NHS Lothian
Managing for Health & Safety

UNCONTROLLED WHEN PRINTED

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Manager's Health & Safety Management Guidance Tool

Contents

Introduction

Accidents and ill health can ruin lives. They can also result in increased costs due to equipment damage, increased insurance costs, loss of expertise and could ultimately result in court summons, financial penalties or custodial sentences.

Good Health & Safety performance is not only a legal requirement; it is an essential element in both the overall performance and accountability of the organisation and also a contributory factor in our goal of being an exemplar employer.

Therefore, good health and safety performance also makes sound business sense. In addition to protecting our employees and others from the suffering caused by accidents and ill health, it also helps maintain our reputation, retain staff, improve efficiency and avoid/reduce the costs of accidents and ill health.

This tool(document) is designed to *assist* managers in controlling health & safety risks within their department/area of responsibility and is based on **Plan** (*Policy and Planning*) **Do** (*Risk Profiling, Organising & Implementation*),**Checking** (*Measuring Performance and Adverse Event Investigation*) and **Ac**t (*Reviewing Performance and Learning Lessons)* as published in Health & Safety Executive guidance.

The diagram below shows theses elements and the continuous cycle of improvement. There are also accompanying actions **(Implementation of the NHS Lothian Annual Health and Safety Plan and Quarterly Review Process)** these must be completed in conjunction with the requirements of this guidance tool. Additional more detailed supporting health and safety guidance is available on the Health and Safety Service Intranet Site on PDCA.

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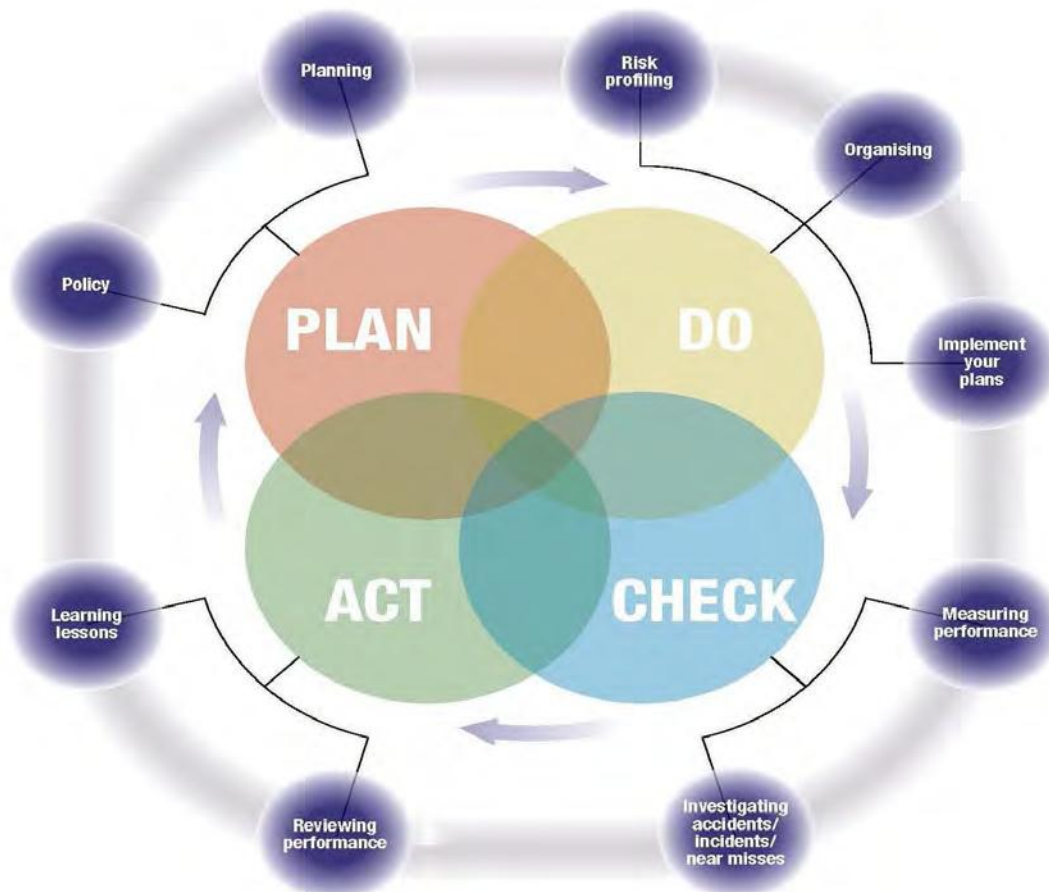
Section 1.0 - Health & Safety Management

1.1   Legal Framework

The basis for health & safety law in Great Britain is the **Health & Safety at Work etc Act 1974 (HSWA)** which sets out, amongst other provisions, general duties for both employers and employees.

These are summarised below;

Employers must
- Provide and maintain safe systems of work (e.g. procedures & equipment)
- Ensure safe handling, storage, transport and use of substances
- Provide information, instruction, training and supervision to ensure the health and safety at work of all employees
- Provide and maintain a safe working environment

Employees must
- Take care of their own health and safety and the health and safety of others who may be affected by their acts or omissions
- Co-operate with their employer in health and safety matters
- Not misuse or interfere with anything provided for health and safety purposes

These duties are qualified by the term *'so far as is reasonably practicable'*. 'Reasonably practicable' means the measures taken to avoid or control risks should be in proportion to that risk i.e. balancing the cost of steps taken to reduce a risk against the degree of risk presented. Cost should include the time, trouble and effort required, not just the financial cost.

Since the introduction of HSWA, numerous sets of regulations have been introduced, many aimed at hazards that can be encountered within the NHS, e.g. hazardous substances, work equipment, manual handling, working with computers. Many of these regulations outline absolute duties and do not allow for 'reasonably practicable'.

The Management of Health & Safety at Work Regulations 1999 (the Management Regulations) introduced more explicit requirements of employers to effectively manage health & safety risks. Like HSWA, they apply to all work activity.

The Management Regulations require employers to:
- make appropriate health and safety arrangements
- employ competent health and safety assistance
- lay down appropriate procedures for serious and imminent danger
- provide information for employees
- provide appropriate health surveillance where necessary
- provide for co-operation and co-ordination of health and safety arrangements for contractors and self-employed people working within his operation
- have due consideration for individual capabilities and training with regard to health and safety.

The main requirement is the undertaking of risk assessment which must:

a)   Be systematic
b)   Identify hazards
c)   Evaluate the likelihood and severity of risks

This undertaking will be explained in more detail in 1.3 - Health & Safety Risk Management.

The Workplace (Health, Safety and Welfare) Regulations 1992, as amended, expand on the duties placed on employers under HSWA to provide and maintain a safe working environment. Commonly known as the **Workplace Regulations**, they apply to all NHS Lothian premises and are intended to protect the health & safety of everyone in the workplace (not only employees) and ensure that adequate welfare facilities are provided for people at work.

The term workplace applies to common areas of shared buildings and includes private roads, paths and other outdoor areas under NHS Lothian control.

What you are required to do with regards to the Workplace Regulations will be explained further in Section 1.4 - Workplace.

1.2   Managing Health & Safety

1.2.1   Key Elements of Successful Health & Safety Management

The key elements of successful health and safety management are set out in this summary. These 4 elements form and their constituent parts form the basis for this manual.

E1: PLAN

Policy

Effective health and safety policies set a clear direction for the organisation to follow. They contribute to all aspects of health care as part of a commitment to continuous improvement. They also recognise that there are cost effective approaches to preserving and developing physical resources and staff, which reduce financial loss and liabilities.

> *Managers Action(s):*
> - *It is therefore important that you as a manager ensure that all the applicable health and safety related policies are communicated and discussed with staff and others and*

Health & Safety Policies

Planning

There is a planned and systematic approach to implementing health and safety related policies through an effective Health and Safety Management System aimed at **minimising risks** for all.

Managers should ensure that they, or a competent deputy, receive training in the methodology of risk assessment. Risk assessments are used to decide on priorities and set objectives for eliminating hazards and reducing risks (see Section 1.3.1). Any significant risks that require escalation should be included in the local risk register (see Section 1.3.2).

NHS Lothian as an organisation identified through a review of its risk profile (work activities/outcomes) and potential and actual harm effects to staff and patients that there are 12 significant key safety and health risk risks that require controlled and managed. As part of the

governance process these 12 key risks are reviewed by the NHS Lothian Health and Safety Committee on annual basis and where required risks are removed or changed.

Key Health and Safety Risks

1. Violence and Aggression
2. Slips, Trips and Fall
3. COSHH
4. Work Related Stress
5. Preventing Falls from Windows and Balconies
6. Safe Bathing, Showering and Surface Temperatures
7. RIDDOR
8. Adverse Event recording and Investigation
9. Manual Handling
10. Environmental Ligatures
11. Fire Safety Management
12. Prevention of Clinical Sharps Injuries

NHSL Health and Safety Plan

The Plan has key health and safety risks topics identified and managers working with their staff are expected to control these risks. The information on how these risks are controlled is reported through the respective local management teams and local Health and Safety Committees.

The Plan is not exhaustive and any other risks that are identified within the ward/department can be added to the Plan (e.g. For Facilities: Traffic Management. Mental Health: Ligature Points.

NHSL Health and Safety Plan

> *Managers Action(s):*
> - *Ensure that you are aware of and are implementing the requirements of the Annual Health and Safety Plan.*

E2: DOING

Risk Identification/Profile

Ward & Department Managers need to communicate & implement the Health and Safety Plan with input from staff and partnership reps. identify the health and safety risks from your activities and then deal with the risks in order of priority concentrating on the most significant risks. Conduct Risk Assessments, communicate your findings and implement controls to reduce the chances of someone being injured or harmed.

> *Managers Action(s):*
> *Review the 12 key risks and ensure those that are applicable have been assessed and actions taken to control them.*
> *Review the work environments and work activities to ensure that any other significant risks have been identified and controlled.*

Organising

An effective management structure and arrangements are in place for the delivery of the policy. Managers must encourage and empower staff to work safely and to protect their long- term health, not just simply to avoid incidents. This will also include the safety of patients and others.

The manager should use this tool and its component parts in partnership, working locally with staff, their Representatives and specialist Advisors to improve Health and Safety within their area of control.

A positive health & safety culture is fostered by the visible and active leadership of managers at all levels within the organisation with management systems in place that are effective in communication, cooperation (sharing best practice and outstanding risks with colleagues/wards/departments), control (having effective management of risks) and having in place competent staff(ensuring that staff are provided with information, instruction and training to undertake their work safely).

> *Managers Action(s):*
> - *Include health and safety topics/risks e.g. clinical sharps, skin health, and manual handling as part of staff meeting/briefings.*
> - *Include staff engagement/participation in the risk assessment process as part of their PDPR process.*

Implement the Annual Health and Safety Plan

Implementing the Plan is the key to ensuring your health and safety arrangements really work. It helps you think through the actions in the Health and Safety policy and work out how they will happen in practice.

> *Managers Action(s):*
>
> - *Deal with the risks in order of priority concentrating on the most significant risks*
> - *Conduct Risk Assessments, communicate your findings and implement controls to reduce the chances of someone being injured or harmed*
> - *Ensure staff are aware of their H&S responsibilities & how to raise any concerns*
> - *Ensure all staff follow safety measures and ward/department managers address any breaches immediately*
> - *Communicate & Implement Health and Safety Policy(s)*
> - *Involve and consult staff & partnership reps on H&S matters including risk assessment*
> - *Include H&S as an agenda item on team meetings, safety briefings etc*
> - *Conduct toolbox talks as identified*
> - *Undertake all relevant training to ensure staff are competent*
> - *Get specialist advice when needed from Health and Safety, Manual Handling, Infection Control etc*
> - *Ensure staff receive appropriate information and training to do their jobs safely*

E3: CHECKING

Measuring performance

Performance is measured against agreed standards to establish when and where improvement is needed.

Managers should actively monitor the risk controls that have been identified in the Annual Health and Safety Plan and any other specific risks identified within the ward/department, which includes reviewing documentation, carrying out workplace inspections, completion of workplace hazard checklists, risk assessments and setting clear objectives based on their outcome.

The aim is to look at both hardware (premises, equipment and substances) and software (people, procedures and systems) including individual behaviour and performance.

Health and Safety Quarterly Reports click on link has been designed for managers to measure the risk control performance of their department.

The aim of the performance management reports is to identify areas for improvement as well as where you are compliant, it should not be viewed simply as a point scoring or tick box exercise.

> *Managers Action(s):*
> - *Complete the quarterly reports and send onto your line manager.*
> - *Review your risk control documentation (e.g. procedures and any safe systems of work documentation) to determine their effectiveness.*
> - *Complete safety tours/inspections to monitor the effectiveness of any controls identified in the risk assessment process at a frequency dependent on the degree of risk.*

Active Monitoring includes for example undertaking inspections/safety tours of the ward/department, checking that risk controls are effective e.g. safe use of work equipment, correct manual handling techniques and policy and procedure compliance.

> *Managers Action(s)*
> - *Discuss with the staff at the end of the financial year how well the 12 key risks and other significant risk have been managed and controlled*
> - *Ensure that the Annual Workplace Inspection is completed using the NHSL Proforma Document (insert hyper link)*

The Health and Safety Service also undertake assurance checks to assist with ensuring that all the requirements of the Manual are being met.

Reactive Monitoring

Adverse events are unintended events with the potential to cause harm. They are therefore an indication that something has gone wrong. An investigation is an opportunity to ascertain what exactly happened, what were the significant causal factors, how serious was the potential for harm, how likely a recurrence might be, and to make an informed decision about whether changes are required.

Adverse event investigation is a process of gathering facts and drawing conclusions with the aim of achieving the immediate, underlying, root causes. It may be a short and simple process, or it may be long and complicated. There is no simple formula for ensuring the investigation is

adequate: the person undertaking it must decide at what point the objectives have been met (so far as is possible) and whether any purpose would be served by pursuing it further.

This deals with accidents and incidents which for the most part are essentially due to a management system failure. Effectively investigating these adverse events can and should result in minimising occurrence.

To help minimise recurrence it is therefore important that all the requirements of the NHS Lothian Adverse Event Management Policy and Procedure are implemented.

Managers Action(s):
- *Ensure that all accidents and incidents are investigated in relation to the levels of harm caused and in compliance with the NHSL Adverse Event Management Policy and Procedure.*
- *Ensure that any Adverse Event that meets the RIDDOR (Reporting of Injuries Diseases and Dangerous Occurrence Regulations) is reported within the timescale to the Health and Safety Executive (HSE)*

E4 : ACT

Reviewing performance (Assurance Checks and Learning Lessons)

You and your staff can learn from all relevant experience and apply the lessons.
You and your staff should regularly review what has happened based on the active monitoring of the department/ward and any independent audit by others e.g. Health & Safety Committees, specialist Advisors.
If risk control measures (policies, procedures and or engineering controls) fail, then reactive monitoring attempts to discover why by investigating incidents, complaints, claims or ill health.
Both active and reactive monitoring should feed into management meetings and local H&S committees via the Quarterly Reports for Health and Safety or sooner should the risk be significant.
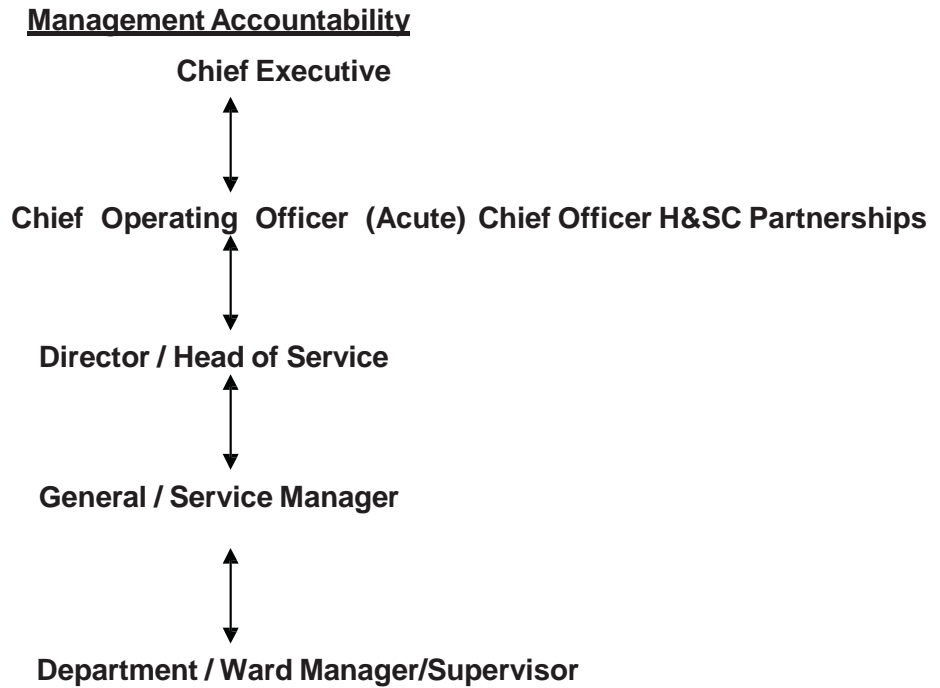

Managers Actions(s)
Annually review with staff how well policies, procedures and protocols are working. Identify if there are any gaps and discuss with your staff what could be done to close those gaps.

1.2.2. Health & Safety Responsibilities

The Chief Executive has overall accountability for Health & Safety matters. Some of these responsibilities have been delegated e.g. the Medical Director is responsible for ensuring that the H&S policy is implemented across the organisation. Chief Officers/Directors of H&SC Partnerships and the Chief Operating Officer for Acute Services are responsible for ensuring that H&S policies and plans are implemented throughout their areas.
These responsibilities continue through the line management structure i.e. managers are responsible for ensuring that health & safety risk is managed within their area(s) of responsibility.

However as stated previously legislation requires that each individual employee take responsibility for their own health & safety and also for actions that may affect the health & safety of others.

Management Accountability

Chief Executive

↕

Chief Operating Officer (Acute) Chief Officer H&SC Partnerships

↕

Director / Head of Service

↕

General / Service Manager

↕

Department / Ward Manager/Supervisor

A positive health and safety culture is fostered by the visible and active leadership of managers.

As stated within 1.1 Legal Framework, the Management Regulations require co- operation and co-ordination of health and safety arrangements between NHS Lothian and the contractors and other agencies that we work in partnership with e.g. Local Authorities, Dentists & General Practitioners.

In practice NHS Lothian staff who are based remotely on a site that is not directly managed by NHS Lothian will be expected to follow the local arrangements and procedures. Similarly, non NHS Lothian staff based within our premises should follow the NHS Lothian guidelines. If there is any contradiction in policy or guidance, employees must raise this immediately with their line manager.

This does not remove the responsibility of a manager to manage health & safety within their department.

Health & Safety Management Structure and Contacts Form click on link should be completed detailing the management structure and health & safety contacts for the Directorate/Partnership that your Department sits within.

1.2.3. Health & Safety Committees
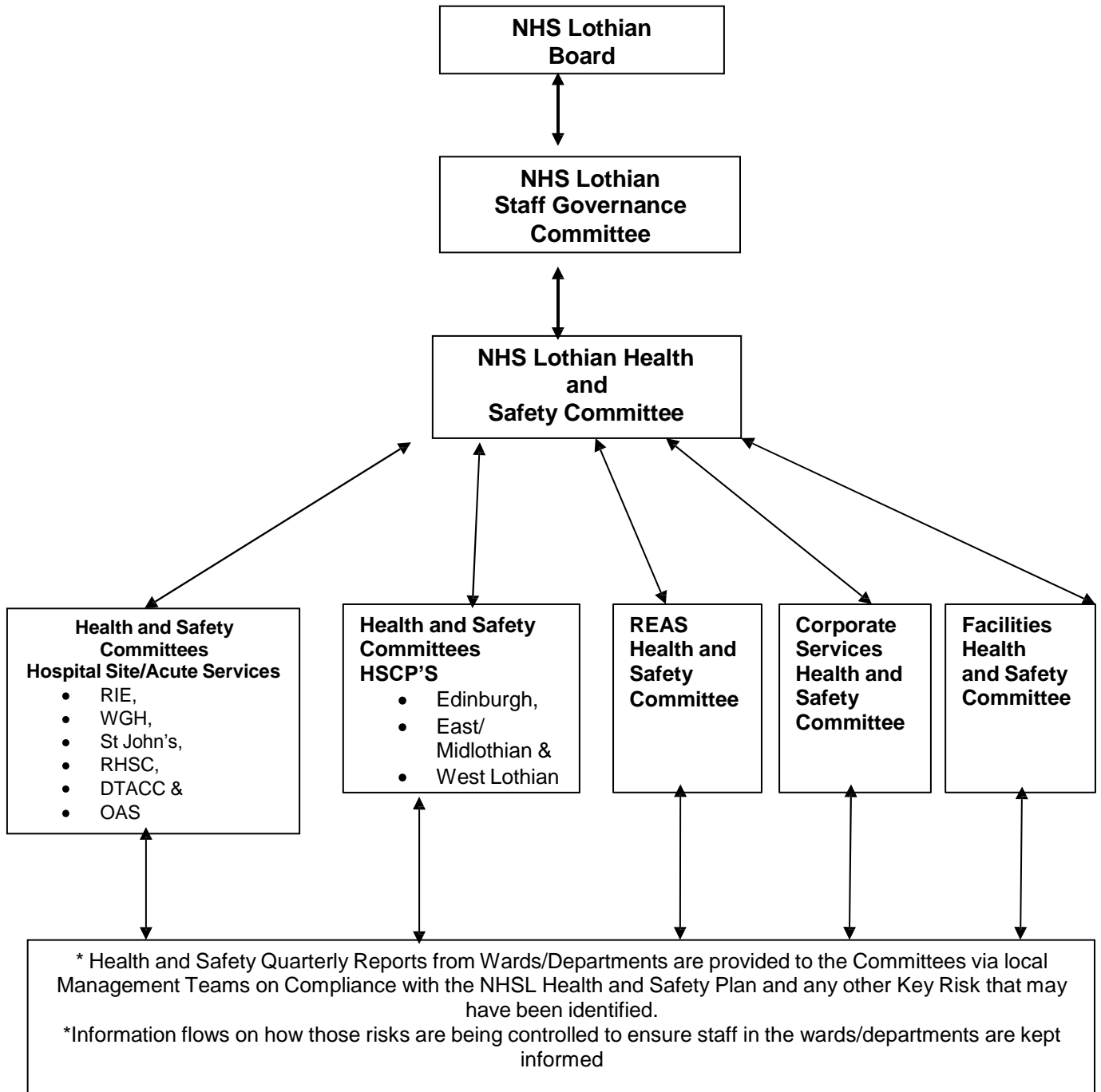
To comply with its legal duties under the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996, NHS Lothian has established the Board Health & Safety Committee. The Committee's remit is to ensure that NHS Lothian has a strategy to effectively manage the health & Safety risks arising from our activities.

Local committees have also been established within Services/Directorates and HSCP Partnerships. These committees should be guided by the annual health and safety plan produced by the NHS Lothian and should also report into their relevant management structure.

See the Health and Safety Governance Structure on the following page.

NHSL Health and Safety Governance Structure

```
                        ┌─────────────────────┐
                        │    NHS Lothian      │
                        │       Board         │
                        └─────────────────────┘
                                  ↕
                        ┌─────────────────────┐
                        │    NHS Lothian      │
                        │  Staff Governance   │
                        │     Committee       │
                        └─────────────────────┘
                                  ↕
                        ┌─────────────────────┐
                        │  NHS Lothian Health │
                        │         and         │
                        │   Safety Committee  │
                        └─────────────────────┘
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Health and Safety Committees Hospital Site/Acute Services	Health and Safety Committees HSCP'S	REAS Health and Safety Committee	Corporate Services Health and Safety Committee	Facilities Health and Safety Committee
• RIE, • WGH, • St John's, • RHSC, • DTACC & • OAS	• Edinburgh, • East/ Midlothian & • West Lothian			

* Health and Safety Quarterly Reports from Wards/Departments are provided to the Committees via local Management Teams on Compliance with the NHSL Health and Safety Plan and any other Key Risk that may have been identified.

*Information flows on how those risks are being controlled to ensure staff in the wards/departments are kept informed

1.2.4. Instruction, Information & Training

Health & Safety legislation requires that employees must be informed of the risks they may be exposed to during the course of their work and of the measures that prevent or control these risks to safe levels. Sometimes this will take the form of simple instructions (e.g. do not use damaged equipment, report all equipment defects promptly). In other cases, more detailed training will be necessary.

In many cases professional training and experience will indicate a level of competence however individual capabilities of staff should also be taken into account when communicating new procedures or health & safety instructions.

Health & Safety Training Needs Form click on link should be used as a guide for training, both generic and individual, that is required within your department. For example manual handling, violence & aggression, fire or spill procedures training may be required for the vast majority or all staff within a department whereas risk assessment, display screen equipment, first aid, high voltage electrical work or lone working procedures may only be required by some staff. If a record of training is already recorded elsewhere in your dept (individual training records), this can be cross referenced on the form to save duplication.

1.2.5 Adverse Event Management

NHS Lothian promotes the reporting of adverse events (accidents and incidents). This allows the organisation to learn from previous events, prevent re-occurrence and improve current systems.

Adverse events include: Accidents:

- An event that results in injury or ill health;

Incidents:

- Near miss: an event that, while not causing harm, has the potential to cause injury or ill health.

- Undesired circumstance: a set of conditions or circumstances that have the potential to cause injury or ill health, e.g. untrained nurses handling heavy patients.

The NHSL Adverse Event Management **Policy** and **Procedure**

Reporting an Adverse Events

All adverse events involving patients, staff, contractors or members of the public should be reported and where necessary investigated. Once an adverse event it should be verbally reported to the appropriate line manager and the incident form should be completed by the member of staff who is first to know about the incident.

It is vital that near misses are reported so that preventative action can be taken in order to prevent more significant incidents occurring.

Adverse events should only be recorded using DATIX the electronic reporting and recording system.

The on-line incident form is accessible via the NHS Lothian Intranet and any employee with access can report an event. Managers can then log onto DATIX to review and/or approve this event. The on-line form can be viewed at http://wgh-datixweb.luht.scot.nhs.uk/live/index.php

Once an on-line incident form (DIF1) has been completed Managers can then log onto DATIX and review and approve this incident. It is the managers responsibility to review the information on the form and enter additional information including the severity of the incident, whether the incident should be reported to RIDDOR and what type of investigation, if any, is being carried out.

Managers must remember that they are still required to report any incidents marked as a RIDDOR to the Health and Safety Executive. Health & Safety Advisers can support managers in this process including with reporting and investigation.

RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) places a statutory duty on NHS Lothian to report certain adverse events that arise out of or in connection with work *(work related activity)*.

Further information on RIDDOR including what is a work related activity, reporting timescales, full lists of specified injuries reportable diseases and dangerous occurrences can be found at **http://www.hse.gov.uk/riddor/reportable-incidents.htm**

If you are unsure if an event is RIDDOR reportable contact the Health & Safety for advice.

1.2.6 Occupational Health Services

Health Surveillance

One of the most important features of good health and safety management is the additional precautions taken for staff who are particularly at risk. This may be because they are exposed to agents with particular hazardous properties (substances causing asthma, for example) or it may be that the risk to certain individuals is heightened because of personal factors such as inexperience or injury.

Several sets of regulations require a consideration of the need for health surveillance. For example, the COSHH Regulations require regular health surveillance if exposures to a hazardous substance create a reasonable likelihood of measurable health effects and the surveillance results might be of value in protecting a person's health.

Formal health surveillance, such as the checks given to users of sensitising agents (which may cause asthma or allergic dermatitis) or for staff regularly working within areas deemed high risk for exposure are carried out by Occupational Health.

A simpler but equally important form of health surveillance is the awareness that staff should be encouraged to self check their own state of health. This form of health surveillance is most effective against two of the most common causes of occupational ill-health: skin problems and musculo-skeletal injury, where early action is important if serious problems and prolonged sickness absence are to be avoided. In both cases, it is the individual who will first be aware of the symptoms and seek help. Staff must be made aware, and reminded of this vital 'self-health surveillance.

If other aspects of the department's activities suggest a possible need for health surveillance, this should be discussed with the Occupational Health Service.

Health Surveillance Policy click on link

Immunisation

Immunisations are offered to members of staff to protect them against infections that may be acquired through their employment. Vaccinations against Hepatitis B, MMR and Chicken Pox vaccines are offered to staff who are deemed to be at risk.

Staff who are undertaking 'exposure prone procedures'. (These are procedures where is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp

instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times).

For **all** such staff, it must be confirmed that they cannot be a source of Hepatitis B, Hepatitis C and HIV infection to patients. Confirmation is obtained by blood tests. Other staff may be at risk of infection themselves but not be in a position to infect patients. **Working with Blood Bourne viruses Policy**

Health Checks

Glove use and frequent hand washing, together with allergy to glove constituents (e.g. latex), have the capacity to cause health problems, posing risk to the health of patients and staff.

Staff experiencing persistent skin problems or symptoms they attribute to glove use must report these to line management. Line management will refer such staff for Occupational Health assessment. COSHH and any other risk assessment process will determine those staff that require their skin health checked annually by a responsible person. **Skin Health Procedure** click on link

1.3 Health & Safety Risk Management

Health & Safety Risk Management is the systematic identification, assessment and reduction of risks to staff, patients and others who may be affected by our work activities. It is important to recognise and understand that risk cannot always be removed completely from the workplace.

This is especially prevalent within the health service where many activities involve a degree of risk. However, these risks have to be managed and controlled.

Therefore good Health & Safety Risk Management should, wherever possible, enable tasks to be undertaken safely, controlling risks within tolerable or acceptable levels, rather than prohibiting activities.

There are also legal duties requiring NHS Lothian to assess and manage the health
& safety risks arising from its activities. These risk assessments must be both suitable and sufficient. The law does not expect NHS Lothian to eliminate all risk, but we are required to protect people as far as 'reasonably practicable'.

What is Risk?

In a health & safety context **Risk** is the chance of a hazard causing harm, together with an indication of how serious the harm could be.

Risk = Likelihood x Severity (Impact, Consequence)

NHS Lothian uses a simple colour coded risk matrix to calculate the level of risk and to assist in clarifying the need for remedial action and the urgency of such measures.

Risk Matrix

Likelihood	Impact/Consequences				
	Negligible	**Minor**	**Moderate**	**Major**	**Extreme**
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Risk Matrix (continued)

- **Green**: Risk is well controlled; precautions are sufficient and reliable.

- **Yellow**: Risk is acceptable but of concern. The combination of the severity of the consequences and the likelihood indicates that although improvements would be desirable, serious adverse effects are unlikely.

- **Orange**: Risk is unacceptable. Remedial action is necessary.

- **Red**: Risk is unacceptable. Remedial action is urgent; consider stopping the work or task until the risk can be reduced.

1.3.1 Risk Assessment

The main purpose of risk assessment is the analysis of potential threats to the well being of staff and others from the organisations activities; establishing what controls are required in order to either remove or reduce these threats to acceptable levels. In many instances simple, straightforward measures will be effective at controlling risks.

Your risk assessments should focus on the significant hazards i.e. the ones with the potential to cause real harm.

A Risk Assessment can be broken down into 5 steps:
1. Identify the hazards
2. Decide who might be harmed and how
3. Evaluate the risks and decide on precautions
4. Record your findings and implement them
5. Monitor and review

Risk Assessment Form should be used for general risk assessments. Some risks are best assessed using forms and guidance specific to the hazards that they present, for example, hazardous substances, violence/aggression, manual handling or display screen equipment.

Designated guidance and risk assessment forms for assessing these risks are available on the **Health and Safety Intranet site** click on link

Where similar tasks or activities are undertaken across a service, there is scope for working with colleagues to produce generic risk assessments to share the burden and avoid duplication of workload. However, these assessments must be reviewed and adapted to take account of local circumstances e.g. environmental issues, layout or design of workplace. The level of detail recorded in the assessment should relate to the level of risk.

Identifying Hazards

The first stage of Risk Assessment is Hazard Identification. Once hazards have been identified, the magnitude of the risks can be evaluated and decisions made regarding the control measures that may be needed to reduce the risk.

What is a Hazard?

A **Hazard** is simply anything with the potential to cause harm.
For example, hazards could be work materials, equipment, work methods or practices. Although many hazards are self-evident to those involved in the work; others may only become apparent through careful investigation.

> **Hazard Types within NHS Lothian include:-**
> 1. Falls including tripping/slipping hazards - wet floors, tripping over, uneven floors, falls from heights, etc;
> 2. Workplace/Environment defects: ventilation, heating, lack of space, lighting, clutter, unsafe access, welfare inadequacies: lack of readily accessible drinking water, meal breaks, facilities for nursing mothers, toilets;
> 3. Hazardous substances: chemicals, drugs, sharps, body fluids, hazardous waste;
> 4. Manual handling. In most areas, risk assessments will need to be specific to particular tasks;
> 5. Violent or aggressive behaviour;
> 6. Display screen equipment (computers / Visual Display Units);
> 7. Psychological stress (work related);
> 8. Electrical hazards;
> 9. Equipment or machinery hazards (including maintenance);
> 10. Working at heights;
> 11. Ionising radiations (x-rays, sealed and unsealed radioactive substances);
> 12. Non-ionising radiations (ultra violet, infra red, lasers);
> 13. Noise;
> 14. Electric / magnetic fields;
> 15. Very hot or cold materials;

Other factors (e.g. lone-working, pregnancy, lack of experience, existing injury) are not hazards. They may, however, be important factors affecting the level of risk from particular hazards (e.g. violence & aggression, falls from heights, or exposure to certain substances).

Who might be harmed and how

The assessor should consider how and where the hazards are experienced in the course of the department's activities and identify groups who may be affected by the hazards.
Remember that some workers may have particular requirements e.g. new or young workers, new or expectant mothers and people with disabilities may be at particular risk.
Also take account of others, in addition to staff, who may be affected i.e. patients, visitors, contractors or the general public.

Evaluate the risks and decide on precautions

Once you have spotted the hazards and who is at risk from them, you need to decide what to do about it. Firstly look at what controls are already in place.
Secondly evaluate the risk using the matrix and decide if more needs to be done.

When deciding on control measures the following principles should be applied:
- Can the risk be avoided or eliminated altogether?

If not, how can the risk be reduced. For example:
- Is there an alternative, less risky option?
- Can the work be adapted to suit the individual e.g. layout of workplace, choice of equipment or methods of working?
- Can the work be organised to reduce the numbers of people exposed?

- Can engineering or technical controls be used?

Information, instruction and training, and providing personal protective equipment (PPE) should always be a last resort after the above controls have been considered.

Wherever possible, give priority to those controls that best protect everyone exposed to the risk.

New Precautions - If, after evaluating the risk, the current control measures are not adequate then new precautions need to be considered. Use the 'Action Plan' part of the assessment form to make sure you do all you can to get these actions implemented.

Remember that additional controls may be required to protect vulnerable groups or individuals.

Record your findings and implement them

The results of the risk assessment should be documented and readily available for all staff in order to enable them to apply the findings.
The language used on the risk assessment should be clear and easily understood in order to avoid confusion.

An action plan should be developed with estimated timescales set as to when any remedial actions should be completed. The more serious issues should be given priority. As each action is completed it should be dated and noted on the action plan.

The information noted on the risk assessment should:-
- Be suitable and sufficient
- Identify control measures
- Ensure health surveillance is provided where required
- Provide information on risk to employees

Monitor and review

The risk assessment should be used as a working tool and reviewed periodically (at least yearly); with a review date set and recorded when the initial assessment completed. In certain circumstances the assessment should be reviewed immediately such as:-

- New equipment is introduced
- There are an introduction of additional controls
- An accident/incident occurs
- A complaint is received
- There is a significant change in work practices
- There are changes of legislation

1.3.2 Risk Registers

A risk register is a simple and effective way of documenting and managing the risks that require further action.
It is recognised that having assessed the risks within your department, not all of them may currently have enough controls in place to keep the risk within acceptable levels. Additionally, you may not have the access to the resources required to achieve this.

Therefore a risk register should be a proactive tool for managing health & safety risk which will not only ensure that risks are visible and managed; it will also enable resources to be prioritised both locally and within the wider management structure of the organisation.

What to include in a Health & Safety risk register?

- Risks assessed as high or very high
- All control measures have been implemented but risk remains at least high
- Additional resources are required to reduce risk to acceptable level

Your risk register should be completed and managed locally. Outstanding risks should be taken to the next level of management for consideration and inclusion within the relevant Service / Directorate / Partnership / Division Risk Register, in accordance with NHS Lothian Health & Safety and Risk Management policies.

Health & Safety Policies

1.4 Workplace – Health, Safety & Welfare

As explained previously in **Section 1.1** – Legal Framework, the **Workplace Regulations** cover a wide range of basic **health, safety and welfare** issues and apply to all NHS Lothian premises. The organisation acknowledges its duty to make sufficient provision for the health, safety and welfare needs of all employees and also recognises the duty to maintain the workplace and equipment.

The term **'workplace'** applies to any part of non domestic premises that are made
available as a place of work. This includes corridors, stairways, roads and common areas of shared premises.

Managers are required to ensure that regular inspection of the workplace is undertaken and that faults are reported using the appropriate local procedures

Annual Workplace Inspection Checklist click on link has been developed to assist with the programme of inspection. Any issues should be recorded together with action taken or required. Inspections can be undertaken more frequently should there be significant changes to the workplace that could result in increase the risk.

1.4.1 Health

General workplace ventilation

Enclosed workplaces should be sufficiently well ventilated, with air being replaced at a reasonable rate. In many cases this can be achieved by opening windows, vents etc,
Any air introduced must not introduce uncomfortable draughts or excessively contaminated air.

All mechanical ventilation systems, including air conditioning systems, must be regularly and properly cleaned, tested and maintained. Records of maintenance require to be maintained by NHS Lothian Estates or the facilities management of the building.

Temperature

A reasonable working temperature requires to be maintained. The minimum acceptable temperature is 16°C (13°C where work involves severe physical effort). There is no stated maximum temperature, however suitable steps should be taken to remove or reduce exposure to environments which are excessively hot. The normal comfort range for sedentary work e.g. office work is 19°C – 22°C.

Consideration should also be given to other factors e.g. humidity, ventilation, work involving hot or cold processes, clothing, physical demands.

NHS Lothian Temperature Guidelines click on link provide further information on managing workplace temperature.

Lighting
Should be suitable and sufficient to enable people to work, use facilities and move around safely.

Lighting and light fittings should not create additional hazards.

People generally prefer to work in natural rather than artificial light. It is recommended that whenever practicable workstations are situated to take advantage of existing natural light (unless this results in excessive heat or glare). Natural lighting may also not be feasible where windows have to be covered for security reasons. Where there is insufficient provision for natural light, suitable artificial light should be provided in line with advice above.

Technical guidance is available for specific areas of hospitals and workplaces. If you have concerns regarding lighting levels guidance should be sought from Estates or Health & Safety departments.

Cleanliness and waste materials

Every workplace including the furniture, furnishings and fittings require to be kept clean. The level of cleanliness should be appropriate to the use of the room e.g. food preparation and eating areas should be of a higher standard than storage or plant rooms etc.

Floor, walls, ceilings and work surfaces should be painted, tiled or otherwise treated so that they can be kept clean. Surfaces should be renewed when they can no longer be cleaned properly.

Suitable receptacles for waste should be provided as required throughout the workplace. Appropriate arrangements require to be made for the removal of waste at least on a daily basis and more frequently when required to avoid build ups of refuse and associated infection, slip, trip or fall hazards.

Suitable cleaning arrangements are required to be made for the workplace, including provision for spillages and soiling. These arrangements should not create additional risks and must be appropriate to the activities each workplace.

Within clinical environments, reference should also be made to the National and NHS Lothian Infection Prevention and Control requirements.

Room dimensions and space

Workrooms must have enough free space to allow people to move freely around the room. The volume of a room when empty, divided by the number of people working in it should be at least 11 cubic metres per person (when calculating ceiling heights should only be counted to a maximum of 3 metres). However, the number of people who can work in a particular room at any one time depends not only on the size of the room but also the space taken up by furniture, fittings, equipment and the room layout or work being undertaken.

Where space is limited careful planning of the workplace is essential.

This room dimension calculation does not apply to rooms used for lectures, meetings and similar purposes.

Workstations and seating

Workstations require to be arranged so that each task can be carried out safely and comfortably. Each workstation should allow adequate freedom of movement for any person to work. Any work required to be carried out in cramped conditions should be kept as short as possible and there should be sufficient space nearby to relieve discomfort.

The workstation including seating should be suitable for any special needs of the individual worker, including workers with disabilities.

Seating should be suitable for its purpose and where appropriate a footrest should be provided for anyone who cannot comfortably place their feet flat on the floor.

Specific advice for workstations utilising Display Screen Equipment is available on the **Health and Safety Intranet site** click on link

1.4.2 Safety

Maintenance

This includes the maintenance of workplace, equipment, devices and systems. The workplace including certain equipment and devices requires to be maintained in an efficient working order and in good repair (including cleaning, as appropriate). Suitable systems of maintenance are required to be introduced and maintained thereafter, as appropriate. These maintenance requirements overlap with the Provision and Use of Work Equipment Regulations 1998.

Floors and traffic routes

- Should be of sound construction and should have adequate strength and stability taking into account the loads placed on them and the traffic passing over them.

- Should be free of any holes, uneven or slippery surfaces which could cause a person to slip, trip or fall or cause instability/loss of control to any vehicle or its load.

- Should be kept clear of obstructions that may present a hazard or impede access. Where temporary obstruction is unavoidable then access should be prevented or suitable warning measures appropriate to the hazard posted in a prominent position e.g., hazard warning cones.

- All temporary holes e.g. access to ducts, work in progress removed floorboards should be adequately guarded. Due account should be taken of persons with impaired vision.

- Immediate arrangements should be made for the repair of holes and other hazards. Such temporary measures as are necessary require to be taken until suitable repairs have been effected e.g. barriers, conspicuous marking etc.

- Where floors are likely to become wet or subject to spillages then suitable slip resistant flooring should be provided.

- Should be suitably organised to ensure that pedestrians and vehicles using or visiting the premises can do so in a safe manner resulting in the effective people and vehicle segregation wherever possible.

"Traffic route" refers to routes used by pedestrians and/or vehicles and includes stairs, fixed ladders, doorways, loading bays and ramps.

* Additional risk controls and guidance will be used by Facilities Staff with regards to the hospital grounds and other communal areas. For example: local Traffic Management Groups and the management and control of workplace transport risks.

Falls or falling objects

NHS Lothian will take, so far as is reasonably practicable, suitable and effective measures to prevent any person falling or to prevent any person being struck by a falling object likely to cause injury.

Access to roofs, attics, ceiling voids or ducts should be secured and restricted to authorised personnel only.

Secure fencing should be provided, wherever possible, where a person could fall 2 metres or more or where it is possible to fall less than 2 metres in hazardous circumstances e.g. into traffic routes, dangerous substances, pits etc.

Windows, doors etc

Windows, skylights and vents designed to be opened must be able to adjust safely. In public areas windows should be restricted to prevent them opening more than 100mm.

Any transparent or translucent surface in windows, doors, walls etc must be made of safety material or be protected against breakage. In addition, where appropriate, it should be clearly marked or incorporate features that make it apparent.

Doors and gates should be suitably constructed and where necessary (e.g. powered doors) fitted with safety devices to prevent entrapment or striking.

Doors on main traffic routes should have transparent viewing panels.

1.4.3 Welfare

Sanitary conveniences & washing facilities

All premises must provide readily accessible sanitary conveniences & washing facilities that are adequately lit, ventilated, maintained and cleaned. Male and female facilities should be separate unless each convenience is in a separate lockable room.

Washing facilities must have hot and cold running water, soap and clean towels or other means of cleaning and drying. Where work processes require them, showers should also be provided.

The following tables show the minimum number of toilets and wash stations that should be provided. Mixed use (or female only) Male only.

No. of people at work	No. of toilets	No. of washbasins
1 - 5	1	1
6 - 25	2	2
26 - 50	3	3
51 - 75	4	4
76 - 100	5	5

No. of people at work	No. of toilets	No. of urinals
1 - 15	1	1
16 - 30	2	1
31 - 45	2	2
46 - 60	3	2
61 - 75	3	3
76 - 90	4	3
91 - 100	4	4

Where facilities provided for workers are also used by members of the public then the number of sanitary conveniences and wash stations should be increased as necessary to ensure that workers can use the facilities without undue delay.

Facilities provided for the public will require to be inspected on a regular basis each day to ensure that they are in reasonable condition and fit for use. Prompt action will be required for inadequate supplies, spills, flooding, faulty lighting or ventilation, vandalism or any foreign objects, i.e. needles/ syringes.

Remember to take account of the needs of those with disabilities.

Drinking water

An adequate, easily accessible supply of drinking water is required in all premises. Water should normally be supplied by tap from the mains supply. Bottled water or water dispensers may be provided as a secondary source. Supplies need to be clearly marked *only* if there is a significant risk of people drinking non–drinking water.

Accommodation for clothing & facilities for changing

Where staff are required to wear special clothing, adequate space should be provided for changing and for storing workers own clothing. If reasonably practicable there should also be facilities for drying clothing.

Where provided changing facilities should be readily accessible, provide seating and ensure privacy for the user.

Separate changing areas will be required for male and female workers.

Facilities for resting and eating

Suitable and sufficient facilities to rest and to eat meals are required to be provided in each workplace. The following points should be taken into account when assessing the provision required in each particular workplace:-

Rest areas should be provided with in offices and other reasonably clean workplaces, work seats or other seats in the work area will be sufficient, provided workers are not subject to excessive disturbance during breaks. Work areas can be counted as rest and eating facilities provided they;
- Have suitable seats for the number of workers likely to use them at any one time.
- Are in a sufficiently clean place and there is a suitable surface on which to place food.

Eating facilities should include a facility for preparing or obtaining a hot drink. Where hot food cannot be obtained in or reasonably near the workplace, workers should be provided with the means for heating their own food.

Eating facilities should be maintained in a clean condition to a suitable hygiene standard. Responsibility for cleaning should be clearly allocated.

Canteens or restaurants may be used as rest facilities as long as there is no obligation to purchase food.

Facilities for new and expectant mothers.

It is good practice to provide a healthy and safe environment for nursing mothers to express and store milk, i.e. clean and secure fridge. Facilities provided for pregnant women and nursing mothers, i.e. suitable resting room, should be conveniently situated in relation to sanitary accommodation.

Further information and guidance on Health and Safety Regulations can be found at:
www.hse.gov.uk