



# HEALTH AND SAFETY POLICY

(Version 1.4)

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**1. AIM**

The aim of this policy is to comply with statutes, regulations and quality standards. The purpose of this policy is to ensure that the organization, its employees and others experience a safe environment, and that statutory obligations are continually met.

**2. INTRODUCTION**

- The business recognizes that we have a responsibility to ensure that reasonable precautions are taken to provide and maintain working conditions which are safe, healthy and comply with all statutory requirements and codes of practice relating to the organization's particular activities.
- All healthcare organizations recognize that they have a duty of care to ensure that infection control procedures are followed at all times, and that the Registered Manager – Heather Moores will ensure that all staff are educated to this aim. Failure to implement processes which can prevent cross-infection may lead to professional claims of serious misconduct. The practice as a whole is responsible for ensuring that there are effective arrangements in place for infection control.
- The Service Provider will, so far as is reasonably practicable, pay particular attention to:
  - The provision and maintenance of plans and systems of work that are safe and healthy,
  - Arrangements for ensuring safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances. Particular attention being given to infection control;
  - The provision of such information, instruction, training and supervision to ensure the health and safety at work of employees and others;
  - The control of the place of work maintaining it in a safe condition;
  - The provision of a safe means of access to and egress from the place of work.
- This Policy is incorporated into the Risk policies of the Practice.

These policies include –

- Infection Control and Decontamination Policy
- PPE Policy
- Practice Latex Policy
- Practice Leigonella Policy
- Health and Safety Policy
- Fire Evacuation Policy
- First aid policy
- These policies will be reviewed at least annually.

### 3. ROLES AND RESPONSIBILITIES

It is the responsibility of the clinic management team to ensure all staff members have read and understood this policy. This policy applies to all employees, all patients and all visitors to the clinic, and all premises where employees of the clinic work.

### 4. EQUIPMENT

Equipment includes the contents of the clinic where patients and staff utilise equipment to undertake their purpose. It is also inclusive of all health and safety equipment such as fire extinguishers and first aid items.

### 5. HAZARDS and SAFETY:

The hazards to health and safety could be life threatening if the policy and procedure is not adhered to. The procedures of the policy document outline best practice in working conduct to avoid the hazards and mitigate the risks.

### 6. PROCEDURE / SYSTEMS

#### First Aid

- During induction employees will be shown the location of the nearest first aid box to their work area.
- The organisation will ensure that sufficient employees are trained as first aid specialists to provide coverage on all shifts.
- The identity of designated first aid specialists will be noted by clear notices complying with the recommended format displayed at all work stations and staff areas throughout the establishment.

#### Fire

- Fire exits must be kept clear from obstruction.
- All employees must know their evacuation route and assembly point in case of fire.

#### **IF YOU DISCOVER FIRE:**

- Immediately operate the nearest fire alarm call point.
- **WITHOUT INCREASING PERSONAL RISK**, try to put out the fire, if possible, with the nearest appropriate fire appliance provided, by directing the hose or extinguisher to the base of the flame.

#### **IF YOU HEAR THE FIRE ALARM:**

- The senior person on duty will be responsible for calling the Fire Services.
- Report immediately to the clinic fire assembly point.  
**DO NOT DELAY FOR PERSONAL BELONGINGS.**
- Follow the instructions of the person in charge, who is fully in charge of all staff and persons on the premises until the Fire Brigade arrives.
- If told to leave the building, do not re-enter the building until instructed by your senior supervisor or the Fire Brigade.

#### Organization Code of Safe Practice

##### **Good Housekeeping – General**

- Undue hurrying and forgetfulness cause many accidents. Do not run down steps. Use hand

rails going up or down stairs.

- Watch out for someone coming around a blind corner or opening doors quickly.
- Never read while walking.
- Ensure that floor areas are well lit and kept clear of obstruction.
- Where floors are wet through spillages or cleaning, the area must be protected using a recognizable wet floor sign until the area has dried (located in the sluice room). The sign must be removed to storage as soon as possible after the area has dried.

### **Good Housekeeping – Offices**

- Leaving a lower filing drawer open causes many trips and falls. Please make sure they are closed.
- Electrical, computer and telephone cords must not be allowed to lie uncovered on the floor and should be taped down, since they are major tripping hazards.
- Spilled coffee or soft drinks, tracked-in rain, leaves or snow, should be cleaned up immediately.
- Pointed objects such as pencils, pens, letter openers, files and the like must be used carefully to avoid puncture wounds.
- Horseplay, including throwing paper clips, shooting rubber bands, tossing objects out of windows, is unacceptable behavior, and may be the subject of disciplinary procedure.

### **Electrical Equipment**

- Electrical equipment is normally safe, provided it is properly installed and regularly inspected.

### **Moving and Handling**

- Staff must not carry out moving and handling operations unless the operation has been assessed for risk, an opinion has been formed and recorded by an appropriate person, a recommended handling technique identified, and the technique communicated to all staff.
- Moving and handling form part of the induction training where general guidelines are given on the prevention of back injury and the importance of risk assessment of both individual lifting/handling operations and environmental consideration.
- Staff who find themselves alone with a Patient should never attempt to lift/move a Patient who has been assessed as requiring two people to perform such an operation. Advice should be sought immediately and the Patient should be made comfortable/safe until assistance arrives.

### **Transmittable Diseases**

- Transmittable diseases form part of the induction training.
- When performing hands-on personal care with Patients, full protective measures (as detailed in the PPE Policy) should be taken in order to eliminate any risk of cross-infection.

### **Infection Control**

- Infection control training is incorporated in induction training. See Infection Control Policy.

### **Emergency Situations**

- In case of being faced with emergency situations such as relating to electricity, water, fire or

medical issues, stay calm, assess the situation, and raise alarm by contacting 999, depending on the emergency.

### **COSHH (Control of Substances Hazardous to Health)**

- COSHH forms part of your induction training and should be incorporated into the individual Patient's risk assessment.
- For the purpose of COSHH, a substance is considered as hazardous if one or more of the following criteria are met:
  - Substances listed as very toxic, harmful, corrosive or irritant;
  - A micro-organism hazardous to health;
  - Substances airborne as concentrations of dust;
  - Any other substances, which create comparable hazards.

**COSHH** – Please see our Clinic COSHH Policy and Risk assessments. Located in scan room 2.

### **Safety Rules for the use of household cleaning agents**

- Handle all household cleaning agents with care. Remember they contain powerful chemicals.
- Always wear protective clothing (overalls, rubber gloves).
- Always read the instructions on the label of the product to be used.
- If unsure of the product or it is thought that the chemical is in the wrong container, **DO NOT USE**.
- **NEVER MIX** chemicals, especially bleach and toilet cleaner.
- Make sure that the ventilation is adequate. **DO NOT** use chemicals in a confined space.
- **NEVER SMOKE** whilst using chemicals. Smoking is not permitted in the clinic premises.
- Store all chemicals in a cool dry place after use.
- Store all chemicals out of reach of children but not on high shelves. Keep away from heat.
- **NEVER** place chemicals in other containers. If a container is broken, discard it with its contents.
- **AEROSOLS** must be:
  - Kept away from heat;
  - Never punctured;
  - Never used near a naked flame or heat;
  - Avoid breathing the vapour;
  - Used in a well ventilated room.
  - Be careful when throwing away chemicals. Be sure they are in a safe condition and that no one else will be harmed by them. Never throw away metal scouring pads with discarded batteries – they can smoulder and cause a fire.

IF AFTER USING HOUSEHOLD CHEMICALS WITHIN THE WORKPLACE A FEELING OF DROWSINESS OR OF BEING GENERALLY UNWELL DEVELOPS, CONTACT YOUR DOCTOR IMMEDIATELY AND INFORM THE REGISTERED MANAGER

### **Safe systems of work**

- To help give a better picture regarding the health and safety of employees in the work place, a list of the common areas where risks and hazards occur is shown below. It shows the areas/appliances that may present a hazard or risk, the types of accident/injury they may

cause and the appropriate action that should be taken by clinic staff.

**Safe Systems of Work Table (page 1)**

<b>Area/Appliances which may be involved</b>	<b>Accident/Injury which may occur</b>	<b>Action/Procedure to be followed</b>
<p><b>General layout including:</b>                      Floors                      Floor coverings                      Stairs                      Steps                      Furniture                      Storage areas (cupboards).</p>	<p>The majority of injuries are caused by trips, slips and falls or by bumping into overhead cupboards, doors not being closed properly or using stools or chairs as steps, which may not be strong or stable enough to support one’s weight.</p>	<p>Always be aware of uneven floors and loose-fitting carpets/mats.</p> <p>Where floors are wet, or made wet by cleaning, place a “Wet Floor” sign covering the wet area to warn that the floor may be slippery. When the floor has dried, remove the sign.</p> <p>Make sure that routes are clear of anything which may cause trips or falling.</p> <p>Always close doors and clear away any tools after use.</p> <p>Report any danger area to manager.</p> <p>Record on the risk assessment.</p>
<p><b>Lighting</b></p>	<p>Any accidents or injury caused by not being able to see what you are doing properly.</p>	<p>Ensure adequate lighting before undertaking any task (especially at night time).</p> <p>Report and record poor lighting to the Operations Manager – Tina Potts.</p>
<p><b>Ventilation</b></p>	<p>Can cause drowsiness causing lack of concentration resulting in accident/injury. May cause inhalation problems especially when dealing with dust of chemical cleaning agents.</p>	<p>Ensure adequate ventilation is possible before working with any material, which may cause breathing difficulties.</p> <p>Ensure heating is sufficient or not too hot before work is started. Always be aware that the Patient may not feel as warm as you.</p> <p>Report and record any abnormality to the Operations Manager – Tina Potts.</p>
<p><b>Windows</b></p>	<p>If left open can cause poor heat in the clinic. May also be broken glass or bad fittings causing cuts if pressure is used to open them or if the glass breaks.</p>	<p>Always ensure that windows can be closed once opened.</p> <p>Check for signs of broken glass or poor fitting.</p>
<p><b>Doors</b></p>	<p>“Bumping into” if left open. May present with accident problems if not fully opened</p>	<p>Be aware of badly fitting doors and report to Operations Manager – Tina Potts. Make every effort to keep doors closed that don’t</p>

	<p>before trying to take someone or something through. Will present a fire hazard if not closed, causing burns or smoke inhalation.</p>	<p>need to be open. Keep doorways free from clutter to ensure a safe "walkway".</p>
<p><b>Electrical safety</b> <b>Plugs</b> <b>Sockets</b> <b>Wiring</b></p>	<p>If not properly installed and maintained will cause electric shock and/or fire. May be overloaded sockets, poor wiring or wrong type of fittings used.</p>	<p>Any socket, wiring, plug or appliance should not be used if it appears faulty or does not work correctly.  The Operations Manager – Tina Potts should be informed immediately and a note placed on or near the plug, wiring or appliance to warn others. If fire should occur, switch off at the mains if possible, deal with the fire if safe to do so or call the fire service.</p>
<p><b>Portable appliances</b> Fires, irons, vacuum cleaners, lamps, radios, stereos, TVs, videos, toasters, kettles. Any other portable electrical appliance.</p>	<p>Injury caused by electric shock or fire. Inhalation of toxic fumes.</p>	<p>Always ensure that any appliance to be used is correctly wired and in good repair. Be aware of any kitchen appliance not being cleaned properly, i.e. toasters  Switch off at the mains immediately if any fault is noticed, notify the Operations Manager- Tina Potts.</p>
<p><b>Water temperature</b></p>	<p>Scalds and burns caused by water being too hot.</p>	<p>Always be aware of the water temperature. Gently test the water temperature before using it.</p>

**Working at Heights/Reaching etc:**

- Avoid working at height where possible.
- Use work equipment or other measures to prevent falls where they cannot avoid working at height.
- Where they cannot eliminate the risk of a fall, use work equipment or other measures to minimise the distance and consequences of a fall, should one occur.
- Risk-assess all situations whereby working at heights is unavoidable.
- Provide suitable training for those working at heights.
- Provide suitable equipment.

**Employees and other workers on site will:**

- Not work at heights without ensuring that the Registered Manager has authorised the action, after carrying out a risk assessment, and the employee has been trained to work at height and has appropriate equipment for doing so.
- Not attempt to obtain items which are beyond your reach. If you cannot reach – get a ladder or stepping stool. Be sure that the ladder is in a safe condition.
- Do not use chairs, open drawers, or any makeshift device for climbing.
- Do not climb up the shelves themselves. Do not overreach on the ladder. It is safer to get down and move the ladder.

**Smoking**

- Smoking is not allowed in any area of the clinic or grounds, or any area where employees may be working on behalf of the clinic.

**Floors**

- Floors must be kept free of obstruction.
- Spillages of fluids must be immediately mopped up, and wet floors clearly marked.
- Damage to floors must be reported immediately.

**Stairs**

- Stairs must be kept clear of obstruction.
- Flammable materials will not be stored in a stairwell.
- Damage to stairs must be reported immediately.

**Lighting**

- Non-functioning lighting must be reported immediately.

**Windows**

- When windows to floors other than the ground floor are opened, the opening restraint mechanism, which is intended to ensure that the window will not open enough to allow a person to fall through, will be checked.

**Doors**

- Doors must not be obstructed from closing.
- Damage to fire doors must be reported immediately.

**Gas**

- Damage to gas installations, or a smell of gas, must be reported immediately.
- Cases of headache, unusual tiredness and muscular weakness experienced in rooms containing a gas appliance must be reported immediately.

### **Health and Safety: Grievance Procedure**

- This procedure relates only to occupational health and safety problems, disputes or grievances.
- In the event of the above, employees should either orally or in writing refer the matter to the Registered Manager – Heather Moores.
- If employees are dissatisfied with the outcome or in the event of there being a real danger of death, serious injury or health risk and there is insufficient time to eliminate excessive danger, staff should immediately report to the Registered manager who will investigate and determine what action should be taken.
- After the investigation, the employee will be informed that either:
  - The organisation has so far as is reasonably practicable, eliminated the danger and employees must resume normal working; or
  - The organisation does not consider that the matter constitutes a grave risk to health or safety, and employees must resume normal working; or
  - The organisation will undertake further investigation and may, if necessary, obtain expert opinion.
- Employees can then be suspended on full pay or be transferred to alternative work whilst the investigation takes place.
- Refusal to resume normal working when instructed will be a breach of organisation discipline procedures. The matter will then be dealt with under the organisation's normal disciplinary procedure.

### **Waste disposal –**

- The Service Provider has a duty of care to ensure all healthcare waste is managed and disposed of properly. Practices have to comply with Legislation under The Waste (England and Wales) Regulations 2011 and the Waste (Miscellaneous Provisions) (Wales) 2011 Regulations. The Department of Health has embodied Healthcare responsibilities under in the document 'Safe Management of Healthcare Waste (HTM 07-01, 2006)'. It must be noted that the underlying law behind these is undergoing change all the time, and responsibilities will alter between 2011 and 2013. The Policy must be updated regularly in order to comply with these changes.
- The Clinic Healthcare Waste Healthcare waste consists of:
  - Clinical waste – All PPE contaminated with bodily fluids, probe covers, inco pads, soiled tissues.
  - General waste – all couch roll and tissue, non-contaminated PPE, food and non-confidential paper waste.
  - Confidential waste – All confidential paper waste
  - Feminine Waste – the toilets have bins for disposal of feminine hygiene products
  - Nappy Waste – We have one large Nappy bin the disabled toilets.

### **Procedure**

- The Clinic has evidence that the waste contractor is a registered waste carrier.
- The Clinic is registered with the Environment Agency if generating over 500 kg per annum of hazardous waste.
- All contaminated disposable PPE are disposed of as clinical waste.
- Orange bags used for infectious Category B waste such as blooded swabs and blood contaminated gloves.
- Black/clear/white bags are used for domestic waste including paper towels.

- Clinical waste bins are foot-operated or sensor-controlled, lidded and in good working order.
- Clinical waste sacks are securely tied.
- Waste awaiting collection is stored in a safe and secure location away from the public within the practice premises.
- All consignment notes for all hazardous waste are retained for at least 3 years.
- The Clinic has been assured that a “duty of care” audit has been undertaken, and recorded, from producer to final disposal. Evidence is lodged with the Service Director.
- Clinical waste of all types is not allowed to collect in quantity, as there are regular collections.

**Major Incidents:**

**Medical emergencies**

- It is part of a Practitioner’s duty of care that they and their teams are trained and have the knowledge to deal with a Medical Emergency.
- All staff have training in medical emergency situations. Including Basic Life Support.
- There is a practice drill in place to deal with clinical management, summoning and meeting help, dealing with other Patients within the practice and recording events.

**Contingency Planning**

- The clinic has team based discussions to work out Business continuity planning for major Incidents. The Service Director holds these plans, and they are updated on an annual basis. These may include, but are not exclusive to –
  - Loss of power during operating hours
  - Scanner failure
  - Flood
  - Fire
  - Staff illness
  - Extreme weather

**7 QUALITY CONTROL and AUDIT**

This policy is subject to review every 12 months or sooner if required.