**Staff Health & Safety Questionnaire**

1. **Are you aware of your responsibilities under NHS Lothian’s Health & Safety Policy?**

|  |  |  |
| --- | --- | --- |
| Yes |  | Comments: Click here to enter text. |
| No |  |

1. **Have you received adequate information on the hazards you face at work?**

|  |  |  |
| --- | --- | --- |
| Yes |  | Comments: Click here to enter text. |
| No |  |

1. **Are you involved in the risk assessments in your ward/department?**

|  |  |  |
| --- | --- | --- |
| Rarely/Never |  | Comments: Click here to enter text. |
| Occasionally |  |
| Frequently |  |

1. **Have actions been taken as a result of risk assessments?**

|  |  |  |
| --- | --- | --- |
| Yes |  | Comments: Click here to enter text. |
| No |  |
| Don’t Know |  |

1. **Do you know where you can report your Health & Safety problems?**

|  |  |  |
| --- | --- | --- |
| Yes |  | Comments: Click here to enter text. |
| No |  |

1. **Have you had suitable training to help you to do your job safely?**

|  |  |  |
| --- | --- | --- |
| Yes |  | Comments: Click here to enter text. |
| No |  |

1. **Is Health & Safety discussed regularly at team meetings etc?**

|  |  |  |
| --- | --- | --- |
| Yes |  | Comments: Click here to enter text. |
| No |  |
| Don’t Know |  |

1. **Do you know how to contact NHS Lothian’s Health & Safety Department?**

|  |  |  |
| --- | --- | --- |
| Yes |  | Comments: Click here to enter text. |
| No |  |

1. **Are you familiar with the following?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| Arrangements for first aid |  |  |  |
| Arrangements for skin health surveillance |  |  |  |
| Clinical Sharp procedures |  |  |  |
| COSHH Policy |  |  |  |
| Dealing Positively with Stress policy |  |  |  |
| Emergency evacuation procedure |  |  |  |
| Environmental Ligature Policy & Procedure |  |  |  |
| Incident Management Policy |  |  |  |
| Incident reporting procedure |  |  |  |
| Management of Violence & Aggression Policy |  |  |  |
| Manual Handling Policy |  |  |  |
| Preventing Falls from Windows & Balconies Policy & Procedure  |  |  |  |
| Safer Bathing, Showering & Surface Temperature Policy |  |  |  |
| Slips, Trips and Falls Policy |  |  |  |

1. **Could your ward/department be made safer and/or healthier?**

|  |  |  |
| --- | --- | --- |
| Yes |  | Comments: Click here to enter text. |
| No |  |