicable, these risks to its co-owners. Some of these areas may require specialist policies.

Risk Management

BrisDoc will undertake suitable and sufficient assessments of all risks associated with its activities and places of work. The purpose of these assessments is to assess whether risks are adequately controlled and to identify requirements for control measures. Risk Assessment is the essential link between hazard and risk management. Each service is responsible for assessing and evaluating local risks, which then need to be logged in a local register or kept as a list, which is accessible.

The aim of risk assessment is to systematically and efficiently cover all significant hazards as

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identified in the hazard log, identify current controls and deficiencies and assign a level of risk for prioritisation of action. Risk assessments should be reviewed regularly. In all cases, this shall be no later than every two years or sooner if known or suspected to be out of date.

Standard Operating Procedures and Safe Systems of Work

Following on from the completion of risk assessments, standard operating procedures and safe systems of work will be developed and implemented by managers to help minimise any identified health and safety risk. Service Managers are responsible for ensuring that systems are in place and employees are made aware of what the systems are through induction processes and training. Annual reviews of operating procedures and safe systems of work will be made to ensure they are up to date and robust.

Electricity at Work

The Electricity at Work Regulations 1989 (EAWR) set out the standards which apply to the use of electricity in the workplace. Within EAWR an electrical system is defined as including the source, equipment, and all the means of connection in-between. Therefore, where the EAWR refer to the maintenance of “systems” these include portable appliances.

The EAWR provide that systems must be:

- suitably constructed and maintained in a safe condition;
- protected against adverse conditions and physical damage; suitably earthed and fitted with other protection against shock and overcurrent; and
- equipped with a means of disconnecting and isolating the supply.

They also contain provisions relating to safe working with electrical systems including restrictions on live working and requirements relating to competency and training.

Technical standards for installations and recommended inspection and maintenance programmes are described within BS 7671 2008 “Requirements for Electrical Installations in Buildings”, otherwise known as the IEE Wiring Regulations 17th Edition. Compliance with the standard can be used to demonstrate compliance with the EAWR.

The Management of Health and Safety at Work Regulations 1999 require that risk assessments are undertaken in order to evaluate risks and identify the necessary preventive and precautionary measures to avoid accidents and incidents.

BrisDoc Co-owners

No co-owner may work on electrical equipment or carry out repairs unless they are qualified for the type of work and have been specifically authorised to do so.

All employees must check the lead of any portable item before it is plugged in and be alert to any equipment which may have become damaged. Damaged equipment must be taken out of use immediately, labelled to indicate that it must not be used, locked away out of use if possible and reported to the Facilities Manager.

BrisDoc co-owners are responsible for ensuring they:

- Follow safe systems of work,

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- Avoid the use of long extension leads wherever possible. If their use is unavoidable, staff will ensure that the connector is manufactured to the appropriate British standard,
- Do not put electrical equipment into use where its strength and capability may be exceeded in such a way as may give rise to danger,
- Complying with legal requirements insofar as they relate to matters which are within their control,
- Whilst at work to co-operate, so far as is necessary, to enable BrisDoc to comply with the legal requirements associated with electricity at work.

Live Working

Where live work has to be undertaken in Osprey Court the Facilities Manager will ensure a permit to work is provided **prior** to any work commencing.

Of note, the practical precautions and electrical contractor will take when working live to ensure the safety of persons, will include for example:

- The use of special tools, rubber mats and gloves etc.
- The presence of another authorised person who understands the activity and who is able to handle an emergency i.e. administer first aid,
- The erection of safety barriers and any necessary warning signs, to keep unauthorised persons out,
- The use of suitable instruments and test probes,
- The restriction of routine live test work to specific areas and the use of special precautions within those areas such as isolated power supplies, non-conducting locations etc.
- The provision of adequate information to the person carrying out the work involving live conductors on the associated electrical system and the foreseeable **risks**,
- It is Company policy that a certificate will be obtained confirming that any new installation work and alterations comply with BS 7671.

Information and Training

BrisDoc will provide information, instruction and training for all co-owners to enable them to carry out their duties without putting their health and safety at risk. Electrical work will only be carried out by competent persons.

No co-owner will be engaged in any work activity where technical knowledge or experience is necessary to prevent danger or injury.

The Facilities Manager or Practice/Service Delivery Manager is responsible for arranging the provision of information, instructions or arranging any specific training and retaining any records.

Please also refer to the PAT (Portable Appliance Testing) and Calibration SOP.

Procedure for Dealing with Health and Safety Issues

Where an employee raises a matter relating to electricity at work, BrisDoc will:

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- Take all necessary steps to investigate the circumstances;

Personal Protective Equipment (PPE) & Latex

Summary of the legal requirements

In most industries Personal Protective Equipment (PPE) should **only** be used as a 'last resort' or as a short-term emergency measure while other control measures are assessed. It should only be used for occasional work of short duration when there is no other alternative. However, as BrisDoc Healthcare Services are a healthcare provider, our co-owners and healthcare workers will be expected to use the appropriate PPE, this will depend on the task to be performed. For example, where there would be a risk of blood born virus transfer our member of staff would be expected to wear gloves.

Where Personal Protective Equipment is used it must:

- be selected taking into account the nature of the hazard and the task,
- be provided free of charge to all workers,
- carry a Conformité Européene (CE) or British Standards (BS) mark,
- be maintained in an efficient working order and in good repair,
- be compatible with other PPE,
- be stored in an assigned and suitable area,
- be provided in conjunction with appropriate instruction and training for the wearer.

Definitions

Personal Protective Equipment (PPE) is defined in the Personal Protective Equipment at work (amended regulations 2022) [Personal Protective Equipment at Work \(Amendment\) Regulations 2022](#) as meaning all equipment "...which is intended to be worn or held by a person who is at work and which protects him or her against one or more risks to his or her health and safety".

This policy does not apply to:

- ordinary working clothes and uniforms which do not specifically protect the health and safety of the wearer,
- sportswear,
- work with Lead or Asbestos.

Personal Protective Equipment therefore (for the purposes of this document) includes items such as the following when they are worn for purposes of health and safety:

- Aprons
- Gloves
- Eye protection
- Face masks

Responsibilities of Service and Line Managers

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The Facilities Manager, Head of Service or Practice Manager, depending on the service, has the following responsibilities:

- To ensure suitable and appropriate PPE is provided. This means that the PPE should be appropriate for the risk or risks involved and the conditions where it will be used. The PPE should take account of ergonomic requirements and the state of health of the person who is required to wear it.
- To maintain and replace PPE as necessary. This should be done by the member of the BrisDoc team who has responsibility for managing stock levels in their service/location.
- To provide adequate and suitable storage for all PPE.
- To provide information, training and instruction for co-owners enabling them to make proper effective use of PPE.

Training for PPE users must include the following:

1. An explanation of the risks present and why the PPE is being used.
2. How to operate the PPE and any limitations of the equipment which may affect the protection offered.
3. Instructions on the storage of the PPE.
4. The arrangements for reporting loss or defects of the PPE.

Responsibilities of Employees

It is the responsibility of an employee to use PPE in accordance with training and to report any loss or defect immediately. The employee also has a responsibility to return PPE to its place of storage after use.

Gloves

Gloves must be worn for invasive procedures, contact with sterile sites and non-intact skin or mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions, or to sharp or contaminated instruments. (NICE 2003)

Sensitivity to natural rubber latex in patients, carers and healthcare personnel must be documented and Occupational Health informed. BrisDoc provides alternatives to latex gloves which will be readily available.

Gloves **must** be used to protect the healthcare worker from exposure to blood/body fluids in the following situations:

- All procedures, for all patients, where contamination of the healthcare worker's hands with blood or body fluid is possible,
- Contact with sterile sites, non-intact skin or mucous membranes,
- Invasive procedures including venepuncture,
- Cleaning equipment prior to sterilisation or disinfection,
- When handling sharp or contaminated instruments,
- When handling chemical disinfectants or cytotoxic agents - gloves must be changed immediately if contaminated,

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- When cleaning up blood/body fluids/any spillage,
- For aesthetic/hygiene reasons when carrying out other tasks.
- Gloves must be discarded as clinical waste

Gloves (especially if worn with inner gloves) which may impair sensitivity, finger dexterity and grip strength could result in other hazards being created.

General Principles for wearing gloves

- Gloves are not to be worn as an alternative to hand hygiene,
- Gloves are put on immediately before an episode of patient care and removed as soon as that activity is completed,
- Gloves should be changed after each procedure and hands washed following their removal. **To remove glove: grasp wristband and pull forwards over the hand and fingers, inverting the glove. Avoid contaminating the skin,**
- Washing gloves with soap and water or alcohol should not be undertaken, because this may not be effective and may damage the glove,
- Gloves **must** be changed between patients and between different care activities on the same patient,
- Gloves should be seamless, well-fitting and powder free,
- Never use alcohol gel to decontaminate gloved hands,
- Hands **must** be decontaminated, preferably with liquid soap and water after gloves have been removed,
- Gloves must be disposed of as clinical waste,
- Synthetic (non-latex) gloves e.g., Nitrile - must be widely available to use in cases of latex sensitivity,
- The use of latex gloves should be kept to a minimum to avoid latex allergy,
- Powdered latex gloves must not be used due to the possible contamination of wounds,
- Staff must adhere to BrisDoc's Latex Guidelines,
- Gloves **must not** be used as tourniquets,
- Vinyl gloves must not be used in clinical areas,
- Polythene gloves must not be used,
- The use of two pairs of gloves may be necessary in certain circumstances e.g., major trauma.

Various types of gloves are available. The type to be worn will depend on the task being undertaken. For example:

- **Sterile latex gloves OR Sterile non-latex gloves** may be used for surgical procedures and urinary catheterisation,
- **Non-sterile latex gloves OR Non-sterile non-latex gloves** may be use for rectal examination, venepuncture, vaginal examination and cannulation of peripheral veins.

BrisDoc will ensure adequate availability of sterile and non- sterile gloves. These will be available in all sizes and be latex free, thus avoiding the possibility of allergic reactions to latex. Gloves that conform to European Community (CE) standards will be available.

Non-sterile gloves should be stored in clean areas. Boxes of gloves can become contaminated with micro-organisms. Therefore, BrisDoc will ensure that gloves used for patients with

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infections/suspected infections are kept separate from gloves used for any invasive procedure e.g., venepuncture, or cannulation.

Disposal of waste

Contaminated paper towels, gloves and aprons used by a healthcare worker, in the clinical care of a patient, should be put in the appropriate waste bag and disposed of as per the Waste Management Policy. Personal hygiene waste such as sanitary towels, nappies tampons and incontinence pads should be adequately wrapped and secured in a plastic bag prior to disposal in domestic waste. Vomit, urine and faeces can be flushed down the toilet. Potties and nappy changing mats should be washed with detergent and hot water and dried with paper towels after each use.

Aprons and Gowns

These are worn to protect the clothing from contamination. The decision to wear an apron is based upon an assessment of the risk of contamination with body fluids e.g., diarrhoea, blood. They are single use and should be changed between patients/tasks or if heavily soiled, then disposed of as contaminated clinical waste.

Full length, long-sleeved, fluid repellent gowns should be worn when there is a risk of gross contamination with body fluids e.g., significant haemorrhage.

BrisDoc will ensure that aprons are readily available in all bases.

Aprons and gowns must be discarded as clinical waste

Masks, Visors and Eye Protection

Fluid repellent face masks and eye protection must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face and eyes. Fluid repellent masks will be worn where there is a risk of a Covid positive patient being managed face to face. BrisDoc will ensure these are readily available.

General principles for the wearing of fluid-repellent masks

- Masks should be donned immediately before use,
- Masks should be removed immediately after use and **must not** remain around the wearer's neck,
- When removing masks they should be handled carefully by the ties,
- Masks must be discarded as clinical waste.

General principles for the wearing of eye protection

- This should be considered where risk of blood or body fluid splash to the eyes is possible,
- Eye protection may also be required for other indications e.g. chemotherapy,
- It is a Health and Safety requirement that eye protection is available in clinical areas,
- Various types of eye protection are available including masks with eye protection, visors, goggles or protective glasses,

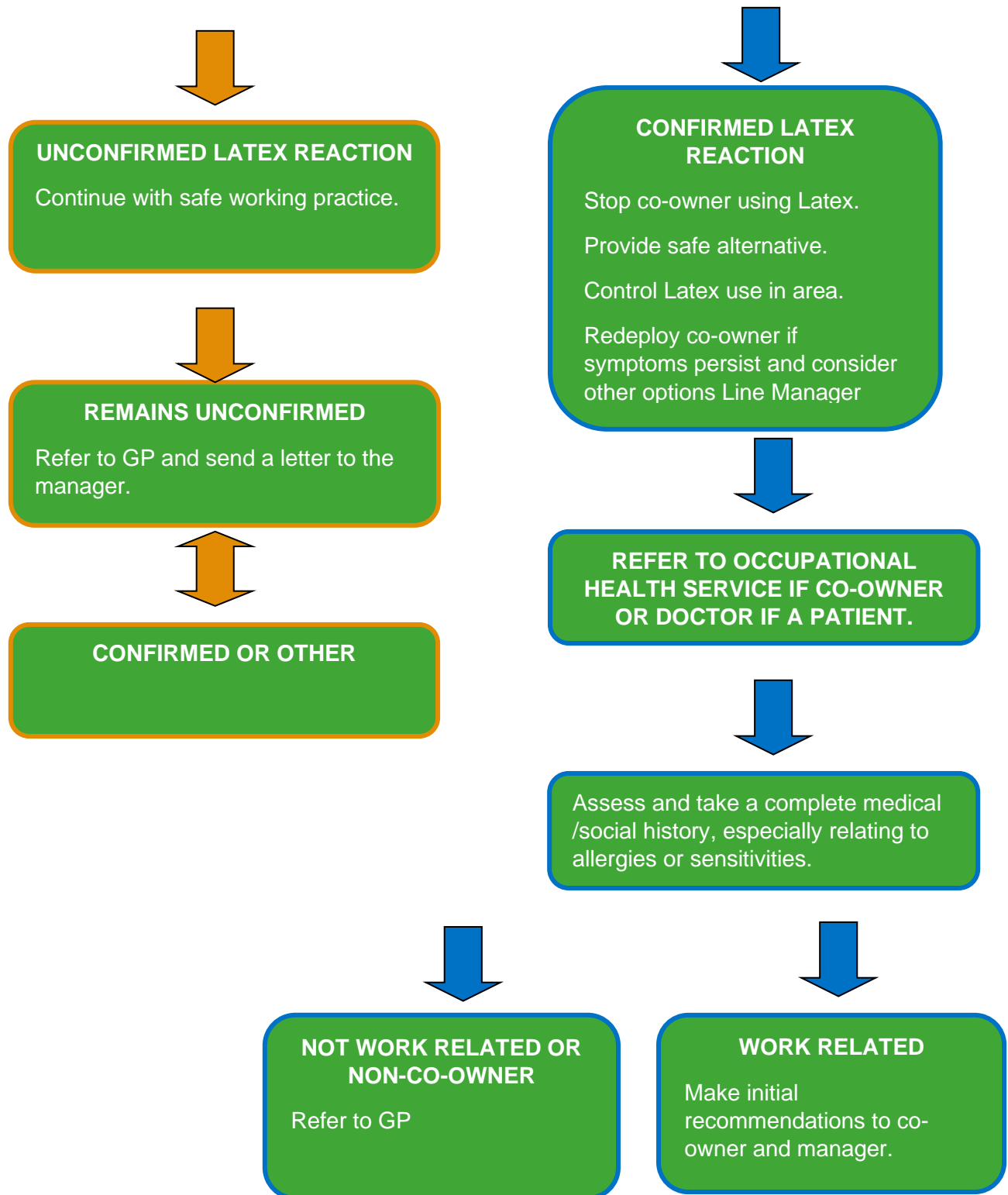
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- Prescription spectacles are not sufficient to protect the eyes and additional protection must be worn over spectacles. If re-usable eye protection becomes contaminated it is the wearer's responsibility to wash it with detergent and water, dry thoroughly and store appropriately in a clean area.

Suspected Latex allergy flow chart

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Patient presents with the following symptoms, cough, wheeze, asthma, rhinitis, dermatitis, urticaria or conjunctivitis.



Learning Event Reporting

All incidents should be reported using the incident portal which can be accessed on the intranet as soon as reasonably practicable (no later than the day after the incident).

The Service Manager should complete the online form although it can be completed by the employee involved in the incident. It is essential to complete the form so that action can be taken to remedy the situation and prevent re-occurrence. All incidents will be inputted into IRIS (or ClarityTeamNet in practices).

RIDDOR

The Quality Manager will inform the Health and Safety Executive of all reportable incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) see: <http://www.hse.gov.uk/riddor/reportable-incidents.htm>.

Over-seven-day incapacitation of a worker

- Accidents must be reported where they result in an co-owner or self-employed person being away from work, or unable to perform their duties, for more than seven consecutive days as a result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 10 days of the accident.

Non-fatal accidents to non-workers (e.g., members of the public)

- Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of an accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances. There is no need to report incidents where people are taken to hospital purely as a precaution where no injury is apparent. If the incident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury'.

Accidents and Investigation

All accidents, other than trivial, must undergo an investigation appropriate to their severity, or potential severity. The manager for the area should initiate the investigation as soon as reasonably practicable. Assistance should be sought from the Service Health & Safety Lead or Quality Manager if required as well as safety representatives. In all accident investigations the aim will be to reveal unsafe acts and omissions and then to explore the root causes of the accident. All accidents must be recorded within the Accident Book and as a Learning Event.

Emergencies

Emergencies in this context arise from adverse events in a service and may potentially affect co-owners, patients, visitors and others in the area. Each service shall determine which emergencies, apart from fire, need to be documented locally. These will be recorded and service managers will inform employees of the procedures to be followed in the event of serious/imminent danger to staff. Emergency situations may involve:

- Violent patients

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- Fire
- Bomb scare

Each site will have a Local Evacuation Procedure Plan (LEPP) drawn up in conjunction with the landlords. Employees need to know the identity of those who will assist in evacuation and other emergency responses. For example, all fire wardens should make themselves known to staff in their area. This information needs to be given at induction and at suitable intervals afterwards.

First Aid

BrisDoc has a separate First Aid Policy to ensure that every site and activity has appropriate first aid provision. This policy can be accessed on the intranet.

Health and Safety Information and Training

The Management of Health and Safety at Work Regulations 1999 require that information is given to employees (regulation 10) and that employees receive training for health and safety (regulation 13). As part of their induction training all employees will complete Health and Safety Computer Based Training:

‘A course covering the responsibilities of both employers and employees in ensuring that facilities are safe for co-owners, patients and visitors. The course also covers how to manage risk and the procedures for reporting health and safety violations’

Further mandatory training will be provided as part of the recruitment process including:

- Manual handling
- First aid at work
- Conflict resolution

Persons at Special Risk

Health and safety management is designed to reduce the risk of exposure to harm for the entire workforce, including those who may be more vulnerable due to their inexperience or physical condition. Sometimes a generic risk assessment can be adapted to encompass vulnerable workers within a service, at other times a special risk assessment for a co-owner may need to be carried out.

The Management of Health and Safety at Work Regulations 1999 have specific requirements for young persons and pregnant workers. The Equality Act 2010 defines disability and has introduced measures designed to remove discrimination against the disabled by enabling access to be fair and reasonable. There is also a duty of care owed to all co-owners under section 2 of the Health and Safety at Work Act 1974. Specific areas of vulnerability are discussed below.

Young Persons

A ‘young person’ is anyone under eighteen years of age and a ‘child’ is under compulsory school age. Health and safety law makes no distinction between someone who is paid and someone who works voluntarily – they are both employees and the full weight of health and safety law applies. Therefore, work experience students are treated as employees and it is a legal requirement to risk assess the hazards that they are likely to face.

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Young persons, due to their inexperience and immaturity are deemed to be at higher risk than adults and so certain tasks may not be suitable for them. Aspects of risk that require particular attention are:

- Work beyond the physical or psychological capability of a young person. The latter is particularly important if young people could be in clinical areas and inadvertently witness a distressing situation.
- Exposure to harmful substances and harmful radiation.
- Exposure to extreme cold, heat, noise or vibration.
- Tasks with increased risk of injury which may not be recognised or avoided by a young person as opposed to an adult.

Disabled Persons

Disabled persons must not be exposed to increased risks due to their disability. Managers of disabled people should be made aware of adjustments they need to make to ensure that the health and safety of such persons is not compromised. This information may be provided by the occupational health department or employees themselves may discuss their needs with their line manager or service manager. An assessment of their needs should include consideration of the following and should be recorded:

- The nature of their limitation
- The extent to which changes need to be made to their work environment or task design
- The nature of any assistance they may require in day-to-day work and in the event of emergencies
- How often their needs are reviewed

It is important to pay particular attention to induction to ensure that all the measures are fully understood and implemented. Should the location of the disabled employee move then a reassessment of their needs must be made.

Pregnant Workers

In some circumstances pregnant workers may be more at risk than others due to the nature of the hazard she works with or the changing nature of her physical capabilities. There is an explicit requirement to carry out a risk assessment under regulation 16 of the Management of Health and Safety at Work Regulations 1999 as long as the woman has notified the manager in writing of her changed condition. Full details of the BrisDoc strategy regarding new and expectant mothers can be found on the intranet in the policies relating to maternity management.

Visitors and Children

Visitors and children are constantly present on BrisDoc sites and basic risk assessment arrangements must take these into account. By the very nature of a healthcare environment clinical areas are potentially hazardous. All clinical areas accessible to visitors will need to

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identify risks and ensure these are covered adequately in their general risk assessments. By adequate coverage this means that children and visitors should be mentioned in relation to hazards. For example, sharps boxes in clinical areas will pose a high risk to small children and must not be located or left where they can be reached. The arrangements for keeping these out of reach of children should be explicitly stated and adhered to.

Audit Monitoring and Review

All health and safety policies and procedures will be regularly audited, monitored and reviewed. Timescales for review are incorporated within all policies and procedures to ensure they remain up to date. Compliance against health and safety management requirements is carried out through a variety of processes including internal audit, controls assurance and external audit and monitoring. Health and safety performance indicators are provided to assist BrisDoc to learn and improve. These indicators reflect the national standards including the Care Quality Commission as well as local measures.

Review of this Policy

This policy will be reviewed tri-annually or if there is a significant change in management arrangements, or any other change that would affect the suitability of this policy, and in line with Section 2 (3) of the Health and Safety at Work Act 1974.

Related Policies Forming the Health & Safety Manual

- Accident Reporting Policy
- Control of Substances Hazardous to Health (COSHH)
- Display Screen Equipment
- Fire Prevention Precautions & Emergency Evacuation
- First Aid Policy
- Infection Control
- Liquid Nitrogen Code of Practice
- Lone / Remote Working
- Manual Handling Policy and Procedure
- Patient Transport Policy
- Emergency Evacuation Plan from Premises for Individuals
- Preventing Violence to Employees
- Safe Driving Policy

Related Policies not included in the Health and Safety Manual

- Sickness Absence Policy
- Recruitment & Selection Policy and Procedure
- Induction Policy

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- Risk Management Policy
- Incident Reporting Policy

Change Register

Date	Version	Author	Change Details
10.2.14	1.1	ICB/CLN	Remove Chairman and Executive Board from H&S Management Structure Add section on service level H&S Leads roles & responsibilities as distinct from Service Managers.
6.6.14	1.1	CLN	Changed title of evacuation plan policy
24.3.16	1.3	CLN	Updated structure charts and values picture, updated H&S Manual policy list, inclusion of Additional BrisDoc services, update CQC statement.
15.9.16	1.4	CLN	Inclusion of HHS and change GPSU/T name to AGPT
August 2019	1.5	CLN	Refresh H&S structure in relation to new governance structure, update titles and services that are part of BrisDoc
June 2022	1.6	SF / NH	Removed Structures, included Meeting structure. Changed wording replacing 'employee with co-owner' Changed wording replacing 'incident with Learning Event' Added Electricity at Work to the Policy.
Feb 2023	1.6	TC	Responsible director changed to Director of Nursing, Allied Health Professionals & Governance. H&S structure added, Values quadrant removed, H&S Steering group updated to H&S & Assurance Group. Referenced to the Head of Governance has been replaced by either the Quality or Governance manager. The PPE & Latex policies have been incorporated into the H&S Policy. Reference is made to co-owners and healthcare workers using fluid resistant face masks when managing Covid positive patients f2f. LOB's have been replaced by the Quality Board