HEALTH AND SAFETY POLICY

Revised November 2019

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HEALTH & SAFETY POLICY

1.0 <u>Health & Safety Policy Statement</u>

The Western Health and Social Care Trust (WH&SCT) considers that the Health, Safety and Welfare of its staff, patients, clients, contractors, voluntary workers, visitors and any other persons affected by its activities to be a managerial priority. The Trust recognises that personal health and safety at work is fundamental to job satisfaction and performance, and therefore the application of sound risk management principles to our everyday work is essential in a quality organisation delivering a quality service. All members of staff have an important role to play in safeguarding their own Health & Safety and that of Service Users and other Stakeholders in order to comply with its obligations as laid down by the Health and Safety at Work (NI) Order 1978 and all other relevant legislation.

The Trust is determined to create a health and safety culture, which motivates and involves all staff in the organisation, and aims to reduce risk. The Trust will work in partnership with the Trade Unions to ensure the implementation of this policy.

The Western Health and Social Care Trust acknowledge the following:

- It has a collective role in providing health and safety leadership throughout the organisation
- Recognises that health and safety issues are integral to effective management, and form part of health and service improvement planning, performance management and daily operation of the Trust.
- Ensures as far as is reasonably practicable, that the place of work, the working environment and work equipment is maintained so that it is safe and without risk to health.
- Encourages a high concern for safety among all employees through joint consultation.
- Expects particular attention to be paid to the provision of effective information, instruction, training, supervision and communication at all levels of the organisation.

The Trust is committed to:

- Promoting and developing health and safety as a management priority throughout the organisation;
- Monitoring health and safety compliance;
- Reviewing organisational structures to ensure they meet the Trust's objectives;
- Consulting with staff to maintain high standards of health and safety;
- Targeting available resources to meet prioritised health and safety requirements;
- Taking account of the needs of individuals with physical / cognitive / sensory / mental health needs in relation to workplace health and safety.

Staff have a vital role to play in protecting themselves, patients, clients, colleagues and members of the public from workplace hazards. The Trust will also work

proactively to improve the health of staff by continued development and promotion of policies which encourage a healthy workplace and lifestyle.

This statement is an expression of the Trust's commitment to the management of health and safety matters. Staff should also ensure that they familiarise themselves with any departmental health and safety policies or other health and safety related policies.

This Health & Safety Policy will be reviewed every three years, or more often if legislation or other circumstances dictate, and amended accordingly.

Dated_____   _____
                                                            Dr Anne Kilgallen
                                                            Chief Executive
                                   Western Health & Social Care Trust

2.0 Health and Safety Organisational Arrangements and Responsibilities

2.1 Management Roles

The **Chief Executive** is accountable for ensuring that the arrangements for health and safety matters are effective in providing a safe and healthy working environment.

The responsibility for such arrangements has been delegated to the Medical Director. As with all health and safety issues, this responsibility cascades down through each Director through the line management structure to all Directorates. The Medical Director, assisted by the Trust Health & Safety Working Group, will ensure that appropriate organisational arrangements are in place throughout the Trust to support Directorates.

The **Head of Clinical Quality & Safety** provides senior management support to the Medical Director and will on his/her behalf lead the development of the policy, and is responsible for ensuring that there are robust systems in place for the management of corporate risks, including Health & Safety. The Head of Clinical Quality and Safety is supported by the Corporate Risk Manager and the Trust **Health & Safety Officer/Advisor.**

Each **Director** within the Trust is responsible for health and safety within their Directorate and must address the Directorate's specific health and safety concerns. He/she must also make adequate arrangements to ensure compliance with Health & Safety legislation. Physical areas within the Trust, which do not fall within a particular Directorate (i.e. common areas), will be the responsibility of the Assistant Director of Facilities Management as an Estates responsibility. Directors should encourage feedback from all levels of staff within the Directorate.

Each **Assistant Director** must ensure that there are detailed health and safety arrangements within their areas of control and ensure risk assessments are conducted and safe working methods employed. All health and safety information must be relevant, accessible and written in a clear unambiguous format. Proposed changes in work practices, including the introduction of new equipment must be fully risk assessed.

Each **Manager** must ensure that work is conducted on a day-to-day basis in accordance with the health and safety arrangements and rules for their area. Hazards identified by individual members of staff must be reported to the manager to ensure appropriate action is taken. Managers are responsible for ensuring that suitable and sufficient risk assessments and action plans are in place for all foreseeable significant hazards. The Trust Annual Health and Safety Risk Assessment must be completed and reviewed each year or sooner as appropriate.

Each **Employee** must ensure that they conduct their work in accordance with the Trust's health and safety arrangements, policies, procedures and protocols (and rules) and ensure that they take steps to protect themselves and others who may be affected by their acts or omissions at work.

Relevant clauses will be included in job descriptions, which outline the responsibilities of individual roles for health and safety matters. Performance on health and safety matters is considered to be a vital component in overall performance assessments of Directors, Managers, Supervisors and individual staff and should, as a minimum, form part of appraisal and development review processes as appropriate to the individual's job role.

3.0 Health & Safety Structure and Advisors

3.1 Risk Management Department

The Risk Management Department is responsible for the dissemination of information on good practice regarding health and safety. Appropriate staff within the Risk Management Department will also assist in the undertaking of inspections/audits/risk assessments, monitoring of incident trends and provision of training and health & safety advice to managers.

The Risk Management Structure is included at Appendix 1.

3.2 Specialist Advisers

Specialist advisers will provide advice to senior management within the Trust on those issues for which they have particular expertise e.g.

Head of Clinical Quality and Safety
Corporate Risk Manager
Health & Safety Officer/Advisor and Risk Management staff with NEBOSH
Asbestos Advisor
Infection Prevention and Control Team
Manual Handling Advisors
Radiation Protection Advisor / Radiation Protection Supervisor
Laser Protection Advisor for Non-Ionising Radiation
Water Safety (Legionella, Pseudomonas, etc.) - Responsible Person/s
Clinical Waste - 'Authorised Officer'
Fire Safety Officers
Decontamination Engineer
Medical Engineering Manager
Departmental Equipment Controllers (DEC)
Health Improvement Department
Occupational Health Department
Support Services Manager (Security, Zero Tolerance, Food Safety and Cleaning)
Environmental Management
Electrical Systems Authorised Persons
Resuscitation Team
Pharmacy Team
Management of Aggression and Potential Aggression (MAPA) Training Team

The above list is not exhaustive. Please contact the Risk Management Department for up-to-date contact details.

3.3 Employee Responsibility

Trust staff must be aware of their responsibilities under health and safety legislation. Each employee should be aware that their failure to follow health and safety legislation may result in disciplinary action being taken.

Staff must:-

- take reasonable care for their own health and safety;
- consider the safety of other persons who may be affected by their acts or omissions;
- work in accordance with information and training provided;
- refrain from intentionally misusing or recklessly interfering with anything that has been provided for health and safety reasons;
- report any hazardous defects in plant and equipment, or shortcomings in the existing safety arrangements, to a responsible person without delay;
- ensure that faulty equipment is taken out of use immediately and reported to their Line Manager and/or Estates as appropriate;
- report all incidents in line with the Trust's Incident Reporting Policy, no matter how trivial, and co-operate fully in subsequent investigations;
- not undertake any task for which authorisation and/or training has not been given.

3.4 Trade Union Safety Representatives

The Trust believes that Trade Union Safety Representatives have an important role to play in relation to health and safety at work but fully accepts that their role does not absolve the management of the organisation from its responsibilities.

Trade Union Safety Representatives are accorded the rights granted within relevant legislation and Codes of Practice. Every effort will be made by the Trust to involve Trade Union Safety Representatives and work in partnership with them through the sharing of appropriate information and discussing appropriate issues with them.

4.0 <u>Committees/Groups with Health & Safety Responsibilities</u>

4.1 Trust Health and Safety Working Group

To comply with statutory responsibilities within the Management of Health and Safety at Work Regulations (NI) 2000 and The Safety Representatives and Safety Committees Regulations (NI) 1979, the Trust has a Health and Safety Working Group, which acts as a focal point for promoting, implementing and monitoring Health and Safety arrangements throughout the Trust. The Group includes representation from recognised Trade Unions and Professional Associations. (See Appendix. 2 detailing Terms of Reference and membership of the Working Group.) The Working Group will report to the **Corporate Governance Sub Committee** which is a sub-committee of the Trust's Governance Committee, and will provide regular information regarding Health and Safety matters, provide assurance on

compliance against health & safety standards and make recommendations for improving health and safety in the Trust.

5.0 <u>General Health and Safety Arrangements</u>

5.1 Training

Health and safety related training is seen as an integral part of the training of staff at all levels of the organisation to enable them to understand and fulfill their roles. Such training will be included within Corporate and departmental induction and other appropriate training programmes, in addition to training to address specific issues such as new work arrangements, new equipment or new legislation. Managers are responsible for identifying staff training needs and must ensure that staff are released to attend health & safety training, and up-date training, appropriate to their role.

5.2 Communication

Inadequate communication is one of the highest potential risk factors in the Trust. Lack of information can lead to low staff morale and subsequent under-performance of staff. It can lead to misunderstanding between service personnel, a failure to pass on vital patient information or the incorrect information being cascaded to staff.

The Trust is committed to ensuring that information is disseminated throughout the Trust, with the 'Trust Communication' e-mail system and newsletters being utilised to provide organisational information to the Directorates and Departments. A copy of this policy will be issued via a Trust Communication and all Department/Facility Managers will be expected to make staff aware of the Policy and make it easily accessible.

This Health and Safety Policy and the Risk Management Policy must also be brought to the attention of all new staff through the staff induction process and will be available on the Trust's intranet at
http://whsct/IntranetNew/Documents/WHSCT%20Revised%20Health%20and%20Safety%20Policy%20as%20at%2010-12%20-%20Approved%20Version.pdf

5.3 Incident Reporting

All incidents must be reported through line managers in accordance with the Trust Incident Reporting Policy and Procedures
http://whsct/IntranetNew/Documents/Incident%20Reporting%20Policy%20Aug%202014.pdf
Incidents must be promptly investigated by managers to identify the cause and any remedial action required.

Notification of all incidents must be made onto the DATIX system (on-line reporting) or onto the A3 incident report book, where staff have not yet been trained in the use of Datix-Web or in facilities without access to the intranet. The A3

incident report form should be submitted to the Risk Management Department in accordance with deadlines set out in the Incident Reporting Policy.

The Risk Management Team will undertake the reporting to the Health & Safety Executive, Northern Ireland (HSENI) of incidents under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), on receipt of a relevant incident report.

Equipment related incidents involving a medical device, non-medical equipment or plant, instructions for their use, or caused by human error, should be considered by Managers for onward reporting to the **Northern Ireland Adverse Incident Centre (NIAIC).** The key aim of NIAIC is to record and investigate reported incidents used within the healthcare environment in Northern Ireland and to issue warning notices and guidance to help prevent recurrence and avert patient, staff, client or user injury.

Incidents involving equipment and medical devices will be notified to the Trust Nominated Liaison Officer (TNLO) within the Estates Department, and other relevant managers via automatic e-mail alerts from the DATIX system when an incident is reported. Where the incident does not fall within the remit of the TNLO, he will inform the relevant manager. The manager will review each incident to determine whether the equipment falls within their remit and, if so, decide whether the incident should be reported to NIAIC. They will also be responsible for completing and forwarding the NIAIC Adverse Incident Report Form (https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/niaic-adverse-incident-report-form.DOCX) to NIAIC, liaising with NIAIC regarding action required, feedback to relevant staff and closure of incident. Copies of the NIAIC reporting form and correspondence from NIAIC must be attached to the relevant Datix record.

Risk Management staff will provide assistance to ensure that accurate information regarding incidents reported to NIAIC is available.

The Trust incident reporting policy and procedures 2014 (page 23) should be referenced for further guidance on NIAIC reporting.

5.4   Risk Assessments

The Trust Risk Management policy outlines the principles of the regionally agreed risk management standard ISO 31000:2018. This policy has direct links in to risk assessments and supports the process that incorporates the management of risk.

Health & Safety Risk Assessment is considered to be the foundation for good health and safety management. Therefore they must be conducted within all Facilities, Wards and Departments within the Trust. The assessments will include the hazards and risks arising out of tasks/activities undertaken and the environment within the Trust and assess their potential to cause foreseeable harm. When completing the risk assessments, staff will score the risks in accordance with the regionally agreed Risk Rating Matrix and Impact Assessment Table (see Risk Management Policy) and formulate safe systems of work that identify necessary actions to either eliminate or control exposure to the risks. Details of the hazards

identified and the control measures implemented as a result must be included in any relevant departmental policies and procedures. Completed written risk assessment forms should be reviewed by Managers at least annually, or sooner where there is a change in working practice or legislation, to ensure action plans remain effective and in compliance with the Management of Health & Safety at Work Regulations (2000).

Where the level of risk is increasing, appropriate action must be taken to reduce the level of risk and escalate the risk to a higher level within the Trust, as per the risk register process. Please refer to the Trust Risk Management Policy (March 2019) for full details on risk management and the risk register process. http://whsct/intranetnew/Documents/Risk%20Management%20Policy.pdf

Training on Risk Assessment is available Trust wide and is included within the Mandatory Training Combination Day and other specific risk assessment training which is listed on HRPTS. Support and guidance on risk assessment can be accessed through the Trust H&S Advisor and other appropriate staff within the Risk Management Department. Risk Assessment forms are available on the Trust intranet site.

6.0 <u>Key Health & Safety Arrangements</u>

Key health and safety arrangements based on legislation and guidance include:-

6.1 Use of Personal Protective Equipment (PPE)

Every effort should be made to ensure that safe working practices are put in place that will avoid the need to use PPE. However, where the use of PPE is required, the Trust will be responsible for the provision of protective clothing, footwear or equipment as required in accordance with the arrangements identified within the Personal Protective Equipment at Work Regulations 1992. Where the required protective clothing, footwear or other equipment has been identified and supplied, failure by staff to use it may result in disciplinary action being taken. Staff will take care of and maintain their PPE in good order, inspect it prior to each use and report to their manager any defects or replacement. PPE must be worn as instructed and in accordance with the instructions/training given.

6.2 Work Equipment

All work equipment in use within the Trust will be managed in accordance with the Provision and Use of Work Equipment Regulations 1998, the main requirements of which are:

- electrical equipment must be portable appliance tested (PAT Tested) by a competent trades person before use. See HSE web-link for guidance on portable electric equipment. www.hse.gov.uk/pubns/indg236.pdf
- suitability for purpose for which it is used or provided;
- having regard for the conditions in which it is to be used;
- that it is used only for the purpose, and under the conditions, for which it is suitable;

- it is maintained in an efficient state, in efficient working order and in good repair;
- maintenance logs kept up- to- date where appropriate;
- where there is specific risk, priority checks must be given to safety and operating efficiency and performance.
- adequate health and safety information, training and supervision is provided;
- proper guards and other protective measures are in place in respect of dangers associated with the equipment.
- Operating manuals should be made readily available to staff who will use equipment.

6.3   First Aid

Any member of staff who works within an Acute Hospital site and has an accident at work should be referred to the Accident and Emergency Department, Urgent Care and Treatment Centre, or Occupational Health Department, depending on the nature of their injury

For other staff in Community facilities, Managers must maintain suitable numbers of trained First Aid personnel to deal with minor accidents and emergencies in the workplace.   These personnel will have sufficient training in accordance with statutory requirements.   Identities of First Aiders will be displayed throughout the workplace. Each Manager will ensure that an appropriately stocked First Aid kit is available on the premises**.**

For further advice regarding first aid, please refer to the Trust's First Aid Policy at http://whsct/IntranetNew/Documents/First%20Aid%20Policy%20March%202014%20(Final%20Vers %20).pdf. Managers should ensure a First Aid Needs Assessment is completed to confirm that they have appropriate first aid arrangements in place according to their needs.

6.4   New & Expectant Mothers at Work HSE Guidance

Employees are required to notify their manager once pregnancy is confirmed so that the manager can undertake a risk assessment in accordance with the Management of Health and Safety at Work Regulations (NI) 2000. The Trust's **General Risk Assessment form** is suitable for this purpose.

The Health and Safety Executive (HSE) has information relating to New & Expectant Mothers, which the Trust have included on the Intranet site at http://whsct/IntranetNew/Documents/HSE%20Guide%20for%20employers%20for%20new%20expe ctant%20mothers%20at%20work.pdf

6.5   Display Screen Equipment (DSE)

Under the Health & Safety (Display Screen Equipment) Regulations 1992 all employers have a duty to ensure that a suitable and sufficient risk assessment has been carried out by the employee of their work station (DSE self-assessment) and the outcome of this is shared with their manager.

Where it is clear that use of DSE is more or less continuous on most days, the individuals concerned should be regarded as users or operators. Where use is less continuous or frequent, other factors connected with the job must be assessed. It will generally be appropriate to classify the person concerned as a user or operator if they:

(a) normally use DSE for continuous or near-continuous spells of an hour or more at a time; and
(b) use DSE in this way more or less daily; and
(c) have to transfer information quickly to or from the DSE;

This will also apply if a person needs to apply high levels of attention and concentration; or are highly dependent on DSE or have little choice about using it; or need special training or skills to use the DSE.

A generic workstation assessment may be produced for all workstations of a uniform configuration e.g. desk, monitor, keyboard, mouse, software, chair etc including docking stations used for "hot desking". Managers should ensure these generic DSE assessments are available to all of the DSE users. However, unique DSE workstations (e.g. those with orthopaedic furniture), workstations with unique software, or laptops (used for an hour or more per day) will require an individual DSE assessment.

An e-learning package has been developed to provide staff with guidance regarding Display Screen Equipment at http://www.hsclearning.com/. Managers must ensure that DSE users complete the e-learning course and undertake a DSE self-assessment on the appropriate Trust form, which is retrievable from the Trust intranet site.

6.6   Dangerous Substances

All dangerous substances, (including body fluids), that staff may come in contact with should be assessed under the requirements of the Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003 (as amended by the Control of Substances Hazardous to Health (Amendment) Regulations (Northern Ireland) 2003 and 2005 "COSHH(NI)"). Staff should refer to the Trust's **COSHH Policy and Latex Policy** for guidance on how to perform a risk assessment. See Trust web links below.
http://whsct/IntranetNew/Documents/Latex%20Policy%20Revised%20Mar%20%202014%20(Final%20Vers%20).pdf
http://whsct/IntranetNew/Documents/COSHH%20%20Policy%20%20Revised%20-%20March%202014%20(Final%20Ver%20).pdf

6.7   Driving at Work

Trust employees who use their vehicles for Trust Business, have a duty to ensure that their vehicles are roadworthy. Employees must hold a valid and appropriate driving licence, appropriate insurance cover (which covers them whilst on Trust Business), taxation and M.O.T. certificate. Further guidance on travel is available within the Trust document 'Guide to Travel & Associated Expenses'

To ensure compliance with the Health and Safety at Work (NI) Order 1978 and the Management of Health and Safety at Work Regulations 1999, it is necessary to undertake a risk assessment of work-related driving activity. Line Managers are responsible for carrying out such Risk Assessments.

Further support is available within the Health & Safety Executive Guidance document "Driving at Work, Managing work-related road safety" http://www.hse.gov.uk/pubns/indg382.pdf

If a Manager has a concern regarding an employee's ability to carry out work-related driving, they should make the appropriate referral to the Occupational Health Department.

6.8   Violence to Staff

The Trust supports and has implemented the regional Zero Tolerance policy on all physical and/or abusive incidents involving staff. The Trust recognises that violence at work is a potential risk for a large number of staff within the service. Local departmental safety arrangements must consider and include the outcome of their risk assessments for the protection arrangements for staff, procedures for the recording of all incidents, and any relevant training of staff e.g. MAPA. in order to minimise the risk to staff as far as reasonably practicable. Further information is available within the Trust Zero Tolerance and Security Policy at: http://staffwest.westhealth.ni.nhs.uk/directorates/performance/trustdocs/Zero%20Tolerance%20and %20Security%20Policy.pdf. and where applicable within the Trust's Lone Worker Guidance. Staff also have details of additional support and guidance within the Security and Zero Tolerance Staff Handbook at http://staffwest.westhealth.n-i.nhs.uk/directorates/performance/trustdocs/Security%20and%20Zero%20Tolerance%20Staff%20H andbook%20(May%202018).pdf

6.9   Lone Working

Lone working is defined as:
"those who work by themselves without close or direct supervision" (Working Alone – HSE INDG73 / 05/13 http://www.hse.gov.uk/pubns/indg73.pdf) and also relates to staff without immediate access to assistance including out of normal working hours and staff on call."

The Trust has established guidelines which aim to clarify the roles and responsibilities of the Trust and its employees for the safety of staff working alone. They outline working practices that can promote a safe working environment and are aimed at those responsible for managing services and the individual staff who deliver services on behalf of the WHSCT who may be working alone in Trust facilities. The Trust's Lone Working Guidelines provide a useful resource to support lone workers and can be accessed at weblink: http://staffwest.westhealth.n-i.nhs.uk/directorates/performance/trustdocs/Lone%20Working%20Guidelines%20May%202018.pdf

The key to maximising safety whenever lone working is being considered is the undertaking and outcome of a lone working risk assessment, which should address the main aspects to consider which are:

- o What are the risks to staff who are working alone?

- o What control measures and arrangements are required to ensure, so far as is reasonably practicable, that these members of staff are no more at risk than employees working together.

The Trust's 'General Risk Assessment' form on the intranet site should be used to record the identified hazards, consider controls already in place, evaluate the risk and state further action required to reduce the risk to the lowest level practicable.

6.10 Home Working

Under the Management of Health and Safety at Work Regulations 1999, the Trust is required to carry out a risk assessment of the work activities carried out by the home worker. This is carried out with the support of a home working risk assessment checklist, within the Mobile & Home Working Policy 2019, to help identify any hazards and actions that may require further risk assessments to reduce or remove any risk.

The type of work activities undertaken by staff working from home are likely to be restricted to computer based or administrative work.

6.11 Work Related Stress

While recognising that some work circumstances within Health and Social Care are unavoidably and inherently stressful, the Trust accepts responsibility to ensure that staff are, as far as is reasonably practicable, protected from, and supported in dealing with stressful situations. The Trust wishes to adopt a positive approach to stress reduction and mental health promotion, recognising that work as a whole has a beneficial impact on mental health, giving structure and purpose, opportunities to meet people and a means of increasing one's self worth and of being valued by others**.** Management are responsible for identifying and managing the potential causes of stress within the workplace. Staff have a responsibility to report to their manager when they are experiencing times of stress that will have an impact on their work, health or wellbeing. Where necessary, suitable stress risk assessments should be undertaken and documented, with the support of the HSE/HSENI Management Standards, which relate to six management standards covering the primary sources of stress at work. Details can be found within http://www.hse.gov.uk/stress/standards/. Managers can also refer to HSE published document 'How to Tackle Work Related Stress' at http://www.hse.gov.uk/pubns/indg430.pdf

6.12 Manual/Load Handling

Manual/Load handling forms a part of many jobs within the Trust. The Trust wishes to reduce to a minimum the risk of injury to staff undertaking manual/load handling operations. All employees involved in manual/load handling activity must be conversant with The Trust's Moving & Handling Policy October 2019 and receive suitable training in accordance with the Policy.

It is the responsibility of managers/ staff to ensure that the e-learning theory (pre-training requirement) is undertaken in advance of attending practical/ classroom training.

If the Theory (pre-training requirement) is not completed, the M&H Trainer may refuse staff access to the practical /classroom session.

Please (click) for further information on the Manual Handling Awareness Theory E learning Programme. Please (click Appendix 2) for the Revised Moving and Handling Training provided by the Trust's Moving & Handling Advisor/ Trainer.

The Trust also recognises that there are increasing number of issues relating to caring for the bariatric patients. As a failure to plan for the total management of the patient may result in healthcare staff being faced with inadequate resources to provide basic care. The Moving & Handling of the Bariatric Patient - policy (Reviewed June 2018) has been developed, with the aim of minimising foreseeable handling risks to staff and patients/ clients by ensuring specialist advice, equipment and aids for the bariatric patient are available within the Trust. See web link for policy.http://staffwest.westhealth.ni.nhs.uk/directorates/medical/trustdocs/Moving%20and%20Handling%20of%20the%20Bariatric%20Patient-(Revised)%20June%202018.pdf

6.13   Needlestick/Sharp Incidents

Sharps injuries are a well-known hazard in the health and social care sector. The safe use and disposal of sharps is fundamental to every clinical procedure/treatment where they are used and to others who may be directly or indirectly affected by sharp injuries. The Trust has existing arrangements in place to comply with legal obligations under the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations). The introduction of safety needle type devices and training continues to support staff in risk reduction.

Staff should refer to the 'Infection Prevention & Control Standard Precautions Policy 2019' for Sharps guidance. This section should be made accessible to staff where sharps are used and the policy brought to the attention of all staff. http://sharepoint.westhealth.ni.nhs.uk/sites/ic/iclp/Standard%20Precautions/Infection%20Prevention%20&%20Control%20Standard%20Precautions%20Policy%20(Nov19).pdf#search=Infection%20Prevention%20%26%20Control%20Standard

Staff who sustain a needlestick / sharps or contamination injury **must** attend the Occupational Health Department, or if out of hours, the A&E Department/Urgent Care & Treatment Centre. **A referral is still required at the earliest opportunity, to the Occupational Health Department**. Prompt referral is important in all cases to determine whether post-exposure prophylaxis is required.

All needlestick/sharp incidents must be reported via the Trust's Incident Reporting DATIX system.   Please refer to the Trust's Incident Reporting Policy: http://staffwest.westhealth.ni.nhs.uk/directorates/medical/trustdocs/Incident%20Reporting%20Policy%20and%20Procedures.pdf#search=incident%20reporting

6.14 Infection Prevention & Control

All staff are reminded of their own health and safety responsibilities with regards Infection Prevention & Control: -

- Hand hygiene is essential before and after every patient contact, staff must use the '7-step technique' and '5 Moments for Hand Hygiene' as described in the Regional Infection Prevention and Control Guidelines . Hyperlinks as follows http://www.nric.org.uk/IntegratedCRD.nsf/f0dd6212a5876e448025755c003f5d33/0779f8fdda93e22d8025757b005a71ff?OpenDocument and http://www.who.int/gpsc/tools/Five_moments/en/.
  Staff should also refer to the Trust document on Hand Hygiene Improvement Protocol (April 2015) at web link. http://whsct/IntranetNew/Documents/Hand%20Hygiene%20Improvement%20Protocol%20(Apr15).pdf

- Standard infection control precautions apply including use of appropriate personal protective equipment (PPE), for contact with all blood or body fluids, and as per the Regional Infection Prevention & Control Manual available on the Trust intranet for other infectious conditions;
- Sharps must be handled safely and disposed of immediately after use;
- Breaches in cleaning standards must be reported to the Support Services Supervisor immediately. Persistent problems must be reported via the clinical incident system. Vigilance is required in communal areas such as visitors' toilets, stairs, reception etc – these areas are everyone's responsibility and problems must be reported to Support Services as soon as possible to allow action to be taken;
- Patient care equipment must be decontaminated after each use; a decontamination certificate must be completed and attached to all equipment leaving a ward / clinical department for use or repair elsewhere. Items of patient equipment which remain in the clinical environment must have dated and signed 'trigger' tape attached to indicate when the equipment was last cleaned.

The Trust's Healthcare Associated Infection (HCAI) Accountability group will provide assurance to the Clinical & Social Care Governance Sub-Committee on infection prevention and control issues.

6.15 Water Safety

The Water Safety Group (WSG) group reports into the Corporate Governance Sub Committee. The WSG is a multi-disciplinary partnership between Estates, Infection Prevention and Control (IPC), Clinical Representatives and Support Services which has been established to provide a range of both technical and clinical experience, qualifications and skills.

The WSG has overall responsibility to provide assurance that all water in Trust Facilities is fit for purpose at the point of use.

The overall objective of the WSG is to ensure the safety of all water used by patients/residents, staff and visitors, to minimise the risk of infection associated with waterborne pathogens using a risk based approach.

Meetings are chaired by the Head of Infection Prevention and Control and Deputy Chairperson is the Trust Responsible Person for Water.

6.16 Fire Safety

The Trust recognises its responsibilities for the safety of patients, clients, staff and visitors in relation to fire precautions (Trust Fire Safety Policy 2018).
http://staffwest.westhealth.ni.nhs.uk/directorates/performance/trustdocs/Fire%20Safety%20Policy%20(March%202018).pdf

The Fire Safety Working Group will provide assurance to the Corporate Governance Sub-Committee on fire safety issues.

All staff must:

- attend regular fire training
- be aware of roles and responsibilities detailed in Trust's Fire Safety Manual
- be proactive to prevent fire day-to-day
- know what action to take in event of a fire incident (Fire Procedure)

Nominated Officers must be aware of additional role/responsibilities and attend additional training every 2 years.

6.17 Radiation Protection

The Trust recognises its responsibilities for the safety of patients, clients, staff and visitors in relation to radiation protection. Please refer to the Policy for the Safe Use of Ionising and Non-Ionising Electromagnetic Radiation. Web link:-
http://whsct/IntranetNew/Documents/Radiation%20Protection%20Policy%20vers%201%203WHSCT%20December%202012final.pdf
The Radiation Protection Working Group and the Non-Ionising Radiation Sub-Group will provide assurance to the Clinical & Social Care Governance Sub-Committee on radiation protection issues.

6.18 TWIST West (Tackling Wellbeing in Staff Together in the West)

TWIST West replaced the former Investing in Your Health in 2018 as a new approach to staff health & wellbeing. TWIST West Wellhub is the website, which can be accessed by staff at work and at home (general login details are required to access page from home). The Wellhub features general and local health information, upcoming events for staff within the WHSCT, News Articles and health advice, which will all be supported by nominated Health Champions. A Staff Support section is also available detailing all the supports, information and incentives available to Western Trust Staff.

The Head of Clinical Quality & Safety is a member of this Group and provides regular updates to the Health & Safety Working Group.

6.19 Other Estate Issues

The Trust recognises its responsibilities to eliminate or minimise the risks to patients, clients and staff in a number of specialist areas. These include:

Management of High Voltage and Low Voltage Electrical Systems
Management of Medical Gas Pipeline Systems
Management of the Environment and Sustainability
Management of Water System
Management of Asbestos
Management of Disinfection and Sterilisation
Management of Ventilation Systems
Management of Waste*
*Waste Manual weblink has been inserted for staff ease of reference to this doc.
http://staffwest.westhealth.ni.nhs.uk/directorates/performance/trustdocs/Waste%20Manual%20%20v4.0%20August%202017.pdf

The Trust will meet its Health and Safety and other statutory obligations by following the appropriate Health Technical Memoranda and other Best Practice guidance.

6.20 Contractors and Agency Staff

All contractors and agency staff coming onto Trust premises will be under the control of a designated manager who will ensure adherence to the Trust's Health & Safety Policy and safe working practices. The relevant manager will be designated at the time of assigning the contract or placing the order for services.

All contractors working for the Trust are subject to a formal approval process, which involves health and safety issues. Health and safety responsibilities must be clearly defined and agreed prior to Contractors starting work. This is supported by the WHSCT Occupiers Rules and Regulations 2017 document provided by the Estates Department. Contractors must sign in at the main office in Estates on arrival and sign out when leaving.

6.21 Medical Gases

The Trust Medical Gas Working Group is a sub group of the Clinical & Social Care Governance Sub-Committee established to ensure the safe provision and use of medical gases in the WHSCT.

Trust Staff working with piped and medical gas cylinders must be aware of the hazards associated with these. Relevant staff must have appropriate training to ensure medical gases are used safely as per Medical Gas Operational Policy.

Managers should include any Gases being used in their area as part of their risk assessments for any hazardous materials. If there is any risk of occupational exposure e.g. workplace exposure levels (WEL) being exceeded, staff monitoring should be considered to make sure control measures in place are appropriate.

6.22 Shared Premises with employees from other organisations

Where Trust employees share the workplace with employees of another organisation, Trust staff must co-operate with the other employers to ensure compliance with health and safety legislation. This may include co-operation on matters such as implementing evacuation procedures, pedestrians and vehicles, first aid and waste disposal. A joint Risk Assessment should be completed and documented, as appropriate. This requirement is also applicable when premises are shared with other Trust Directorates, Departments and Professionals.

7.0 <u>Audit, Monitoring & Review</u>

Monitoring of health and safety will be through the Trust's Health & Safety Working Group, of which members will undertake Health & Safety inspections with the assistance of the relevant Department/Ward Manager.   These inspections will be prioritised using agreed criteria. Inspections may also occur when significant factors dictate the necessity of this.   Other inspections may be carried out by external agencies such as the Health & Safety Executive for Northern Ireland, Local Authority Environmental Health Officers, Regulation & Quality Improvement Authority (RQIA).

The Risk Management Department will also monitor risks through the following:-

- Planned and Ad-hoc health and safety inspections and risk assessments
- Leadership walkrounds
- Obtaining assurance that annual risk assessment reviews are undertaken;
- The study of trends originating from incident reports, ensuring that relevant investigation and actions have been carried out;
- Training.
- Self-assessment against the Health & Safety Controls Assurance Standard

8.0 <u>Review of Health & Safety Policy</u>

The Western Health & Social Care Trust will review this Policy every three years or more often if legislation dictates and will amend its arrangements with regard to health & safety in view of new Legislation, Regulation, Approved Codes of Practice or on the advice of the Health & Safety Executive for Northern Ireland.

9.0 <u>References</u>

Health & Safety at Work Order (NI) 1978
Management of Health & Safety at Work Regulations (NI) 2000
Safety Representatives and Safety Committees Regulations 1996
Reporting of Injuries Diseases and Dangerous Occurrences (Amendment) Regulations (NI) 2004
Personal Protective Equipment at Work Regulations 2002
Provision and Use of Work Equipment Regulations (NI) 1999 (PUWER)
Display Screen Equipment Regulations (NI) 1992

Workplace (Health, Safety and Welfare) Regulations 1993
Control of Substance Hazardous to Health (Amendment) Regulations (Northern Ireland) 2005 (COSHH NI)
Health and Safety (Sharp Instruments in Healthcare) Regulations(NI) 2013
The Driving at Work Regulations (NI) 2005
The Working at Height Regulations (NI) 2005
The Control of Electromagnetic Fields at Work Regulations (NI) 2016
The Ionising Radiation Regulations (NI) 2017
Lifting Operations and Lifting Equipment Regulations (NI) 1999 - (LOLER)
Manual Handling Operations Regulations (NI) 1992
The Control of Noise at Work Regulations (NI) 2006
Health and Safety (First Aid) Regulations 1982 (as amended)
Electricity at Work Regulations (NI) 1991
Pressure Systems Safety Regulations (NI) 2004
WHSCT Zero Tolerance and Security Policy 2018
WHSCT Management of Medical Devices Policy 2019
WHSCT Fire Safety Policy 2018
WHSCT Incident Reporting and Procedures Policy 2014
WHSCT Risk Management Policy 2019
WHSCT Ionising & Non-Ionising Electromagnetic Radiation Policy 2012
WHSCT First Aid Policy 2019
WHSCT Latex Policy 2019
WHSCT COSHH (NI) Policy 2019
WHSCT Manual Handling Policy 2018
WHSCT Bariatric Policy 2016
WHSCT Infection Prevention & Control Standard Precautions Policy 2019

Other Useful Links for Health & Safety Guidance
www.hseni.gov.uk   (Health and Safety Executive for Northern Ireland)
www.hse.gov.uk   (Health and Safety Executive)

10.0 EQUALITY AND HUMAN RIGHTS STATEMENT

The Western Health and Social Care Trust's equality and human rights statutory obligations have been considered during the development of this policy

Signed_____(Chairman)

Date:_____

[Type text]

Risk Management Department Structure

CORPORATE RISK MANAGER

MAPA TEAM
Team Lead
2x Trainers
Clerical Support
Gransha Site

Manual Handling
Trainer

Altnagelvin Hospital

Manual Handling
Advisor
SWAH, OHPCC &
Community
Southern Sector

Manual Handling
Advisor
Community
Northern Sector

Trust Health &
Safety
Advisor/Officer

Risk
Management
Officers

DATIX
Administrator

Litigation Manager
Altnagelvin

Admin Support
Gransha Park

Litigation Officers
Altnagelvin

Admin Support
Altnagelvin Hospital

Clerical Officers
(X **2 – (**1 at 0.5 WTE)

Part-time Clerical Officer
Altnagelvin

Admin Support
Altnagelvin

Appendix 2

WESTERN HEALTH & SOCIAL CARE TRUST

HEALTH & SAFETY WORKING GROUP

TERMS OF REFERENCE

1. INTRODUCTION

The Western Health & Social Care Trust (WH&SCT) is required to comply with relevant health & safety legislation, relating to the health and safety its employees, as well as other stakeholders using its premises or affected by its activities. It is also required to apply the Governance, Risk Management and Health & Safety Management Controls Assurance Standards set by the Department of Health, Social Services and Public Safety.

WH&SCT also recognises that an individual's ability to perform their duties effectively can be affected by a number of factors – either internal or external to the employee's place of work. The Trust is therefore committed to working towards developing an environment where optimum health, safety and welfare for its employees can be achieved through putting in place arrangements and opportunities that value both physical and mental health.

The work of the Health & Safety Working Group will assist the WH&SCT to meet its legal requirements in respect of the health and safety of its employees and other stakeholders.

2. NAME OF GROUP

The Group shall be known as the Western Health & Social Care Trust Health & Safety Working Group.

3. CHAIRPERSON AND MEMBERSHIP

The Working Group will be chaired by the Head of Clinical Quality and Safety with a member of Staff Side acting as Vice-Chair. The Corporate Risk Manager will chair meetings in the absence of the Head of Clinical Quality and Safety. Agenda items for each meeting will be agreed between the Chair and Vice-Chair.

Membership of the Committee will consist of Trade Union and Management representation. The Working Group will also receive input and advice from ex-officio members with specialist knowledge or skills.

(See Appendix to this document for Group Membership)

In addition to the above members of staff, the Chair of the Working Group may invite other Trust staff with specialist knowledge or skills to a meeting in order to deal with a specific Agenda item, if this is appropriate.

4. QUORUM

A quorum will be achieved if:-

> The Chair and Vice-Chair or their representatives are in attendance (in the absence of the Chair, the Corporate Risk Manager must be in attendance) **Plus**
> At least two other Trade Union and two Management representatives

5. FREQUENCY OF MEETINGS

Meetings will be held on a quarterly basis. However, this will be subject to review each year.

6. ROLE AND ACTIVITIES OF COMMITTEE

The Health and Safety Working Group's role will be to:-

- provide a forum for consultation and co-operation with employees and Trade Unions on work-related health and safety issues
- promote a positive health and safety culture, physical and emotional wellbeing, and mental health of staff.
- Identify initiatives that will contribute to improved health and wellbeing of staff and the achievement of a satisfactory work-life balance.
- as far as is reasonably practicable, take steps to protect the safety of staff and other stakeholders using WH&SCT premises, or affected by its activities,
- keep under review the measures taken by WH&SCT to ensure health and safety at work

In order to achieve the above, the Working Group will undertake or assist with the following activities-

- identifying, controlling and monitoring causes of ill-health, including assisting with risk/health assessment and development of programmes and implementation of corrective action to improve the physical, emotional and mental health of its employees
- identifying, controlling and monitoring causes of work-related incidents, including study of accident/notifiable disease statistics and trends, and assisting with risk assessment and development of safe systems of work
- developing an effective partnership between Health and Safety management, Occupational Health, Health Promotion Services, Estate Services, Infection Prevention & Control and Human Resources.
- consideration of reports, or discussion of issues, which safety representatives or members of the Working Group may wish the Group to consider
- assist with health and safety inspections of WH&SCT premises
- the examination of safety audit reports
- analysis of reports from enforcing authority inspectors and, as appropriate, interfacing with enforcing authorities

- identifying health and safety training needs, and assisting with the development and appraisal of appropriate training
- promoting and publicising the range of staff support services available to employees
- providing a supportive environment for those who are experiencing difficulties or are returning to work following work-related ill-health
- monitoring the adequacy of safety and health communication in the workplace
- raising any serious health and safety issues to the attention of the Medical Director with overall responsibility for health and safety, Senior Management Team, Corporate Governance Sub-Committee or Governance Committee as appropriate.
- Identify Health & Safety aspects of proposed changes to the workplace and the implementation of new Health & Safety legislation and regulations
- Contribute to the annual Health & Safety report
- Participate and promote Health & Safety events
- Promote education and awareness of health & safety related issues through provision of articles in Trust communications and newsletters, and on the Trust's intranet.

Whilst the Working Group will undertake the above activities, it will remain the WH&SCT's responsibility to take executive action and to have adequate health and safety arrangements in place, as required by the WH&SCT's Health & Safety Policy.

7. RECORD OF MEETINGS

The Minutes of the Working Group shall be formally recorded by the Health & Safety Officer/Advisor and made available to each Working Group member as soon as possible after each meeting.

Responsibility for any action required shall be clearly defined.

The Minutes of each meeting shall be formally approved at the next meeting of the Group and a briefing note circulated to the Chair of Corporate Governance Sub-Committee (Director of PSI). Any key risks highlighted will be discussed by the Corporate Governance Sub-Committee and referred to the Governance Committee as required.

8. ACCOUNTABILITY OF THE WORKING GROUP

The Working Group shall report to and be accountable to the Board of WH&SCT through the Corporate Governance Sub-Committee.

9. REVIEW OF TERMS OF REFERENCE

Every three years and if necessary, more frequently, the Terms of Reference will be reviewed to ensure that they continue to reflect obligations and requirements in respect of governance, risk management and health and safety legislation.

Appendix to Health & Safety Working Group Terms of Reference

Management Representation

Mrs Therese Brown, (Chairperson) Head of Clinical Quality & Safety
Mr Shane McCaul, Corporate Risk Manager
Service Manager(s) or Asst. Director(s) - Primary Care & Older People
Service Manager(s) or Asst. Director(s) - Acute Directorate
Service Manager(s) or Asst. Director(s) - Women and Children
Service Manager(s) or Asst. Director(s) – Adult Mental Health & Disability Services
Service Manager(s) or Asst. Director(s) - Women and Children

Trade Union Representation

Mr Martain Fiddis, (Co-Chair) RCN
Mr Paul McElwee (RCN)
Mr Davin Mullan, NIPSA
Mr John Loughery, UNISON
Mr Philip McCaffrey, UNISON

Ex-officio Members

Mrs Ruth Martin/Mrs Pauline Laverty, Manual Handling Advisors
Mrs Ursula Quinn, Trust Health & Safety Advisor/Officer
Mr Brian McBride, Pharmacy Department
Mr Sean Gibson, Estate Services
Ms Tracey McIvor, Radiology Department
Ms Judith Boyle, Occupational Health Nurse obo Occupational Health Physician
Ms Judith Miller, Infection Prevention & Control Dept.
Ms Lianne Huey, Laboratory Department

Governance Assurance Framework Reporting Sub Committee Working Groups

TRUST BOARD

Governance Committee

Clinical & Social Care Gov Sub-Committee	Corporate Governance Sub-Committee	Quality & Standards Sub-Committee
Medical Director/Ex Dir of Nursing & Dir of PCOP	Dir of Performance Mgt & Service Improvement	Dir of Women & Children's

Working Groups	Working Groups	Working Groups
Rapid Review M&M Outcomes HCAI Accountability, Falls Prevention, Drugs & Therapeutics, Resusitation, POC Testing, Medical Gases Scrutiny (Claims Mgt) Radiation Protection Deteriorating Patients Medical Devices Delegation of Complex Tasks Community Services Oversight Group	Health & Safety, Food Safety, Fire Safety, Emergency Planning and Business Continuity, Security, Controls Assurance by reporting template, Envior. Cleanliness, Water Safety, Information Governance, PFI assurance Electrical Safety Decontamination Cyber Security MH Enviromental Safety	Quality Improvement, Research Governance, Bereavement Forum, Blood Transfusion Safeguarding (Children and Adults) Hyponatraemia Project

Directorate Governance Groups