



**HEALTH AND SAFETY  
POLICY AND PROCEDURE**

## HEALTH AND SAFETY POLICY AND PROCEDURE

This policy contains:

1. Statement of Intent:
  - a. Aims and objectives
  - b. Signed and dated by Director responsible for H&S
2. Responsibilities for H&S:
  - a. People and responsibilities; *whom* is responsible for *what* exactly
3. Arrangements for H&S:
  - a. Who is responsible for systems and procedures; codes of practice, safe working practices, policies etc.
4. Policy arrangements for H & S matters:
  - a. Personal Safety at work
  - b. Accidents/Near Misses
  - c. Manual Handling
  - d. Control of Substances Hazardous to Health
  - e. Infection Control
  - f. Lone Working
  - g. First Aid
  - h. Display Screen Equipment
  - i. Using Electrical Appliances

The Aspects Care Health and Safety Policy is a living document which will be constantly monitored and upgraded as required according to the real performance of the business. All involved will have easy access to the Policy and will be expected to fully understand and discharge their responsibilities with regard to it.

In-house training will be provided to support the adoption and launch of the Policy, plus repeat training as required with changes or revisions. All new staff will be made aware of the Policy and its implications upon induction.

### **Risk Assessment**

There is a separate Risk Management Policy which staff are required to read, but this policy also covers in a number of instances the approach to risk management within certain sections of it.

### **Aspects Care Statement of Intent**

Aspects Care places great importance on the health, safety and welfare of its employees and associates. The Company acknowledges its responsibility to provide safe systems of work, a safe and healthy workplace and safe working environments. The importance of extending that protection to contractors, self-employed persons, visitors, and any others who may be affected by the activities of the Company is recognised and we aim also to ensure that our activities do not affect the health, safety and welfare of our clients. As a safety conscious organisation, it should go without saying that we seek to operate an exemplar strategy of health & safety risk control.

The Company will ensure that an appropriate risk management structure exists for carrying out H&S related actions and for monitoring and improving H&S practice into the future. The Company also recognises that its employees and associates take their attitude towards safety from the top. The promotion of good H&S practice is an essential element of good resource management and therefore is indistinguishable from the effective day to day operation of the Company and our mission to provide a quality service.

Our statement of general policy is:

- To provide adequate control of the health and safety risks arising out of our work activities
- To consult with our employees on matters affecting their health and safety
- To provide and maintain safe plant and equipment
- To ensure safe handling and use of equipment
- To provide training, information, instruction and supervision for employees
- To ensure all employees are competent to do their tasks, and to give them adequate training
- To prevent accidents and cases of work-related ill health
- To maintain safe and healthy working conditions
- Ensure that health and safety is adequately resourced
- Check that health and safety rules or guidelines are being followed, monitor their effectiveness and take appropriate corrective action when necessary
- To specify responsibilities for safety duties and ensure that these are both understood and practised
- To review and revise this policy as necessary at regular intervals

Signed: ...Paul Graham.....

Name: Mr. Paul Graham

Position: Director of Care

Date: February 2022

## Responsibilities

### Overall and final responsibility for Health and Safety is that of:

Mr. Paul Graham – Director of Services

### Day-to-day responsibility for ensuring this policy is put into practise is delegated to:

To ensure health and safety standards are maintained/improved, the following people have responsibility in the following areas:

Name	Responsibility
Mrs Dawn Brookes	Cotteridge Office and all Supported Living Staff operating under her management
	Grimsby Home and all Supported Living Staff operating under her management
Mrs Kelly Morgan	Hockley Heath Office and all Supported Living Staff operating under her management
Miss Syma Jabeen	Handsworth Office and all Persons Attending this office

### All employees have to:

- Co-operate with supervisors and managers on health and safety matters
- Not interfere with anything provided to safeguard their health and safety
- Take reasonable care of their own health and safety
- Report all health and safety concerns to an appropriate person as detailed in this policy statement.

### Risk assessments will be undertaken by:

Mr. Paul Graham – Director of Services

### The findings of the risk assessments will be reported to:

Mr. Raja Khan – Director of Operations

**Action required to remove/control risks will be approved by:**

Mr. Paul Graham – Director of Services

**Monitoring to ensure that the implemented actions have removed/reduced the risks will be completed by:**

Name	Responsibility
Mrs Dawn Brookes	Cotteridge Office and all Supported Living Staff operating under her management
	Grimsby Home and all Supported Living Staff operating under her management
Mrs Kelly Morgan	Hockley Heath Office and all Supported Living Staff operating under her management
Miss Syma Jabeen	Handsworth Office and all Persons Attending this office

**Assessments will be reviewed (or when the work activity changes):**

Annually from the date of implementation.

**Arrangements**

**Consultation with employees is provided by: Local Registered Manager**

**Responsibility for identifying all equipment/plant needing maintenance:**

Name	Responsibility
Mrs Dawn Brookes	Cotteridge Office and all Supported Living Staff operating under her management
	Grimsby Home and all Supported Living Staff operating under her management
Mrs Kelly Morgan	Hockley Heath Office and all Supported Living Staff operating under her management
Miss Syma Jabeen	Handsworth Office and all Persons Attending this office

**Responsible for ensuring effective maintenance procedures are drawn up:**

Name	Responsibility
Mrs Dawn Brookes	Cotteridge Office and all Supported Living Staff operating under her management
	Grimsby Home and all Supported Living Staff operating under her management
Mrs Kelly Morgan	Hockley Heath Office and all Supported Living Staff operating under her management
Miss Syma Jabeen	Handsworth Office and all Persons Attending this office

**Responsible for ensuring that all identified maintenance is implemented:**

Name	Responsibility
Mrs Dawn Brookes	Cotteridge Office and all Supported Living Staff operating under her management
	Grimsby Home and all Supported Living Staff operating under her management
Mrs Kelly Morgan	Hockley Heath Office and all Supported Living Staff operating under her management
Miss Syma Jabeen	Handsworth Office and all Persons Attending this office

**Any problems found with plant/equipment should be reported to:**

Name	Responsibility
Mrs Dawn Brookes	Cotteridge Office and all Supported Living Staff operating under her management
	Grimsby Home and all Supported Living Staff operating under her management
Mrs Kelly Morgan	Hockley Heath Office and all Supported Living Staff operating under her management
Miss Syma Jabeen	Handsworth Office and all Persons Attending this office

**Checks that all new plant and equipment meets health and safety standards before purchase, carried out by:**

Name	Responsibility
Mrs Dawn Brookes	Cotteridge Office and all Supported Living Staff operating under her management
	Grimsby Home and all Supported Living Staff operating under her management
Mrs Kelly Morgan	Hockley Heath Office and all Supported Living Staff operating under her management
Miss Syma Jabeen	Handsworth Office and all Persons Attending this office

**The Health and Safety Law poster displayed at/leaflets are issued by:**

The Health and Safety Law posters are displayed prominently within each separate office location and each individual location manager is responsible for ensuring that the poster is checked regularly for good condition and ensuring that the information within it is current and correct.

All the projects have Health and Safety leaflets placed within the staff files and leaflets are available on request from HR staff.

**Health and Safety advice is available from:**

[www.hse.gov.uk](http://www.hse.gov.uk)

**Supervision of young workers/trainees will be arranged/undertaken/monitored by:**

Local Registered Manager

**Responsibility for ensuring that employees working at locations under the control of other employers are given relevant health and safety information, carried out by:**

Local Registered Manager

**Induction training will be arranged for all employees by:**

Miss Sadif Javaid & Mrs Kelly Morgan – Deputy Registered Care Manager

**Job Specific training will be arranged by:**

Local Registered Manager

**Training records are kept at/by:**

On all staff personal files (both paper and electronic) and within a master record by Local Human Resources staff or local Registered Manager where no HR staff are directly employed.

**Training will be identified, arranged and monitored by:**

Mrs Dawn Brookes – Registered Care Manager

**The First Aid boxes;**

Each local office is required to have sufficient First Aid boxes in place to meet the needs of the number of staff located within the offices. The local Registered Manager is responsible for regularly checking that the First Aid boxes are correctly stored and complete and that they are located in a known and obvious location within the offices.

**Appointed First Aiders:**

Each separate office location is to have sufficient trained First Aiders in place to meet the requirements of their local staffing levels. Dawn Brookes Registered Care Manager will complete a bi-annual review of First Aid qualified staff for each location and will identify and address any current or emerging training/refresher needs.

**All accidents and cases of work-related ill health are to be recorded in the relevant accident book. The books are monitored and kept by:**

Local Registered Manager – Dawn Brookes (Birmingham/Solihull/NE Lincs)

**Responsibility for reporting accidents, diseases and dangerous occurrences to the enforcing authority is held by:**

Mr Paul Graham – Director of Services

**To check the working conditions, and ensure the safe working practices are being followed Aspects Care by:**

- Conducting active safety monitoring – e.g. spot checks, visits, inspections etc.
- Conducting reactive safety monitoring – e.g. investigation and review post incident etc.

**Responsibility for investigating accidents is undertaken by:**

Local Registered Manager – Dawn Brookes (Birmingham/Solihull/NE Lincs)

**Responsibility for investigating work-related causes of sickness absences held by:**



Name	Responsibility
Mrs Dawn Brookes	Cotteridge Office and all Supported Living Staff operating under her management
	Grimsby Home and all Supported Living Staff operating under her management
Mrs Kelly Morgan	Hockley Heath Office and all Supported Living Staff operating under her management
Miss Syma Jabeen	Handsworth Office and all Persons Attending this office

**Responsibility for acting on investigation findings to prevent a recurrence held by:**

Local Registered Manager – Dawn Brookes (Birmingham/Solihull/NE Lincs)

**Responsibility for ensuring fire risk assessment is undertaken and implemented is undertaken by:**

Local Registered Manager – Dawn Brookes (Birmingham/Solihull/NE Lincs)

**Fire extinguishers are maintained and checked by:**

Diamond Fire Extinguishers (Brindle & Sons) Ltd

**Alarms are tested every week by:**

Cotteridge – Miss Susan Boyd - receptionist  
Hockley Heath – Mrs Kelly Morgan- deputy manager  
Grimsby – Miss Helen Johnson- Team Leader

**Emergency evacuation will be tested every: Bi-Monthly**

**A. PERSONAL SAFETY AT WORK – SAFE SYSTEM OF WORK**

1. Having identified the potential risks, the manager will need to establish suitable safe systems of work or control measures in circumstances where it is not possible to eliminate the risk. Before the worker goes to carry out the task, the manager must ensure that they are made aware of the risks they will face from the tasks they will be doing.
2. Where the worker is an agency or temporary worker, the manager must be mindful of the fact that their competence starts at a lower base line than a full-time member of staff. Any induction training and supervision level must reflect this lack of understanding.

3. During these briefings managers must establish the defined working limits of what can and cannot be done whilst working with a service user. This is impossible to define in general terms, but examples might include general household cleaning, personal care etc. In other words, support workers must only work **well** within the safe limits of their personal competency. The general precautionary principle of 'if in doubt ask' should be advocated.
- 1.4 To assist with this process, managers may consider keeping a local location book that contains the risk assessments for risks found at different locations, especially if those locations are regularly visited. The support worker must feedback to the manager any changes observed at these locations and any relevant dynamic risk assessments so that this information source may be kept up to date. This booklet can also include copies of other relevant safe systems of work and details of relevant emergency procedures.
- 1.5 Where possible, mobile phones or two-way radios should be considered as communication means. Where it is not reasonably practicable (i.e. the cost outweighs the risk) consideration should be given to setting up a system to inform a designated person. They should keep a log containing the following information:
  - Destination, time of departure to destination, expected time of arrival - where appropriate
  - Nature of visit and the task(s) to be completed
  - Expected duration of work

At the conclusion of the work, the employee must inform the designated person;

  - The visit has been completed
  - Any remaining risks at the workplace that others should be made aware of
  - Any new risks encountered at that location
  - Expected time of return or arrival at the next workplace
- 1.6 If the designated person has to leave their workplace for any reason, they must formally hand over the responsibility to a second person. Such a hand over must include an explanation of the content of the log, making it clear when the next contact is expected. Where necessary the support worker should be informed of this change, especially if the contact details differ in any way. This handover must be recorded in the relevant book.
- 1.7 Once the system has been established it must be stringently adhered to. If it is not, in the light of an accident this failure may increase the chances of action by enforcement agencies or potential litigation against Aspects Care.

## **B. ASPECTS CARE ACCIDENT/NEAR MISS REPORTING**

## **Introduction**

It is the duty of all staff to report all accidents and dangerous occurrences, however minor, which occurs on Aspects Care premises or arises from work carried out on behalf of Aspects Care, either by its own staff or by third parties. This responsibility extends to accident/near miss involving members of the public and/or visitors.

## **Aims of the Policy**

There are two principal aims of this Policy:

- to facilitate the identification of failures in safety management systems and improve them so that the conditions that led to the accident/near miss are not repeated
- to ensure legislative compliance within the Company (e.g. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR))

In order to achieve these aims managers, the Company must ensure that:

- accurate and full information is quickly gathered and recorded from persons involved, facilitating fast managerial action and analysis of the problem
- Aspects Care is placed in a position to respond quickly, positively and appropriately to enforcement agencies, staff, members of the public or their legal representatives
- Investigations are carried out by staff with appropriate training in accident/near miss investigation.

## **Relevant Legislation**

This Policy reflects the requirements of the following pieces of legislation:

- Health & Safety at Work, etc. Act 1974
- Management of Health & Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- Social Security Act 1975

## **Definitions and Scope**

This Policy uses the terms: accidents, near miss and accident/near miss they are defined as follows.

### **Accident**

Any untoward or unplanned event that was created by a set of circumstances not foreseen, at the time and resulted in injury or loss.

## **Near-Miss**

An unplanned and unforeseen event which did not result in injury or any other loss but under different circumstances could result in injury or loss.

## **Incidents**

Is the term that describes actions or events which are of note and which involve acts or deeds of a service user.

## **Definitions**

Aspects Care has adopted three definitions for grades of accident/near miss investigation:

- **Level 1** – Minor effect (e.g. first aid treatment) on the health or safety of a person
- **Level 2** – Serious effect (e.g. broken limbs) on health or safety of a person
- **Level 3** – Death of or life threatening accident/near misses to a person.

## **Major Injury**

Is the term used to cover a variety of defined types of injury as listed in schedule 1 of RIDDOR that need to be reported to the HSE see appendix 3.

## **Dangerous Occurrence**

Is the term used to cover a wide variety of defined types of accident/near miss with the potential to cause personal injury as listed in schedule 2 of RIDDOR that need to be reported to the HSE see appendix 3

## **Reportable Disease**

Is the term to cover a wide variety of defined disease as listed in schedule 3 of RIDDOR that need to be reported to the HS see appendix 3.

## **Responsible Person**

This is a person designated as being responsible for reporting RIDDOR events and managing their reporting and investigation. Since Aspects Care is a small/medium sized organisation, it is reasonably practicable to have one person in this key role and this is Dawn Brookes – Registered Manager.

## **Root Cause Analysis**

Relates to finding the underlying factors that have contributed to creating the conditions that enabled the accident/near miss to occur initially.

## **Human Error**

Is a failure by an individual that may have contributed to the accident/near-miss.

## **Reporting Responsibilities**

### **Employees**

When a health and safety accident/near miss occurs, it is the duty of all employees to report its occurrence immediately to their line manager. Within 24 hours of the accident/near miss they should provide a brief, factual summary of the events as they occurred and the outcome of the accident/near miss.

### **Care Coordinators/Registered Care Manger**

When informed of an accident/near miss, Care Coordinators/Registered Care Manager must satisfy themselves that they clearly understand the seriousness of the outcome (or the potential seriousness if a near miss). It is this understanding that will prompt the appropriate managerial action as dictated by this Policy.

Ideally, every accident/near miss should be properly investigated. However, it is recognised that due to operational demands this is not reasonably practicable. It is therefore necessary to grade the level of accident/near miss reporting to ensure appropriate use of resources.

The level of injury should dictate the level of investigation required where there has been no injury i.e. near miss then the reasonably foreseeable worst case injury should be used to dictate the level of investigation required.

- Level 1: A minor injury such as a minor cuts and bruises.
- Level 2: A moderate injury, ranging from cuts requiring stitches to minor fractures or illness.
- Level 3: A serious physical injury or illness (e.g. multiple fractures, career threatening injury).

All accidents should be recorded with the relevant Accident Book, a copy of which should be retained for local records. If the accident/near miss is graded as a level 2 or 3 then the Care Coordinator/ Registered Care Manager must inform their Senior Manager at the earliest opportunity.

Where accident/near misses are graded at level 2 or 3 then an investigation should be instigated using the accident/near miss Book.

Where the accident/near miss may be RIDDOR reportable (see Appendix 3), the accident/near miss Book must be filled out at the earliest opportunity. The local line manager has the responsibility for ensuring that the accident/near miss Book is filled out accurately and competently.

The completed accident/near-miss Book must be passed to the Director/Registered Care Manager for further action.

### **Registered Care Managers/Care Coordinators**

Registered Care Manager/Care coordinators have the overall responsibility of ensuring that local accident/near misses are adequately and competently investigated, the findings recorded and any recommendations acted upon. It is recognised that it may not be reasonably practicable for them to carry out each and every investigation. They may therefore identify other personnel under their management to undertake this task. Due consideration should also be given for out of hours investigation where appropriate (e.g. cover for the night shift).

The investigation of Level 1 - 3 accident/near misses must be recorded on the Accident/near miss. The guidelines for carrying out an accident/near miss investigation can be found in Appendix 1 to this policy.

A copy of the investigation report is to be held in the relevant regional Aspects Care Head Office.

### **Risk Management Considerations**

For a general health and safety accident/near miss the first document that must be checked after an accident/near miss is the risk assessment that covers the task in question. Note that the risk assessment does not have to cover exactly the accident/near miss; as long as it approximates it will suffice. Where a risk assessment is in place it should be reviewed, and the risk controls examined and their effectiveness judged.

Registered Care Manager/Care coordinators will be responsible for quality assuring any accident/near miss investigations completed in their area of responsibilities. It is also imperative that they actively consider and implement any recommendations made when accident/near miss investigated. They should also endeavour to share good practice throughout Aspects Care as a result of this learning.

It is for Registered Care Manager/Care coordinators, through their staff managers to ensure that they have effective local arrangements to overcome the following barriers to accident/near miss reporting:

- lack of awareness of the need to report, what to report and why
- lack of understanding of how to report
- staff believing they are too busy to report
- too much paperwork being involved
- the victim of the accident/near miss recovers and the urgency goes out of the situation
- an assumption that someone else will make the report
- no evidence to local staff of timely feedback and/or corrective action being taken as a result of the report.

Any arrangements must be annually reviewed and adequately monitored.

## **Consultation**

Aspects Care's Directors are to review the findings of health and safety accident/near miss investigations.

### **C. MOVING & HANDLING**

Aspects Care employees are often called on to perform manual handling operations to carry out their duties. The handling of varying loads is required by a large percentage of staff.

This is policy for ensuring that the reasonably foreseeable risks to the Health and Safety of employees engaged in manual handling are reduced so far as is reasonably practicable.

#### **1. Legislation**

*This policy reflects the requirements of the following pieces of legislation:*

- *Health & Safety at Work etc. Act 1974*
- *Management of Health and Safety at Work Regulations 1999*
- *Manual Handling Operations Regulations 1992*
- *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985*

#### **2. Definitions**

The Manual Handling Operations Regulations 1992 define a manual handling operation as the 'transporting or supporting or supporting of a load (including lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force'. The load as defined by the regulations guidance notes as being a discrete movable object.

#### **3. Duties**

##### **3.1 Employers**

Aspects Care has a duty to avoid manual handling operations that involve a risk of injury to employees, so far as is reasonably practicable.

Aspects Care has an absolute duty to assess reasonably foreseeable significant manual handling risks where avoidance is not possible. This will be achieved by means of a suitable and sufficient risk assessment.

Aspects Care will reduce the risk of injury, following a risk assessment to the lowest level reasonably practicable.

Risk assessments will be monitored, to ensure that staff are not unduly exposed to reasonably foreseeable risks.

Aspects Care will provide information to employees undertaking manual handling operations with general indications of the load and precise information where possible.

Aspects Care will provide employees with information, supervision and training regarding manual handling operations and the risk faced.

## **2. Employees**

Aspects Care Employees have absolute duties to:

- Take reasonable care of their own Health and Safety and that of others
- Co-operate with their employers in discharging their duties under the legislation
- Make use of appropriate equipment provided in accordance with their training and instruction
- Follow appropriate systems of work laid down by their employer to promote safety during the handling of loads

## **4. Responsibilities**

### **4.1 Director**

The overall responsibility lies with Paul Graham by:

- Ensuring that the Policy is implemented Company wide
- Allocating resources to meet the needs identified

### **4.2 Designated Registered Care Manager/ Care Coordinators**

Registered Care Manager/Care Coordinators will:

- Ensuring that staff are aware of their responsibilities under this policy
- Identifying training needs for their staff. Allowing time to attend training and to implement specific requirements of this policy
- Co-ordinating the activities of their staff to ensure co-operation and consistency of approach
- Ensuring that risk assessments are reviewed on a regular basis with the staff, appropriate to the level of risk, when there has been a significant change or when a reported or suspected injury
- Monitor the implementation of this policy in areas under their control by reference to risk assessments completed and training targets achieved
- Providing a case for resources as necessary

## **3. Team Leaders**

Where there are no Team Leaders then the below listed tasks will be completed by the Care Coordinators



Team Leaders/Care Coordinators will be responsible for:

- Ensuring they are aware of all manual handling operations with a reasonably foreseeable risk of injury undertaken in their area
- Avoiding Manual Handling Operations which involve a risk of injury to employees so far as is reasonably practicable
- Ensuring that risk assessments of manual handling operations are carried out and recorded by competent assessors where manual handling operations cannot be avoided. An ergonomic approach should be taken considering the inherent risks of the Task, Individual, Load and Environment and the relationship between them
- Implementing control measures and reducing risk from manual handling operations so far as is reasonably practicable following the Ergonomic model
- Monitoring the effectiveness and compliance of control measures taken to reduce the risks associated with the manual handling operations
- Ensuring that risk assessments are reviewed on a regular basis, appropriate to the level of risk, when there has been a significant change or when a reported or suspected injury
- Ensuring that Employees are provided with appropriate training and information in manual handling risks and the principles of safe handling, in compliance with the training scheme (see Section 6)
- Keeping and maintaining training records
- Maintain an inventory of moving and handling equipment for their area. Liaise with Registered Care Managers over servicing, inspections and repair of equipment. Control the movement of equipment in their area by regular inventory checks and making sure all equipment is marked and recording loans from their area.
- Providing employees with general indications, or where practicable precise information as to the weight and nature of the load where the absence may constitute a risk.
- Provide copies of risk assessments to their staff
- Ensuring that nominated *key workers* are competent assessors and trainers are available and are allocated time to carry out their role
- Managing manual handling operations where reasonably practicable, to ensure that throughout the shift or working day employees are managed such that static or poor posture is minimised and users are allowed adequate breaks or changes of activity
- Reporting and investigating incidents or injuries associated with moving and handling and implementing remedial action. (Requesting assistance from the moving and Handling Specialist where appropriate)

#### **4. Employees**

Employee duties are highlighted in Section 3.2 of this policy. However, specifically employees will:

- Not undertake manual handling activity when a reasonably practicable alternative exists

- Make proper use of equipment provided for their safety as and only if trained. Inform managers about any physical condition suffered by them which may be reasonably considered to affect their ability to undertake handling activities
- Check equipment before use; set aside, label and do not use equipment that is faulty.
- Report injuries, accidents, incidents and near misses involving handling activities (however trivial) and complete incident report form as necessary
- Report any problems or concerns that they believe may be related to manual handling early either directly to line management or through other appropriate channels
- Follow safety procedures, safe systems of work and use clothing and equipment provide for the purposes of minimising the risks associated with handling activities
- Seek advise from their Team leader/Registered Care Manager in any situation where they are unsure of the correct procedure to adopt

Failure to comply with these responsibilities will lead to disciplinary action being taken.

Mandatory induction training and updates form part of the employees' contractual duties. Any employee failing to attend the training at the necessary intervals will be in breach of their contract of employment. Consequently, in the event of an accident to themselves, staff or service user, they could be considered to have acted irresponsibly. (refer to Section 6 of this policy).

#### 4.5 Risk Assessors

A manual handling risk assessor is an appointed member of staff who has achieved the Aspects Care attainment level as a manual handling risk assessor. Risk assessors will carry out risk assessments as trained on behalf of and in doing so assume no additional legal liability for the conduct and outcome of the risk assessments. This remains the responsibility of the line manager. Risk assessors will:

- Identify Manual handling operations undertaken in their area
- Perform a pre- assessment walkthrough of all manual handling operations, prioritising risk based on the hazard and likelihood
- Liaise with the line manager regarding possible avoidance solutions or immediate reduction measures, record action and re score risk as appropriate
- Complete a risk register to prioritise risk
- Undertake detailed risk assessments as per priority suggesting suitable control measures
- Periodically monitor assessments remain accurate and control measures being followed, as appropriate to the level of risk

However, a key component of future competence is experience and continued development. Upgrading knowledge over time will also be a key component of their continuing ability as an effective manual handling risk assessor. Therefore, moving and handling risk assessors will subsequently receive support from suitably trainers who will be available to field any queries, review random assessments and pass on any 'new' information to ensure that a standard is maintained.

## 5. Training

No employee should be expected to undertake moving and handling unless the manager is satisfied that the individual has been trained to do so to reduce the risk to the lowest level reasonably practicable. Refresher training will be given to all relevant staff for Moving and Handling regularly.

## 6. Staff

### **Permanent Staff**

Training will be compulsory to all staff who are required to move and handle service users or loads.

New employees will attend moving and handling training during their induction training. The objective of the training is to provide a primary awareness of load and service user handling requirements. Attendance at this course does not imply expertise or competence. This must be followed as soon as is reasonably practicable with needs-based training, if appropriate, to the risks they are exposed to, provided by the IOSH accredited manager.

All staff will receive update/refresher training. This is a mandatory requirement and is to be attended as required.

Specialist training in relation to specific risks or in relation to rehab following an injury will be provided by either a relevant physiotherapist or a *Moving and Handling Specialist*.

Training staff in the use of equipment will be provided by the manufacturer/supplier or a Moving and Handling Specialist.

### **Temporary Staff**

It is not always reasonably practicable to place temporary or agency staff through an induction programme; however, consideration must be given to all non-permanent staff. The previous history of the individual with regard to manual handling injury may be unclear; therefore, the line manager should make no assumption about the manual handling competency of such staff. Aspects Care should consider, so far as is reasonably practicable, local assessments mechanisms to ascertain the competence of temporary staff who handle service user or non-service user loads. In practicality this will often be the responsibility of the line manager

### **Risk Assessors**

New risk assessors will be trained to the Aspects Care attainment level. Scheduled refresher training for key identified workers will be delivered by appropriately skilled and trained staff

## **Directors**

Directors will be trained to make them aware of their responsibilities in the risk management process.

### **7. Equipment**

Mechanical equipment should be provided where it will reduce the risk of injury to the lowest reasonably practicable level.

The Registered Manager must be consulted regarding the selection and suitability of equipment. Trails will be arranged where feasible and the users involved.

All equipment purchased must:

- conform to relevant safety standards
- be serviced and maintained in line with manufacturers' recommendations and records will be kept by estates
- be marked to aid identification and ownership

Staff will not use equipment unless they have been trained in its use.

### **8. Arrangements**

#### **1. HR Department**

The HR Department will provide a report listing staff by name who have been absent from work due to a musculo-skeletal problems to the Registered Manager. The report will include the following statistical information:

- Total time off work.
- Whether the absence was work related.
- Costing of absences

#### **2. Registered Manager**

Will provide the following statistical information to the Directors an annual report on incidents due to moving and handling and the information will include:

- Dates of incidents and locations and details of staff involved.
- Description of incidents.
- Whether the incidents were RIDDOR reportable.

The Registered Manager may be asked to investigate and report on manual handling accidents and recommend remedial action.

### 3. Health and Safety Officer (HR Manager)

The Health and Safety Officer will:

- Monitor activities under this policy
- Recommend such remedial action as they deem appropriate.
- Assist in the development of Policy and training programmes.

### 9. **Occupational Health Support**

Occupational Health Support may be provided after appropriate consultation with the Registered Manager, and where necessary a physiotherapist to ensure continuity of care of the employee in relation to problems associated with manual handling.

Pre-employment screening will be undertaken in all employees to ensure their fitness for work.

If an employee experiences musculo-skeletal problems during the course of their employment, that may be associated with manual handling, they should be encouraged by their line manager to seek advice from a health care professional.

Employees should inform their line manager if they have a change in health status, including pregnancy that affects their manual handling capacity. The line manager will refer them to risk assessor for an assessment.

*If an employee has sickness and absence due to an injury as a result of manual handling, they may be referred to an Occupational Health Physician for assessment.*

The employees and line manager will be given advice to ensure the working environment is assess, rehabilitation monitored, and an assessment undertaken of fitness to return to work.

## **D. CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH**

### **Policy Summary**

This policy is designed to ensure the safe use, storage, transport, handling and disposal of substances classified under the Control of Substances Hazardous to Health Regulations 2002 as amended (COSHH), setting out the standards for the management of their use. This policy is intended to ensure that the Aspects Care is compliant with current legislation and sets out procedures on how to achieve safe environments for Aspects Care staff, contractors and visitors.

This policy is intended for all Aspects Care staff, visitors and contractors who, whilst on Aspects Care owned and controlled property, use substances classified under COSHH or frequent areas where such substances are in use.

All Departments are responsible for the implementation of control measures and procedures identified in COSHH assessments. The Director of Care monitors the implementation of control measures and procedures identified in COSHH assessments by periodically carrying out audits of

procedures, risk assessments, accident and incident data, as well as feedback from staff are utilised to ensure continual improvement. The Registered Managers will maintain an overview of the impact of the Policy. This Policy and associated procedures and documentation are subject to internal audit.

## **Introduction**

Work involving the use of all substances hazardous to health must be safe, so far as is reasonably practicable. The Control of Substances Hazardous to Health Regulations 2002 (COSHH) requires employers to make arrangements to control the exposure of their employees to substances that may affect their health. Exposure must be eliminated or, where this is not reasonably practicable, adequately controlled.

Substances hazardous to health are generally those which are classified as being very toxic, toxic, harmful, irritant, corrosive, sensitising, carcinogenic, mutagenic, or toxic to reproduction (teratogenic). Gases which act as simple asphyxiants are also covered by the Regulations. For information on controlling microbiological hazards go to Microbiological Safety.

Under the regulations, substances hazardous to health include preparations and mixtures, and inhalable dusts, e.g. drain cleaners which contain sodium hydroxide (caustic soda).

COSHH does not cover:

- flammable and explosive substances
- lead and lead salts
- asbestos
- radioactive substances which are only harmful by nature of their radioactivity

These substances are subject to separate pieces of legislation and Aspects Care policies and procedures. Information on controlling these substances can be found by following the below detailed acts and regulations:

**Legislation The Health and Safety at Work Act 1974 (HASWA):** Aspects Care is required under Section 2 of the Health and Safety at Work Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare of employees whilst at work. This legislation includes a general duty of care to protect our students. These requirements are applicable to all work situations, including provision of a working environment that is safe and without risk to health. The Management of

**Health and Safety at Work Regulations 1999 (MHSWR)** Requires Aspects Care to make suitable and sufficient assessment of the risks to the health and safety of employees whilst they are at work and to ensure the health and safety of third parties (i.e. employees, visitors and contractors) arising out of, or in connection with Aspects Care activity.

**Control of Substances Hazardous to Health Regulations 2002 (COSHH):** Require the Aspects Care to carry out a suitable and sufficient assessment of the risks involving exposure to hazardous substances. Where necessary the Aspects Care should ensure that exposure of staff, visitors and

contractors to substances hazardous to health is either eliminated or, where this is not reasonably practicable, adequately controlled.

Workplace (Health, Safety and Welfare) Regulations 1992: These regulations are intended to protect the health and safety of everyone in the workplace and ensure that adequate welfare facilities are provided for people at work.

Personal Protective Equipment at Work Regulations 1992 (PPE): Requires the Aspects Care to provide suitable personal protective equipment (PPE) to employees, contractors and visitors who may be exposed to risks to their health or safety whilst on Aspects Care owned or controlled premises; except in circumstances where such risk has been adequately controlled by other means which are equally or more effective.

The Equality Act 2010 (EA): Requires the Aspects Care to ensure that people with 'protected characteristics' are not discriminated against in the workplace. However certain protected characteristics e.g. young people or new and expectant mothers, may be restricted or prevented under the Management of Health and Safety at Work Regulations 1999.

The Data Protection Act 1998 controls how personal information is used by organisations, businesses or the government. It must be made clear how, when and with whom any personal information collected will be shared. If any personal data is collected, refer to the Aspects Care Data Protection and Retention Policy for guidance.

## **Responsibility**

Areas of responsibility are defined in the above detailed section of this Health and Safety Policy: Organisation and Arrangements. Non-compliance may lead to disciplinary procedures.

## **Arrangements for Managing Health and Safety**

Aspects Care will take reasonable steps to ensure that exposures to substances hazardous to health by employees are eliminated or controlled to as low as is reasonably practicable. Aspects Care undertakes to eliminate or control exposure by using safer substitutions where possible or engineering means wherever reasonably practicable. Where exposure cannot be adequately controlled by engineering or procedural means, appropriate personal protective equipment (PPE) will be provided.

All relevant employees and students will be provided with comprehensive information, instruction and training on the safe use and extent of their potential exposure to substances hazardous to health and instruction in the control and preventative measures. Contractors will follow the Contractors policy to ensure they are appropriately briefed, protected, and supervised in relation to the substances hazardous to health at Aspects Care.

COSHH assessments will identify all persons at risk; this will include staff, contractors and visitors and adequate control measures to be implemented. Prior to substances being introduced into the workplace, a COSHH assessment must be undertaken by a competent person to assess the effects on health. The COSHH assessment may include consideration of Safety Data Sheets

provided by the Manufacturer, however, a SDS will not act as a COSHH assessment. Where employee health surveillance is identified as being necessary, from preemployment screening or the COSHH assessment, this will be undertaken by the HR Department.

## **Control Measures**

Poorly maintained, adjusted or inadequate control measures can result in inadvertent exposure to substances hazardous to health, therefore systems must be in place for prompt repair and for the provision of temporary replacement controls (e.g. PPE). Old or unused substances should be segregated with a view to disposal as hazardous waste. Only minimum quantities of essential materials should be held.

The following steps can be taken to minimise the risk:

- a. ensure hazard information is up to date
- b. ensure assessments are suitable and sufficient and fully reassessed:
  - I. when process changes are made, e.g. scaling up a reaction
  - II. Following an accident or incident,
  - III. Following the introduction of new legislation or new engineering controls
- c. ensure employees and students are trained in the nature of the hazards and use of control measures
- d. ensure controls are properly maintained and their effectiveness monitored
- e. ensure that suitable and sufficient PPE is available, used, maintained and stored correctly
- f. ensure all relevant documentation is comprehensive and comprehensible
- g. encourage employees to report faults and problems

## **Information, Instruction, Training and Supervision**

Aspects Care will give sufficient information, instruction, training and supervision, to ensure full understanding of the hazards to health posed by substances and the importance of the control measures provided. Information will also be given to others who may be affected, such as contractors, temporary staff and visitors.

## **Record Keeping**

Aspects Care is required to keep up to date records of the use of hazardous substances. Under the provisions of COSHH, departmental records are required to be kept of the following:

- Inventory of hazardous substances
- Assessment of risks of exposure (COSHH assessment).
- Control measures provided
- Methods of use of control measures and defect/fault reporting.
- Examination, testing and repairing of control measures, with records being kept for a minimum of five years
- Background exposure monitoring, or control proving records, should be kept for five years. If an individual can be identified then it becomes 40 years.



- Records of training given to employees

## **E. INFECTION CONTROL POLICY**

### **Infection Control Procedures**

It is the aim of Aspects Care to maintain the highest standards of infection control at all times and ensure that, as far as is reasonably practicable, our service users and staff are protected from the spread of infection.

Infection control is a critical element in the delivery of effective personal care in the service user's own home. Infectious diseases that can be spread if inadequate controls are in place include serious infections which, in certain circumstances – and especially in the case of the elderly and infirm – can cause severe ill health.

Not only do high standards of infection control mean that service users will be protected from the spread of such infectious diseases and illnesses, but staff will also be protected, thus leading to lower sickness rates and better continuity of care for service users.

Examples of diseases and organisms spread from person to person include stomach bugs and vomiting bugs through to serious examples such as flu, MRSA, e-coli and C.difficile.

In order to protect service users and staff from the spread of such infections, and in order to maintain their health and well-being, Aspects Care is committed to the highest possible standards of infection control as a key priority area.

Aspects Care complies fully with the Department of Health 'Essential Steps' infection control approach and with 'The Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance' otherwise known as the 'Hygiene Code'.

### **Policy**

At Aspects Care:

- An individual person will be designated as the Infection Prevention and Control lead for Aspects Care. They will be accountable directly to the registered provider and will be responsible for all aspects of infection prevention and control, including the implementation of all infection control policies. They will be responsible for ensuring that there are high standards of infection control practiced by support workers and have the authority to challenge poor practice if they see it. They will commission and organise training and produce an annual report which will list any infection control outbreaks and give details of staff training completed.
- The infection control lead will be responsible for establishing an effective infection control programme and for ensuring that Aspects Care has sufficient infrastructure and resources to ensure that the programme can be delivered. The infection control lead will be responsible

for ensuring that infection control is included in Aspects Care's quality assurance and audit programmes. The identified infection prevention and control lead for Aspects Care is: **Dawn Brookes – Registered Care Manager**

- All staff should ensure that they wash their hands regularly and effectively using the correct hand washing technique.
- At a minimum, staff should wash their hands after each episode of direct contact where personal care is provided, between seeing each service user, after handling any body fluids or waste or soiled items, after using the toilet, after blowing their nose and before and after handling foodstuffs. Handwashing removes infectious organisms from the surface of the skin and prevents them from being passed from one person to another. Aspects Care understands that many infection control experts view effective handwashing as the most important element in preventing the spread of infection.
- Liquid soaps and disposable paper towels should be used for handwashing wherever available rather than solid soap or fabric towels. Any cuts or abrasions should be covered with waterproof dressings.
- Occasionally, for instance in the case of an outbreak / pandemic of infection, Aspects Care will employ a widespread use of antiseptic hand wash and alcoholic hand sanitisers. Face masks and disposable gloves will also be provided to our workforce.
- Spillages of body fluids or body waste should be cleared up as quickly as possible and treated carefully as possibly infectious. Staff should wear protective gloves and aprons. Staff should always wash their hands after coming into contact with bodily fluids and after removing gloves.
- Disposable gloves should never be re-used and should be discarded properly after each use with hands being washed after removal.
- Personal protective equipment (PPE) in the form of disposable gloves and disposable aprons will be provided by staff who are at risk of coming into direct contact with body fluids or waste and should be used in all such situations.
- Specimens should be collected only wherever requested by a GP and then only using the appropriate containers and sealed bags. Staff should wear disposable gloves and aprons when collecting samples and should always wash their hands afterwards.
- Hazardous waste should be disposed of in the appropriate sealed plastic sacks as required by local authority arrangements operating in the area concerned. When awaiting collection, the sacks should be stored safely. Such waste is classified as hazardous under the Hazardous Waste Regulations and should only be removed by an authorised collector. It should never be placed in the household rubbish.
- All sharps waste (e.g. potentially infectious needles, etc.) should be handled and disposed of in properly labelled and marked yellow plastic sharps disposal containers provided for the purpose. These containers should never be overfilled and no attempt to force waste into them or to reach inside should be made. They should be sealed when filled and stored securely awaiting collection from an authorised waste handler. Pickers are also provided to our workforce to use if a needle is required to be disposed of alongside strong durable disposable gloves to avoid injury.
- In the event of a 'needle stick' injury involving a used or potentially contaminated needle, staff should wash the area immediately to encourage bleeding and attend A&E immediately.

Occupational Health may be asked to conduct Blood Tests after the injury, which will be paid for by Aspects Care.

- Where food is prepared or served, all food poisoning risks should be controlled by strict attention to food hygiene in the purchase, storage, preparation and serving of food.
- Where staff sneeze, they should blow their nose with a paper tissue and dispose of it in the bin. They should then wash their hands. The technique Catch it, Kill it, Bin it should be adopted.
- Laundry facilities should be arranged or procured where required to ensure that dirty, soiled laundry which might carry infection is washed at appropriately high temperatures to thoroughly clean linen and control the risk of infection.
- Notifiable diseases should be reported in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- In the event of a suspicion that a service user may be ill or may have an infectious disease the service user's GP should be contacted immediately and the manager informed. The service user should be assisted to isolate and avoid any contact with other service users and members of staff.
- Where necessary, staff should work in collaboration with any local infection control agencies and experts.
- Staff who are exposed to an infectious disease, including any employee who suffers a puncture accident involving potentially infectious sharps, will be given appropriate support including, where required, appropriate occupational health support and surveillance.
- If any infected resident requires admission to hospital the receiving unit should be informed of the infection status of the service user so that they can institute appropriate measures.

## **Management Duties**

Deputy Care Managers & Care Coordinators at Aspects Care have a duty to:

- Ensure that the premises where staff are asked to work are, wherever possible, kept clean, hygienic and free from offensive odours. This may involve arranging suitable cleaning services to be employed with the agreement of the service user and/or manager.
- Ensure that appropriate infection control policies are effectively implemented, are clearly understood by all members of staff, and are regularly reviewed and revised in light of the most recent best practice guidelines.
- Ensure that appropriate information about infection and infection control policies is provided to service users, their families, and representatives, and is included in the statement of purpose and service users guide in a format that all services users can understand such as large print / braille dependant on the need of each individual service user.
- Ensure that maintenance staff have enough uniforms to be able to wear a clean, properly washed uniform each shift.
- Ensure that staff are provided with appropriate equipment and resources such as PPE, waste bags, handwashing equipment and facilities and, where required, alcohol hand gels.

- Carefully monitor any incident reports relating to infection control matters in order to identify any trends or patterns.
- Ensure that any suspected outbreaks of infection are reported to the relevant authorities (GP/Local Infection Control Teams, Department for Health).
- Ensure that all new staff have appropriate health checks and immunisations.
- Ensure that infection control procedures, policies and outcomes are regularly audited and that an annual statement is prepared and made available reporting on Aspects Care's compliance with infection control regulations. The annual statement will include:
  - Any outbreaks of infection;
  - Audits undertaken;
  - Action taken following an outbreak of infection or recommendations from an audit;
  - Risk assessments undertaken for prevention and control of infection including pandemic outbreak;
  - Risk assessments undertaken for each staff member and rated at a Low, Medium and High Risk
  - Training received by staff; and
  - A review and update of policies, procedures and guidance.

## **Staff Duties**

Staff at Aspects Care have a duty to:

- Comply with all infection control policies, procedures and guidelines at all times, properly utilising any personal protective equipment provided and carrying out their duties in accordance with their training and good practice.
- Wash their hands regularly, especially after using the toilet, between seeing each service user and before handling food.
- Help to keep the home where they are working clean and tidy and to alert the duty care manager to any incidences of unsanitary conditions or unacceptably poor standards of cleanliness or hygiene.
- Ensure that they wear a clean, properly washed uniform each shift.
- Always inform the manager or a supervisor if they are suffering from any form of diarrhoea and vomiting or any suspected infectious disease. If a food handler, the member of staff should not return to work until recovered and cleared to do so by a GP.
- Refrain from wearing any type of false nail or polish, such as acrylic, gel, shellac and any other type of false nail or polish.

## Training and information

Aspects Care views infection control training and supervision as a vital part of its infection control procedures. Staff are trained in line with content from Skills for Care.

All new staff should attend basic infection control awareness training and should read the policy on infection control and food preparation and handling as part of their induction process alongside the risk assessments in place.

Support Workers and food handling staff will be expected to attend additional infection control training appropriate to their role.

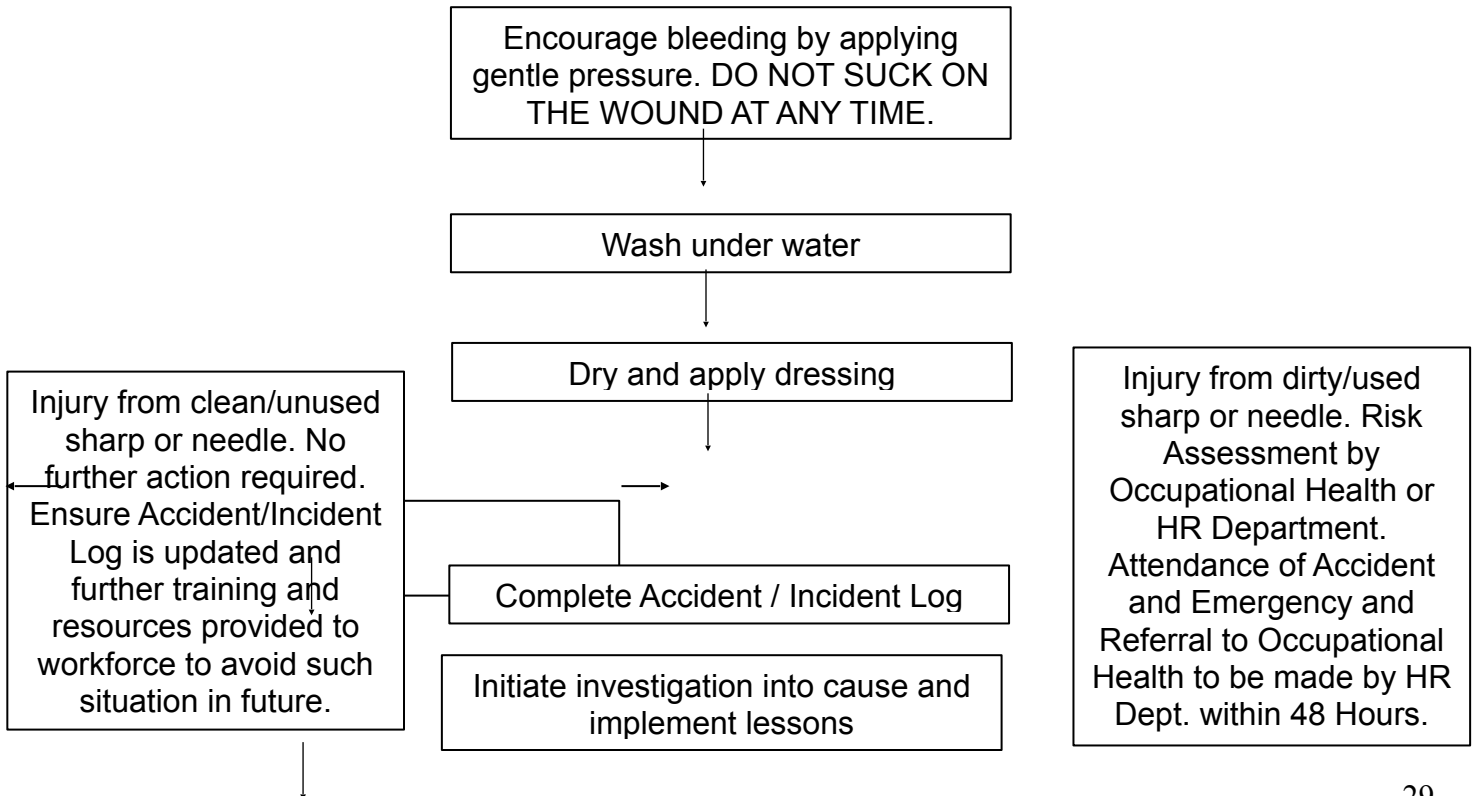
Updates will be every year unless there is an indication further training is needed and all relevant staff should attend, including volunteers and agency staff.

All staff should be trained in the cleaning of spillages and should always carefully follow the dilution instructions on the disinfectant bottle.

Records of attendance at infection control training will be kept, including date attended and level of training.

All policies, including this one, should be made fully available to service users, their families and representatives.

### Immediate action following a sharps accident



## Body fluids spillage checklist and audit tool

In a healthcare or social care setting the spillage of any body fluids or body waste such as blood, faeces and urine is not only unsanitary but can also spread infection and disease. All spillages must therefore be cleaned up as quickly as possible and with caution. Staff should be encouraged to treat every spillage of body fluids or body waste as potentially infectious and wear protective gloves and aprons and use disposable wipes wherever possible.

Checklist Item	Yes/No	Notes
Does the organisation have in place comprehensive policy and procedures for dealing with body fluid spillages?		
Are the policies and procedures agreed with staff representatives, effectively implemented and regularly reviewed?		
Are suitable management and supervision arrangements in place to ensure compliance with and monitoring of the body fluid spillage policy and procedures?		
Have staff received adequate training in dealing with body fluid spillages?		
Have staff who come in to contact with spillages been successfully immunised against Hepatitis B?		
Is all equipment and the environment visibly clean, with no body substances, dust, dirt or debris present?		

Are appropriate materials available for decontaminating and cleaning up body fluids e.g. disposable wipes and towels, clinical waste bags and hypochlorite?		
Is sufficient PPE available for staff to use e.g. disposable gloves, aprons and where required eye protection?		
Are appropriate disinfectants available for cleaning all body fluid spillages?		
Have appropriate and sufficient COSHH risk assessments been conducted regarding the use of disinfections and are effective control measures in place to reduce risk?		
Is any medical equipment that has been contaminated with body fluids cleaned appropriately?		
Where carpets or soft furnishings are contaminated with body fluids and where disinfectant cannot be used because of potential damage to materials, are surfaces cleaned sufficiently using alternative methods?		
Is any furniture or carpeting that has been contaminated with body substances and cannot be cleaned, condemned and replaced?		

**NOTE:** COSHH (Control of Substances Hazardous to Health Regulations 2002) assessments must be carried out for all chemical disinfectants in use, such as hypochlorite used to clean blood spillages, and staff should be aware of the implications of these for storage and use of the product, and first aid in the event of exposure e.g. a splash to the eye etc.

## **Personal Protective Equipment**

### **Introduction**

The purpose of the Personal Protective Equipment is to protect the employees of Aspects Care from exposure to workplace hazards and the risk of injury through the use of personal protective equipment (PPE). PPE is not a substitute for more effective control methods and its use will be considered only when other means of protection against hazards are not adequate or feasible. It will be used in conjunction with other controls unless no other means of hazard control exist. Personal protective equipment will be provided, used, and maintained when it has been determined that its use is required to ensure the safety and health of our employees and that such use will lessen the likelihood of occupational injury and/or illness. This section addresses general PPE requirements, including eye and face, head, foot and leg, hand and arm, body (torso) protection, and protection from drowning. Aspects Care. Personal Protective Equipment includes:

- Responsibilities of Managers/Team Leaders and Employees
- Hazard Assessment and PPE selection
- Employee Training
- Cleaning and Maintenance of PPE

### **Responsibilities**

Safety Person – Operational Lead

The Operational Lead is responsible for the development, implementation, and administration of Aspects Care. PPE Policy and this individual is **Dawn Brookes- Registered Care Manager**

This involves

1. Conducting workplace hazard assessments to determine the presence of hazards which necessitate the use of PPE.
2. Selecting and purchasing PPE.
3. Reviewing, updating, and conducting PPE hazard assessments whenever:
  - A job changes
  - New equipment is used
  - There has been an Accident / Incident
4. Maintaining records on hazard assessments.
5. Maintaining records on PPE assignments and training.



6. Providing training, guidance, and assistance to supervisors and employees on the proper use, care, and cleaning of approved PPE.
7. Periodically re-evaluating the suitability of previously selected PPE.
8. Reviewing, updating, and evaluating the overall effectiveness of PPE use, training, and policies.

## **Deputy Care Managers & Care Coordinators**

Deputy Care Manager/ Care Coordinators / Designated Responsible Person have the primary responsibility for implementing and enforcing PPE use and policies in their work area. This involves:

1. Providing appropriate PPE and making it available to employees.
2. Ensuring that employees are trained on the proper use, care, and cleaning of PPE.
3. Ensuring that PPE training certification (E-Learning) and evaluation forms are signed and given to Operations and is on held on training file.
4. Ensuring that employees properly use and maintain their PPE and follow Aspects Care. PPE policies and rules.
5. Notifying Aspects Care's management and the Safety Person when new hazards are introduced or when processes are added or changed.
6. Ensuring that defective or damaged PPE is immediately disposed of and replaced.

## **Employees**

The PPE user is responsible for following the requirements of the PPE policies. This involves:

1. Properly wearing PPE as required.
2. Attending required training sessions.
3. Properly caring for, cleaning, maintaining, and inspecting PPE as required.
4. Following Aspects Care. PPE policies and rules.
5. Informing the supervisor of the need to repair or replace PPE. Employees who repeatedly disregard and do not follow PPE policies and rules risk the formal disciplinary procedure being instigated.

## **Procedures**

### **A. Hazard Assessment for PPE**

Managers will conduct a walk-through visual survey of each work area to identify sources of work hazards. Appropriate PPE will be highlighted, and a Risk Assessment will detail the relevant PPE necessary.

Managers will conduct, review, and update the hazard assessment for PPE whenever:

- A job changes
- New equipment or process is installed
- There has been an accident
- Whenever a manager or employee requests it
- Or at least every year

## B. Selection of PPE

Once the hazards of a workplace have been identified, Managers will determine if the hazards can first be eliminated or reduced by methods other than PPE, i.e. methods that do not rely on employee behaviour. Adequate protection against the highest level of each of the hazards will be recommended for purchase. All personal protective clothing and equipment will be of safe design and construction for the work to be performed and will be maintained in a sanitary and reliable condition. Affected employees whose jobs require the use of PPE will be informed of the PPE selection and will be provided PPE by Aspects Care at no charge. Careful consideration will be given to the comfort and proper fit of PPE in order to ensure that the right size is selected and that it will be used.

## C. Training

Any employee required to wear PPE will receive training in the proper use and care of PPE before being allowed to perform work requiring the use of PPE. Periodic retraining will be offered to PPE users as needed. The training will include, but not necessarily be limited to, the following subjects:

- When PPE is necessary to be worn
- What PPE is necessary
- How to properly wear PPE
- The limitations of the PPE
- The proper care, maintenance, useful life, and disposal of the PPE

After the training, the employees will demonstrate that they understand how to use PPE properly, or they will be retrained.

## Retraining

The need for retraining will be indicated when:

- An employee's work habits or knowledge indicates a lack of the necessary understanding, motivation, and skills required to use the PPE (i.e. uses PPE improperly)

- New equipment is installed
- Changes in the workplace make previous training out-of-date
- Changes in the types of PPE to be used make previous training out-of-date

#### D. Cleaning and Maintenance of PPE

It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision. Employees must inspect, clean, and maintain their PPE according to the manufacturers' instructions before and after each use. Managers are responsible for ensuring that users properly maintain their PPE in good condition. If employees provide their own PPE, make sure that it is adequate for the workplace hazards, and that it is maintained in a clean and reliable condition.

Defective or damaged PPE will not be used and will be immediately discarded and replaced.

***IMPORTANT NOTE:*** *Defective equipment can be worse than no PPE at all. Employees would avoid a hazardous situation if they knew they were not protected; but they would get closer to the hazard if they erroneously believed they were protected, and therefore would be at greater risk.* It is also important to ensure that contaminated PPE which cannot be decontaminated is disposed of in a manner that protects employees from exposure to hazards.

#### **Covid-19 Protocols**

There are currently no Government imposed restrictions or requirements for service users living in supported living environments that Aspects Care must adhere to.

The advice and directions given by Government where Covid-19 restrictions are in place regularly changes based on the assessed risks and levels of infection.

Aspects Care managers will monitor Government and Local Authority guidelines with regards to managing Covid-19 regulations and guidance and will review the situation on a regular basis.

Current Covid-19 guidelines can be accessed via:

#### **F. LONE WORKING POLICY**

##### **Introduction**

Under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999, Aspects Care has the responsibility for the health, safety and welfare at work of its employees. These responsibilities apply equally to those staff that, for whatever reason, works alone.

Lone workers should not be more at risk than other employees. This may require the company to deploy extra risk control measures, which take account of normal work and other foreseeable emergencies, for example, accident, illness, violence, etc.

This policy applies to all staff employed by Aspects Care who are designated as lone workers.

The principle of this policy is that Aspects Care will assess lone working practices and take steps to prevent or control risk where necessary.

### **Definition of Lone Worker**

Lone workers are those who work by themselves without close or direct supervision. The circumstances under which lone workers work away from their base may include:

- Visiting service users' homes
- Traveling to and from visits
- Elsewhere outside the organisation's control

It is recognised that any member of staff may spend a limited amount of time working "alone".

Although there is no general legal prohibition on working alone, the broad duties of the HSW Act and MHSW Regulations still apply. These require identifying hazards of the work, assessing the risks involved, and putting measures in place to avoid or control the risks.

It is important to talk to employees and their safety representatives as they are a valuable source of information and advice. This will help to ensure that all relevant hazards have been identified and appropriate controls chosen, consultation with employees and their representatives on health and safety matters is a legal duty anyway.

Control measures may include instruction, training, supervision, protective equipment etc. Aspects Care should take steps to check that control measures are used and review the risk assessment from time to time to ensure it is still adequate.

When risk assessment shows that it is not possible for the work to be done safely by a lone worker, arrangements for providing help or back-up should be put in place. Where a lone worker is working at another employer's workplace, that employer should inform Aspects Care of any risks and the control measures that should be taken. This helps Aspects Care to assess the risks.

### **Risk Assessment**

Risk assessment is essential to good risk management. Assessments shall be carried out in accordance with the Risk Assessment Policy for and by all staff whose working practice makes them vulnerable.

Risk assessments for staff who visit service users' homes may include:

- Service user risk assessment where applicable

- Arrangements for alternatives to visit to service users' homes
- Traveling between appointments
- Reporting and recording arrangements
- Personal safety and security

## **Incident Reporting**

In order to maintain appropriate record of incidents involving lone workers, it is essential that all incidents be reported to your Line Manager. Staff should ensure that all incidents where they feel threatened or unsafe are reported even if this was not a tangible event/experience.

## **Responsibilities**

The Line Manager shall:

- Assess the need for lone working in all cases
- Devise and implement safe working systems in relation to lone working to avoid or control risk where necessary
- Ensure that appropriate risk assessments are undertaken in regard to lone workers
- Provide appropriate alternative arrangements for an accompanied visit where it is considered unsafe for staff to work alone
- Ensure that the systems are in place for staff to be traced and that systems are regularly checked

Lone workers must:

- Ensure that they are aware of the policy and procedures relating to lone working comply with them
- Note in their diary of the names, addresses and phone numbers and time of visit and expected time of return to the office or carry with them their work sheets or rosters
- Telephone the office when going off duty if not handing over to other staff or booking off from a fixed location
- Take reasonable care to protect themselves and to implement all guidance policy and practice relating to risk arising from lone working

## **Training**

Staff working for Aspects Care should know that their safety comes first. Staff should be aware of how to deal with situations when they feel they are at risk or unsafe. Staff should also be able to recognise how their own actions can influence or even trigger an aggressive response.

Their Line Manager will ensure that lone workers receive appropriate training.

## **Supervision**

Although lone workers cannot be subject to constant supervision, it is still Aspects Care duty to ensure their health and safety at work. Supervision can help to ensure that employees understand the risks associated with their work and that the necessary safety precautions are carried out. Supervisors can also provide guidance in situations of uncertainty. Supervision of health and safety can often be carried out when checking the quality of the work being completed. This may take the form of periodic visits combined with discussions in which health and safety issues are raised.

Procedures need to be put in place to monitor lone workers to see they remain safe.

These may include:

- Supervisor's periodically visiting and observing people working alone.
- Regular contact between the lone worker and supervision using a telephone.
- Automatic warning devices, which operate if specific signals are not received periodically from the lone worker.
- Other devices designed to raise the alarm in the event of an emergency and which are operated manually or automatically by the absence of activity.

## **G. FIRST AID POLICY**

### **Introduction**

The purpose of this policy is to promote good practices with regard to the provision of First Aid at Work to employees whilst employed by Aspects Care.

The Health and Safety (First Aid) Regulations 1981 place a legal duty on the employer to make provision for first aid by way of providing adequate equipment, facilities and trained persons to render first aid to those employees who become injured or ill at work.

Whilst legislation exists to enforce good standards of safety, the aim of Aspects Care is not only to adhere to those standards but also to improve on them and ensuring that all employees employed by Aspects Care also recognise their responsibilities and actively ensure that this policy and any accompanying procedures are adhered to.

### **Policy and Procedure Principles**

Aspects Care recognises its duty of care to ensure so far as is reasonably practicable the health, safety and welfare at work of all its employees. Aspects Care will ensure compliance with the Regulations by carrying out an assessment of first aid needs appropriate to each workplace area to determine how many first aiders and/or appointed persons are required in the workplace. A suitable number of first aiders and/or appointed persons will be nominated and trained in accordance with the Health and Safety Executive (HSE) first aid training requirements; "Suggested numbers of first aid personnel to be available at all times people are at work."

This first aid policy will apply throughout Aspects Care.

## Definitions

First Aid can be defined as treatment for the purpose of preserving life and minimising the consequence of injury and illness until qualified medical assistance is available. A Certified First Aider is as a person who holds a valid certificate of competence in either First Aid at Work (FAW) or Emergency First Aid at Work (EFAW). Training in either FAW or EFAW will be provided by an HSE approved provider.

The HR Manager will take charge of first aid arrangements and will call the emergency services if required. As part of their role they will check and replenish first aid boxes. They do not need first aid training as they are not first aiders and should not attempt to give first aid for which they have not been trained.

## Duties

The Director of Care shall be responsible for ensuring that this policy is implemented in order to enable Aspects Care to comply with the Health & Safety At Work etc Act 1974, The First Aid at Work - 16.02 Management of Health and Safety At Work Regulations 1999, (as amended) The Health and Safety (First Aid) Regulations 1981.

Senior managers within Aspects Care have responsibility for compliance with the requirements of this policy and for ensuring that there are suitable and sufficient first aid facilities. Each senior manager within Aspects Care also has the responsibility for ensuring that there are sufficient first aiders to render first aid where required.

Senior managers will ensure that, through the risk assessment process, they have identified the first aid needs and ensure that suitable first aid arrangements are in place. Senior Managers will ensure that the first aid arrangements are communicated to all employees, that first aid equipment is suitably identified, and the location of first aiders and appointed persons are displayed in the workplace. Senior managers will also ensure that the first aid arrangements are regularly reviewed and updated in the light of any changes. They will also ensure that first aiders and appointed persons FAW or EFAW certificates remain valid.

Care Coordinators will notify the Registered Manager of all trained first aiders and appointed persons. Care Coordinators will also ensure that during Induction that first aid is covered which informs staff of all the first aid arrangements within their workplace area and the names and location of the first aider or appointed person. Care Coordinators will ensure an up-to-date record of first aid provision for each workplace area, is in place.

The Registered Manager will implement and maintain a database holding the names, locations and qualification(s) of all company first aiders and appointed persons. First aiders will administer first aid to employees and non-employees in accordance with the training they have undertaken. They will ensure they comply with the Health and Safety (First Aid) Regulations and attend all relevant training.

Where first aid treatment has been administered, they will record the treatment in accordance with Aspects Care incident reporting procedures.

Appointed persons must not administer first aid unless they have undertaken and hold a valid EFAW certificate. If an appointed person who holds the EFAW certificate administers first aid treatment, they will record the treatment given in accordance with Aspects Care incident reporting procedures. They will take charge of first aid arrangements which will include calling the emergency services. They will ensure all first aid boxes are stocked and replenished as necessary. Employees should ensure they know of all the first aid arrangements within their workplace area and the names and location of their first aider or appointed person.

## **Assessment of First Aid Needs**

Risk assessments will identify sufficient numbers of personnel, facilities and first aid equipment as is necessary to ensure adequate and appropriate provision of first aid in the circumstances. The following factors should be considered to determine the nature and extent of first aid provision required for each workplace area:

- the common hazards and risks in the workplace (also consider injuries or illnesses that might occur)
- the nature of the work carried out within Aspects Care
- the nature, size and location of the workforce
- the history of accidents that have occurred in the workplace area
- the distribution of the workforce
- distance of site from emergency medical services
- the sharing of first aiders in multi-occupied premises
- travelling, remote and lone workers, especially for those whose job is considered as high risk and, in such circumstances, EFAW training and personal first aid kits may be required
- work and shift patterns, normal and out of hours occupation of premises
- cover for absence or leave of first aiders
- provision for non-employees (service users, visitors, contractors, member of the public, carers etc.) and the Regulations do not require provision of first aid to non-employees, however due of the nature of Aspects Care business consideration of non-employees is included review of current first aid provision in each workplace area

## **Implementation**

In implementing this policy all areas must be assessed to ensure suitable and sufficient first aid cover is in place, in line with Regulatory requirements and the guidance contained within this Policy document.

## **Training**

Aspects Care will ensure that all employees are provided with sufficient information regarding first aid at work and the location of first aid facilities. Aspects Care acknowledges that FAW or EFAW training for first aiders and appointed persons is essential and will make available resources to support the training arrangements.



The incident reporting procedure meets Aspects Care's legal obligations to report all accidents, injuries, dangerous occurrences and reportable diseases (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995). Such events may involve Aspect Care employees, contractors, service users, visitors or any other member of the public.

Contractors and those employed by Aspects Care must comply with the policy requiring the reporting of accidents, incidents, occupational diseases and dangerous occurrences.

## **H. DISPLAY SCREEN EQUIPMENT POLICY**

### **Introduction**

The legal requirement placed on Aspects Care is to provide a safe and healthy working environment for employees and is instigated by managers/supervisors, including particular measures to protect their health and safety when they are working with Display Screen Equipment (DSE) as laid out by the requirements under the Health and Safety (Display Screen Equipment) Regulations 1992 as Amended.

Aspects Care places a significant emphasis on the requirement for a formal system that covers Display Screen Equipment Assessment. Such a system is a statutory duty designed to prevent many of the failures that lead to accidents, incidents and prosecutions. Aspects Care acknowledges that health and safety hazards may arise from the use of display screen equipment and as a result will ensure that risks are eliminated, reduced and controlled "so far as is reasonably practicable". The principal health risks that may arise whilst with working with DSE are musculoskeletal disorders of the arm, shoulder and neck, often described as a 'work related upper limb disorder'. These symptoms can range from temporary fatigue, cramp or soreness in the limbs to chronic soft tissue disorders such as tendonitis or carpal tunnel syndrome. As with other sedentary tasks, DSE work can also give rise to back pain or exacerbate existing back pain.

This policy sets out the principles and arrangements on which Aspects Care base their commitment to the Display Screen Equipment Regulations (DSE) 2002

### **Scope**

This policy encompasses all workers employed by the organisation, including permanent, temporary, bank, volunteer workers and home workers. It applies to all workstations used for Aspects Care work activities, regardless of who has provided them.

### **Purpose and expected outcomes**

The objectives of this Policy are:

- To minimise the risk to staff arising from the use of Display Screen Equipment.

- To ensure that Visual Display Unit Assessments are carried out on all users and are reviewed at least annually, if there is change in the working environment or if the user has been involved in an accident or suffering from ill health directly associated with VDU work.
- To complete an action plan where risks are identified to ensure the risk is eliminated or reduced to what is considered a reasonably practicable level.
- Aspects Care recognises and accepts its responsibility to its employees to ensure that the requirements of the DSE Regulations are satisfied. Aspects Care will enforce this through a cycle of risk assessment, training where required, staff awareness, monitoring and review.

## Definitions

- Display Screen Equipment: any alphanumeric or graphic display screen.
- Workstation: this includes Display screen equipment, any associated accessories including keyboard, mouse, printer, furniture etc and the immediate work environment around the Display screen equipment.
- User: an employee who habitually uses display screen equipment as a significant part of his or her normal work. Someone who uses DSE for an hour or more at a time, on most days would generally be considered as a user.
- Employee: means any member of staff who holds a contract of employment directly with Aspects Care.
- Hazard: something with the potential to cause loss, harm, injury or damage.
- Risk: the likelihood that the hazard will actually cause harm, injury or damage; it also considers the consequences, extent and outcome of a hazardous event occurring.
- Work experience: is a period of activity in a work setting (whether paid or voluntary). Students and trainees, including children, on work experience are regarded in health and safety law as employees. Students on work experience placements must be provided with the same health, safety and welfare protection given to other employees. Restrictions will probably be applied to the types of work which young and inexperienced people, including pupils on work experience or below MSLA (Minimum School Leaving Age) are allowed to do.
- Young person: is anyone under eighteen years of age (young people). The law on working time defines a young worker as being below 18 years of age and above the MSLA.

## Roles and Responsibilities

The Director of Care has overall responsibility for the organisation and the DSE Policy in accordance with current legislation, guidance and policies. They will ensure that the requirements specified within the Policy are resourced and implemented within the organisation. All site managers are responsible for ensuring the DSE Policy is implemented.

All Aspects Care employees who are DSE users as part of their role are entitled to a free eye examination each year.

Managers will:

- Decide who is covered by the Regulations (who uses a computer for their work) and identify the workstations they use – an updated list should be provided within the departmental H&S file. This should include not only users employed by them but also users employed by others

(agency / temps). If employers require their employees to use workstations at home these too will need to be assessed.

- Facilitate through a competent person the recording and reviewing of DSE risk assessments.
- Provide general advice and guidance to DSE users on the possible health effects relating in particular to musculoskeletal problems, visual fatigue and mental stress using HSE Working with VDUs
- If an employee experiences visual difficulties which might reasonably be considered to be caused by working with DSE a workstation assessment should be undertaken.
- Incorporate breaks from DSE work as appropriate to prevent fatigue.
- Respond to all reported incidents related to DSE by:
  - 1) taking necessary steps to investigate
  - 2) completing an incident form
  - 3) taking corrective measures where appropriate
  - 4) advising the employee of actions taken

All employees have a responsibility to ensure that they comply with Aspects Care DSE Policy. Employees must assist the competent person in undertaking a DSE risk assessment on their workstation and refer to the guidance contained within this document to ensure the safe set up their workstations.

Employees will in all cases in which a problem arises in the use of DSE:

- Inform their line manager immediately
- Manager to review DSE assessment and consider seeking advice from occupational health.
- In the case of an adverse health condition seeks advice from his/her own general practitioner.

## **I. USING ELECTRICAL APPLIANCES**

### **1. Introduction**

The purpose of this policy is to define precautionary steps that must be taken when using electrical appliances at a service user's premises.

### **2. General Safety Precautions**

Kettles, toasters, vacuum cleaners and the like are examples of normal household electrical appliances, and the following must be checked before use:

- That the appliance is in proper working order and functioning correctly
- Check that the power outlets are not overloaded, and sockets and plugs are not burnt
- Check plugs for loose wires

Staff should also be sure that there are no electrical appliances in the bathroom besides electric razors and toothbrushes.

Staff must ensure that all appliances are unplugged when not in use.

Staff retain the right not to use any appliance and should inform the service user of potential danger.

Staff must be sure to make use of circuit breakers appropriately where needed for safety.

Anything deemed as a risk should be reported and noted in the service user's file. Staff must also inform the service user as well as their direct manager.

## **APPENDIX 1**

### **GUIDELINES FOR COMPLETING REPORT OF AN ACCIDENT/NEAR MISS BOOK**

These guidelines are meant for anyone who is required to report an accident, near miss, accident/near miss, major injury or dangerous occurrence. The accident/near miss must be recorded as soon as possible by completing the Accident/near-miss Book.

#### **Accident**

An untoward or unplanned event that was created by a set of circumstances not foreseen, at the time and resulted in injury or loss.

#### **Near-miss**

An unplanned and unforeseen event which did not result in injury or any other loss but under different circumstances could result in injury or loss.

#### **Accident/near miss**

Is the term that describes both accidents and near-misses. Therefore this Policy will use the word accident/near miss as a collective term. Aspects Care has adopted three definitions for grades of accident/near miss investigation.

- **Level 1** – Minor effect (e.g. first aid treatment) on the health or safety of a person
- **Level 2**– Serious effect (e.g. broken limbs) on health or safety of a person
- **Level 3** – Death of or life threatening accident/near misses to a person.

#### **Major Injury**

Is the term used to cover a variety of defined types of injury as listed in schedule 1 of this policy that need to be reported to the HSE.

## Dangerous Occurrence

Is the term used to cover a wide variety of defined types of accident/near miss with the potential to cause personal injury as listed in schedule 2 of RIDDOR that need to be reported to the HSE.

## Reportable Disease

Is the term to cover a wide variety of defined disease as listed in schedule 3 of this policy that need to be reported to the HSE.

Once the Accident/near miss Book has been completed then a copy must be sent immediately to Aspects Care Head Office.

Any accident/near miss causing more than three days absence from work, including rest days, is required by health and safety legislation to be reported within ten days, to the Health and Safety Executive (HSE).

Immediate notification to the HSE is required, normally by a phone call to 0845 3009923, of the following:-

- Any fatal injuries to a staff member, connected to work
- Any major injuries to staff member connected with work
- Any dangerous occurrences

(See appendix 3 for further guidance on reporting of major injuries, diseases and dangerous occurrences to the HSE).

## Definitions

**Accident** - An untoward or unplanned event that was created by a set of circumstances not foreseen, at the time and resulted in injury or loss.

**Near Miss** - An unplanned and unforeseen event which did not result in injury or any other loss but under different circumstances could result in injury or loss.

**Accident/near miss**- Is the term that describes both accidents and near misses. Therefore, this Policy will use the word accident/near miss as a collective term. Aspects Care has adopted three definitions for grades of accident/near miss investigation.

- **Level 1** – Minor effect (e.g. first aid treatment) on the health or safety of a person
- **Level 2** – Serious effect (e.g. broken limbs) on health or safety of a person
- **Level 3** – Death of or life threatening accident/near misses to a person.

**Major injury** -Is the term used to cover a variety of defined types of injury as listed in schedule 1 of this policy that need to be reported to the HSE see appendix 3.

Dangerous occurrence -Is the term used to cover a wide variety of defined types of accident/near misses with the potential to cause personal injury as listed in schedule 2 of this policy that need to be reported to the HSE see appendix 3.

Reportable disease -Is the term to cover a wide variety of defined disease as listed in schedule 3 of this policy that need to be reported to the HSE see appendix 3.

### **Completing the Accident/Near Miss Book Report**

Level 1 - any accident/near miss considered by the line manager to be minor (e.g. first aid treatment) can be dealt with by ensuring that all details are complete on the Accident/near miss Book.

Level 2 - any accident/near miss that results in or could have resulted in a more serious outcome (e.g. broken bones) or requiring three days or more sickness needs a more formal investigation involving relevant Care Coordinators/Registered Managers.

Investigation should be carried out by a competent person using the Accident/Near Miss Book.

Level 3 - any accident/near miss giving rise to a fatal, major injury or dangerous occurrence requires a formal investigation using Accident/Near Miss Book by a senior management team, including Care coordinators/Registered Care Managers together with appropriate Directors. All Accident/near miss of this severity are to be reported immediately to the HSE, usually by phone, who may then become part of the investigation team.

## **APPENDIX 2**

### **GUIDELINES FOR COMPLETING AN ACCIDENT/NEAR MISS INVESTIGATION**

These guidelines are meant to be a brief over-view of the investigation process, a minimum standard for individuals who have completed Accident/near miss Investigation training.

They are not meant to be used as a step by step guide of how to carry out an investigation. Investigation techniques and the way that investigations evolve during the process will be different depending on the accident/near miss faced. The ability to recognise an appropriate method or approach and formulate the right questions is the subject of specialist training.

#### **Introduction**

It should be remembered that the prime aim of any accident/near miss investigation is prevention rather than apportioning blame. This guidance sets out to record the process to be followed when carrying out an investigation. It therefore is not an exhaustive description of what should be done. It is the responsibility of the accident/near miss investigator to add to the requirements of these guideline's as they feel appropriate.

Capturing and recording information on adverse events and analysing them in the right way is an essential step to reducing risk to staff and others. Recognising that it is weak systems that create the conditions for, and the inevitability of, accident/near miss is vital to achieving higher levels of staff and public safety. It is therefore essential that accident/near miss investigators are competent to understand how to identify the root causes of accident/near miss so that safety management systems can be upgraded appropriately in the light of learning from an accident/near miss.

#### **Legal Timescales**

When a legal suit is brought against Aspects Care, it has 21 days to acknowledge the claim and three months to collect the following types of information where it is deemed relevant:

- accident/near miss records
- any pre-accident risk assessment
- any post-accident assessment
- accident/near miss investigation report(s)
- copy of information supplied to employees
- training records
- specific documentation relating to particular relevant regulations

It is therefore the view of Aspects Care that investigations will be carried out within a few days of the accident/near miss occurring. This will ensure that detailed information can be gathered whilst it is still fresh. It will also mean that when Aspects Care is notified of a claim, it will have 21 days to consider its response properly instead of chasing to try and find out what happened. It will also enable Aspects Care to utilise the 3 months' preparation more effectively in the consideration of its defence.

### **Notification of the accident/near miss**

The details of who should be informed and when is given in the main Policy.

### **Arriving at the scene**

In any accident/near miss the first and most immediate action should be make the scene safe for rescuers to attend to the casualty(ies).

Once the casualty is taken away, the site should be isolated and not disturbed, particularly if the accident/near miss is regarded as being serious.

### **Investigation**

A good accident/near miss investigation is prompt. It should have 4 stages:

- collect evidence;
- assemble and consider evidence;
- compare findings with appropriate standards and draw conclusion(s);
- implement findings.

Evidence is first collected by observation and is time critical. Physical evidence can change (or be altered) quickly. Premises, equipment and substances, etc., must all be examined. If sketches and photographs are being employed, measurements and scale are important pieces of information. The location of each witness at the time of the accident/near miss (if appropriate) should be clarified on the diagrams. Photographs should be taken of the scene from each witness's location.

Evidence is then gathered from risk assessments, audit information, policies, procedures (formal and informal), inspection reports, memoranda, etc. Once all of this evidence has been gathered it must be checked to identify its reliability, accuracy and any potential conflicts or gaps.



Concurrently, the victim and witnesses will be interviewed along with line managers, safety representatives and any other 'stakeholders'. Witnesses must be interviewed as soon as possible, and when taking note of their evidence, care should be exercised to differentiate between what are measurable facts and what is hearsay or opinion. Preferably, witnesses should be kept apart until they are interviewed.

At the interview great care must be taken not to lead the witness during questioning. The truth should be 'distilled' by asking a selection of open and closed questions. Do not forget that people have five senses and so may have useful information learnt from senses other than sight. If the witness desires, they are to be allowed a friend or a union representative in the interview with them. The object of the questioning is to establish the cause of the accident/near miss not to apportion blame.

During an interview of a witness, the investigator is required to take a statement. At the end of the interview, the witness is asked to read the statement and sign it if they agree it to be a true and accurate record of their testimony. If not, amendments are agreed and made before the signature is appended. Any changes made on the statement must be initialled by the witness. This record must make it clear what are facts and which are the opinions of the witness.

Any discrepancies between witness testimonies must be checked.

While assembling and considering the evidence the investigator must look to identify the immediate causes and the underlying causes. Actual performance should be measured against any relevant standards (law or good practice).

The investigator should use the following framework in order to assist them in identifying underlying contributory factors that created the conditions that caused the accident/near miss.

<b>Factor</b>	<b>Influencing Contributory Factors</b>
Organisational and Management Factors	Financial resources & restraints Organisational structure Policy standards and goals Safety culture and priorities
Work Environment Factors	Staffing levels and skills mix Workload and shift patterns Design, availability and maintenance of equipment Administrative and managerial support
Team Factors	Verbal communication Written communication Supervision and seeking help Team structure (congruence, consistency, leadership, etc)

Individual (staff) Factors	Knowledge and skills Competence Physical and mental health
Task Factors	Task design and clarity of structure Availability and use of protocols Availability and accuracy of test results

Taken from the Protocol for the Investigation and Analysis of Clinical Accident/near misses, ALARM

### Accident/Near Miss Reporting

The Accident/Near Miss Book must be completed. The person reporting the accident/near miss must record the full immediate circumstances that created the accident/near miss. In doing so they should try to be objective in the way they write-up the information.

*Q1. What is the likelihood for re-occurrence of this event? Use the table below to assign this accident/near miss a category code.*

Level	Descriptor	Description
3	Almost certain	Likely to reoccur on many occasions, a persistent issue.
2	Likely	Will probably re-occur but is not a persistent issue.
1	Unlikely	Do not expect it to happen again but it is possible.

*Q2. What is the likely consequence of this happening again?*

Use the table below and place a tick in the appropriate box under each column heading. The highest level ticked determines the overall Consequence Category rating. If in doubt do grade up.

Level	Descriptor	Actual or Potential Impact on Individuals
3	Major	DEATH /PERMANENT INJURY Loss of body part(s) RIDDOR reportable
2	Moderate	SEMI-PERMANENT INJURY/DAMAGE e.g. injury that takes up to one year to solve.

1	Minor	SHORT TERM INJURY/DAMAGE e.g. injury that has been resolved in one month
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These scores give an overall rating of significance as follows.

Likelihood	Consequence		
	1 - Minor	2 - Moderate	3 Major
1 - Unlikely	Low	Low	Medium
2 – Likely	Low	Medium	High
3 – Almost Certain	Medium	High	High

### **Accident/near miss Investigation Reports**

All accident/near miss are to be reported using the Accident/near miss Book. In moderate, serious or complex accident/near miss, the entry may prove inadequate for recording and analysing the information. In such circumstances the Accident/near miss Book is still to be completed, but reference to an attached investigation can be made.

When the conclusions are drawn and recommendations made, they should be prioritised and turned into specific objectives. A person should be held accountable for the effective implementation of each objective. Line managers, particularly the Registered Care Manager should monitor and ensure progress with the implementation of these objectives.

### **Safety Representatives**

Where a Union or non-union health & safety representative requests it, a joint investigation should be carried out.

## **APPENDIX 3**

### **GUIDANCE FOR REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES**

Aspects Care needs to report:

- deaths
- major injuries
- accidents resulting in over 3 days off work
- diseases
- dangerous occurrences

#### Death or major injury

If there is an accident connected with work and:

Your employee or a self-employed person working on your premises is killed or suffers a major injury (including as a result of physical violence);

or a member of the public is killed or taken to hospital;

you must notify the enforcing authority without delay. You can either telephone or complete the appropriate form on the internet.

Reportable major injuries are:

- fracture other than to fingers, thumbs or toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury: leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material

### Over-three-day injury

If there is an accident connected with work (including an act of physical violence) and your employee, or a self-employed person working on your premises, suffers an over-three-day injury you must report it to the enforcing authority within ten days.

An over-three-day injury is one which is not major but results in the injured person being away from work or unable to do their normal work for more than three days (including any days they would not normally be expected to work such as weekends, rest days or holidays) not counting the day of the injury itself.

### Disease

If a doctor notifies you that your employee suffers from a reportable work-related disease then you must report it to the enforcing authority.

Reportable diseases include:

- certain poisonings;

- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculate/acne;
- lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;
- infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;
- other conditions such as: occupational cancer; certain musculoskeletal disorders; decompression illness and hand-arm vibration syndrome.

The full list of reportable disease and the work activities they are related to, can be found in the detailed guide to the regulations.

### Dangerous occurrence

If something happens which does not result in a reportable injury, but which clearly could have done, then it may be a dangerous occurrence which must be reported immediately to the relevant line manager, who may then forward the information onto the Health & Safety Executive.