



Health and Safety Policies and Procedures

Purpose

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

Scope

- This policy applies to all employees, all Service Users and all visitors to the premises of Thistle Manor, Roefield Specialist Care Limited, and all premises where their employees work.

Policy

- Thistle Manor, Roefield Specialist Care Limited recognises that they have a responsibility to ensure that reasonable precautions are taken to provide and maintain working conditions which are safe, healthy and comply with all statutory requirements and codes of practice relating to the organisation's particular activities.
- Thistle Manor, Roefield Specialist Care Limited will, so far as is reasonably practicable, pay particular attention to:
 - Establishing systems to monitor compliance with the statutory duties laid down under the Health and Safety at Work Act 1974 and the appropriate Regulations and Codes of Practice Ensuring safe systems of work are implemented;
 - Arrangements for ensuring safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances;
 - The provision of such information, instruction, training and supervision to ensure the health and safety at work of employees and others;
 - The control of the place of work, maintaining it in a safe condition;
 - The provision of a safe means of access to and egress from the place of work.
- This policy will be reviewed at least annually.

Procedure

Organisation and Responsibilities

- **Executive**
 - Roefield Specialist Care Limited (Director Samir Saab) is responsible for safety in Thistle Manor, Roefield Specialist Care Limited and will monitor the safety policy on a regular basis.
 - Roefield Specialist Care Limited (Director Samir Saab) will be sufficiently appraised of health and safety matters to ensure that sufficient resources are available to provide any health and safety equipment, clothing, information and training for employees in order (as far as is reasonably practicable) to achieve and maintain a high standard of safety proficiency.

- **Safety Officer**

- The Safety Officer is the Registered Manager (Tracy Owens)
- The responsibilities of the Safety Officer are to:
 - Ensure that safety records are maintained;
 - Investigate accidents;
 - Provide accident statistics;
 - Keep a watching brief on changing safety legislation.
- The Safety Officer reports directly to the Managing Director.
- Full investigations of accidents will be carried out by the Safety Officer, or nominated other, with a view to the prevention of future occurrences.
- The Safety Officer is responsible for ensuring that the organisation's obligations with respect to assessment, control and monitoring of hazardous substances are met.
- The Safety Officer is responsible for recording of accidents in accordance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013), by:
 - Ensuring that the Accident Reporting Policy and Procedure is followed, and that all accidents are recorded, using the form attached to that policy;
 - Ensuring that all accidents which result in absence from work for more than 7 days (not including the day of the accident) are reported within 10 days to the Health and Safety Executive.

RIDDOR 2013 Reporting Requirements

- Reportable incidents under RIDDOR 2013 are:
 - Death and injuries where:
 - The accident is work-related;
 - It results in an injury of a type which is reportable.
- The types of reportable injuries are:
 - Death;
 - Specified injuries, which are defined by the HSE as:
 - Fractures, other than to fingers, thumbs and toes;
 - Amputations;
 - Any injury likely to lead to permanent loss of sight or reduction in sight;
 - Any crush injury to the head or torso causing damage to the brain or internal organs;
 - Serious burns (including scalding) which:
 - cover more than 10% of the body;
 - cause significant damage to the eyes, respiratory system or other vital organs.
 - Any scalping requiring hospital treatment;
 - Any loss of consciousness caused by head injury or asphyxia;
 - Any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness;
 - requires resuscitation or admittance to hospital for more than 24 hours.

- The following occupational diseases are reportable:
 - Carpal tunnel syndrome;
 - Severe cramp of the hand or forearm;
 - Occupational dermatitis;
 - Hand-arm vibration syndrome;
 - Occupational asthma;
 - Tendonitis or tenosynovitis of the hand or forearm;
 - Any occupational cancer;
 - Any disease attributed to an occupational exposure to a biological agent.
 - Dangerous occurrences require reporting, for example:
 - The collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
 - Plant or equipment coming into contact with overhead power lines;
 - The accidental release of any substance which could cause injury to any person.
- For full details of reporting requirements, go to the HSE web site at: <http://www.hse.gov.uk/riddor/reportable-incidents.htm>
- Contacts for the HSE, including for online reporting are at: <http://www.hse.gov.uk/contact/contact.htm>

Heads of Department (including Nurses)

- Where there are no designated Heads of Department, the Registered Manager fulfils this role.
- Department Managers and Nurses have the responsibility to provide leadership and to promote responsible attitudes towards health and safety.
- Each manager/ nurse will:
 - Ensure that each new employee is given induction training, including the precautions and procedures appropriate to their specific jobs. All new members of staff will be shown the location of first aid boxes, fire exits and firefighting equipment;
 - Ensure that all staff are aware of the health and safety policy statement that is displayed on each unit and entrance to each building;
 - Ensure that all accidents must be reported immediately to the Registered Manager using the Incident Reporting System (see separate policy) where they can be investigated if required;
 - Supervisors must ensure that all tasks carried out within their designated areas are performed with the utmost regard for the health and safety of all those involved.
 - Keep up-to-date with health and safety matters applicable to the operations of the organisation;
 - Ensure that good housekeeping standards are applied;
 - Carry out regular safety checks, pre-use checks and audits.
- Particular regard will be paid to:
 - Equipment and its usage to ensure that they are safe and do not endanger health;
 - Provision of safety arrangements for the handling, storage and movement of materials, equipment and substances;
 - Supplying sufficient information, instructions, training and supervision such as to enable employees to avoid hazards and contribute positively to their own health and safety at

work;

Employees

- All employees have a responsibility of:
 - Taking reasonable care for the health and safety of themselves and others affected by their acts or omissions;
 - Co-operating with the employer and others to enable them to fulfil their legal obligations.
 - Ensuring that no person is to misuse or interfere with safety provisions.
- They are expected to follow company procedures in particular, to report any incidents which have or may have led to injury or damage. To neglect this responsibility can lead to prosecution by the Health and Safety Executive.
- Any employee who is faced with a conflict between the demands of safety and their job should raise the matter immediately with their supervisor or Department Head.

Administrative Arrangements

- The following statements are an overview, and most areas for health and safety management are amplified by further policies and procedures elsewhere in the organisation.
- **Risk Assessment**
 - The Safety Officer (Registered Manager) will oversee the regular reviews of all areas of the organisation, or in which its workers work, to:
 - Identify risks;
 - Assess the risk;
 - Evaluate the risk;
 - Eliminate the risk where appropriate;
 - Introduce control measures to reduce risks, to a reasonable level, where appropriate;
 - Develop or locate, and arrange delivery of appropriate training to reduce risk, to a reasonable level, where appropriate.
 - The Safety Officer or designated Department Head will carry out a risk assessment on new equipment brought into the establishment.
- **Reporting Accidents**
 - In the event of an accident causing injury you must ensure that the injured person is being cared for, and send immediately for a supervisor or first-aider;
 - DO NOT MOVE THE INJURED PERSON;
 - Report the full details of the accident through the Incident/ Accident Reporting System (see policy) immediately including a detailed report of events with witness names etc;
 - The record will be immediately submitted to the Registered Manager via an electronic system, analysed for governance purposes and reported to appropriate authorities;
 - Any “near miss” incident which occurs should also be reported using the Incident/ Accident Reporting System (see policy) and verbally to your immediate supervisor who will be responsible for following up on the matter;
 - All accidents will be investigated by the Safety Officer and a designated individual;
 - A monthly analysis report will be taken into each governance meeting to ensure incident and accident prevention is a focus point.
- **First Aid**
 - During the induction programme all employees will be shown the location of first aid boxes

to each work area.

- The organisation will ensure that sufficient employees (All Nurses) are trained as first aid specialists to provide coverage on all shifts.
- The identity of designated first aid specialists will be noted by clear notices complying with the recommended format displayed at all work stations and staff areas throughout the establishment.

• Fire

- BUILDING A (Manor House) and B (Woodlands) operate a **PROGRESSIVE HORIZONTAL EVACUATION** policy;
- BUILDING C (Bungalow) operate a **TOTAL EVACUATION** policy;
- Fire Training will be provided to all Fire Marshalls and awareness training will be given for all remaining staff;
- Fire exits and walkways must be kept clear from obstructions (with any obstruction found removed immediately).
- All employees must know the Fire Procedure, the purpose of progressive horizontal evacuation and their role within it.
- **IF YOU DISCOVER FIRE:**
 - Immediately operate nearest fire alarm call point.
- **IF YOU HEAR THE FIRE ALARM:**
 - Follow the Fire Procedure (specific to the building you are within) and appropriate to your designated role - Available on R:\ drive (GeneralShared)
 - Fire Procedure Appendix A (Fire Marshall and Fire Responders);
 - Fire Procedure Appendix B (All Clinical Staff);
 - Fire Procedure Appendix C (All Administration Staff / Bungalow Personnel);
 - **DO NOT USE THE LIFT;**
 - **DO NOT DELAY FOR PERSONAL BELONGINGS;**
 - **DO NOT INVESTIGATE A FIRE SITUATION ALONE;**
 - Follow the instructions of the person in charge, who is fully in charge of all staff and persons on the premises until the Fire Brigade arrives;

• Electrical Equipment

- Electrical equipment is normally safe, provided it is properly installed and regularly inspected.
- Pre-use Checks should be deployed prior to using any person operated electrical goods. This will include vacuum cleaners, kitchen equipment/ appliances, handheld items.
- These checks include cable condition/ integrity (with no breaks or tears), plug condition, outer casing condition and that no internal cables/ components should be exposed.
- Always remember that water and liquids are conductors of electricity, and be aware that their association with faults caused by, for example, damaged cables, flexes, plugs and sockets, the overloading of circuits and fuses, etc. would make the shock more severe.
- Therefore you should:
 - **NEVER** touch electrical equipment with wet hands, move any portable electrical equipment without disconnecting it from the mains, make electrical repairs or do other

electrical work unless you are an authorised person;

- KEEP electrical supply cables and flexes away from wet areas or from where they will be damaged by being walked over or knocked when moving equipment about;
- ALWAYS switch off all equipment when not required, unless continuous operation is necessary;
- TURN OFF electrical equipment at night, where appropriate, unless continuous operation is necessary and/or instructed otherwise;
- Report defective equipment to the Registered Manager;
- Ensure all portable appliances are tested in accordance with PAT regulations. Every item should have a label stating the re-test/inspection date. Items should not be used after this date or without a dated label. Any item found to be out of date should be removed from communal areas and reported to the Maintenance Team.

- **Moving and Handling**

- See separate policy - Available on R:\ drive (GeneralShared)

- **Basic Food Hygiene**

- All employees who have contact with food in the establishment, or enter food preparation areas, will be suitably trained in basic food hygiene.
 - All appropriate individuals must ensure that they wear correct Personal Protective Equipment (PPE) whenever handling food i.e. aprons, gloves, long-hair tied back/ covered etc.
 - Basic food hygiene training is incorporated in the induction training for all employees.
 - Employees normally working in food preparation will complete a recognised Basic Food Hygiene qualification as soon as practicable after initial employment, or produce proof of a recent qualification.
 - Catering supervisors and cooks will complete the Intermediate Food Hygiene Certificate as soon as practicable after initial employment, or produce proof of a recent qualification.

- **Transmittable Diseases**

- Transmittable diseases form part of the induction training.
 - When performing hands-on personal care with Service Users, full protective measures (gloves, aprons etc.) should be taken in order to eliminate any risk of cross-infection.

- **Infection Control**

- See separate policy for further guidance - Available on R:\ drive
 - A named Infection Control lead with appropriate training will be nominated within the policy.
 - Infection control training is incorporated in induction process and further assessment and training is implemented for all staff.

- **Prevention of cross-infection**

- To prevent cross-infection, ensure that:
 - Any infection a Service User has does not spread to others;
 - The Service User is not exposed to potential sources of infection in his/her surroundings;
 - Others do not bring infection to the home.

- **Notifiable diseases**

- The Health Services and Public Health Act 1968, the Public Health (infectious Diseases)

Regulations 1988 and subsequent amendments require certain infectious diseases to be notified to the 'proper officer' of the Local Authority.

- The responsibility for the notification of the listed disease(s) rests with the Doctor attending the Service User.
- The Local Authority has the power to stop work in order to prevent the spread of infection, including food borne infections (Food Hygiene (General) Regulations 1970).
 - Diseases notifiable under the Public Health (Control of Disease) Act 1984: Cholera, Plague, Smallpox, Relapsing Fever, Typhus, and food poisoning.
 - Diseases notifiable under the Public Health (Infectious Diseases) Regulations 1988: Acute encephalitis, acute poliomyelitis, anthrax, diphtheria, dysentery, leprosy, leptospirosis, malaria, measles, meningitis, meningococcal, septicaemia, mumps, ophthalmia, neonatorum, paratyphoid fever, rabies, rubella, scarlet fever, tetanus, tuberculosis, typhoid fever, viral haemorrhagic fever, viral hepatitis, whooping cough and yellow fever.
 - Most outbreaks will present non-specific symptoms; serious sepsis or epidemic wound infections.
 - Any member of staff suspecting an outbreak of the notifiable disease should make their suspicions known to the Registered Manager who will recommend the appropriate actions

- **Immunisation**

- All staff should seek advice and vaccinations from their GP where appropriate. It is recommended that the individual states that they work within a care environment and that they should qualify for certain vaccinations with no levy.

- **Rules to prevent the spread of infection**

- All staff should adhere to the following:
 - Avoid infection by careful control of coughing and sneezing, i.e. use tissues / handkerchief;
 - Appropriate hand washing and assessment;
 - Use of disinfecting hand rubs;
 - Avoid wearing jewellery, except for wedding rings;
 - Keep hair short or tied back;
 - Wear clean uniform clothing, and do not travel to and from work in that clothing;
 - Report any signs of infection to the appropriate person;
 - Keep toilets and commodes scrupulously clean using correct disinfectant agents;
 - Correct handling of food to prevent food borne illness;
 - Take care when dealing with pets. Always hand wash or use the hand rub after contact.

- **Staff skin awareness**

- All cuts and abrasions should be covered with a waterproof plaster (blue coloured if working in food areas). Early detection and prompt reporting of infection is particularly important.
- Any staff member with a skin infection must take advice from a doctor before continuing to work. All skin infections must be reported to the Registered Manager.
- Report to your manager any Service Users who have a rash or unaccountable marks on

his/her body.

- Where scabies or shingles are suspected:
 - The manager must request a visit from the GP;
 - Staff should wear a plastic apron and wear gloves for any direct contact;
 - All linen must be placed in the appropriate bag and the appropriate laundry procedure followed for contaminated laundry.

- **Staff sickness**

- Staff with diarrhoea and vomiting should not attend work but ring to report sick. Should the condition persist it may be necessary to provide a specimen of faeces and not return to work until medical clearance by a GP is given. Every attempt should be made to minimise any risk of infection. It is company policy to be 48 hours clear of diarrhoea or vomiting prior to returning to the workplace.

- **Blood borne viruses**

- Any Service User may be a carrier of a blood borne virus. There are blood-borne viruses other than hepatitis B, other hepatitis and HIV/AIDS. Appropriate risk assessment and precautions must therefore be taken with all Service Users and particularly with body fluids.
- **Always assume that blood and other body fluids are infected.** However known contractible viruses should be communicated and documented to all personnel involved within the individuals care. All accidents, facial, particularly eye, or wound contact with infected body fluids must be recorded as an incident.
- Accident avoidance measures should include common sense precautions to avoid accidents and injuries, particularly when using sharps, whether the Service User is known to be infected or not. All accidents must be reported.
- Body fluid handling and spillage procedure should be as follows:
 - Use no-touch techniques when dealing with blood or other body fluids. Wear gloves and plastic aprons as appropriate. Masks and goggles should be worn where appropriate;
 - Care staff wearing disposable gloves and plastic aprons should wipe up body fluid spillages immediately using the appropriate kits supplied;
 - Use appropriate disinfectant agents on carpets;
 - Use no-touch techniques or gloves when disposing of anything contaminated with blood, e.g. dressings.
- Avoid contamination with saliva. If saliva contamination to eyes, a cut or an open wound occurs, wash liberally with water and inform the manager immediately.

- **Outbreak control measures**

- An outbreak of gastroenteritis is indicated by the occurrence of UNEXPLAINED diarrhoea and/or vomiting in two or more Service Users. (Remember that there are also non-infective causes of diarrhoea and vomiting). The recommended action in such cases is as follows:
 - Staff should inform the Nurse in Charge (who in turn will contact the Registered Manager) and then the appropriate GP should be notified;
 - Follow the advice given by the GPs;
 - Wear plastic apron and protective gloves when in contact with excreta;
 - Dispose of faeces carefully and disinfect bedpans/commodes using disinfectant;
 - Place the Service User away from communal areas and where possible with their own toilet facilities and washing facilities;

- All crockery and cutlery should be soaked in a bowl of disinfectant for 30 minutes before being removed from the room of the Service User to the kitchen;
 - Wear a protective apron and gloves when sluicing contaminated linen. To sluice any contaminated linen, leave the linen to soak in disinfectant for 30 minutes before removing to laundry;
 - Place all contaminated linen into a red alginate waste bag and keep separate from any other linen. This should then be placed within the washing machine, within the bag, and the sluice thermal disinfection programme selected;
 - Wash hands thoroughly after attending the Service User and before going to any other task.
- The manager should notify the local health authorities when the occurrences are unexplained.

- **Emergency Situations**

- In case of being faced with emergency situations such as relating to gas, electricity, water, fire or medical issues, stay calm, assess the situation, and raise alarm by contacting 999 (if necessary). Emergency situations will form part of your induction programme.
- Follow the business contingency planning policy – separate document within Policy Folder on the R:\ drive (GeneralShared).

- **Over-seven-day incapacitation of a worker**

- Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

- **COSHH**

- COSHH forms part of your induction training and forms part of the environmental safety precautions.
- COSHH is the Control of Substances Hazardous to Health. It is a risk assessment used for any products that can cause harm used onsite and supplied by the organisation.
- **NO PRODUCT SHOULD BE USED WITHOUT THE APPROPRIATE RISK ASSESSMENT ACCOMPANIED BY A MATERIAL SAFETY DATA SHEET (MSDS)**
- Substances will be classified as toxic, explosive, flammable, oxidising liquid, corrosive, harmful/ irritant, harmful to the environment, carcinogenic or compressed gas;
- Each Risk Assessment will include the first aid measures, disposal methods, route of exposure, hazard type, appropriate PPE, exposure limits, classification (as above), people at risk and control measures.

• Safety Rules for the use of household cleaning agents

- All cleaning product should be supplied only by an approved supplier – Shorrock Tri-chem.
- Refer to the COSHH Risk Assessment and Data Sheet prior to using any product.
- Always wear protective clothing (overalls, rubber gloves) highlighted within the Risk Assessment.
- Always read the instructions on the label of the product to be used.
- If unsure of the product or it is thought that the chemical is in the wrong container, DO NOT USE and NEVER DECANT substances into other containers.
- NEVER MIX chemicals, especially bleach and toilet cleaner.
- Make sure that the ventilation is adequate as stated in the Risk Assessment
- NEVER smoke or eat whilst using chemicals. Smoking is not permitted within the building.
- Store all products in accordance with the Risk Assessments/ Data Sheet.
- Dispose of products in accordance with the Risk Assessment/ Data Sheet.

IF AFTER USING HOUSEHOLD CHEMICALS WITHIN THE WORKPLACE A FEELING OF DROWSINESS OR OF BEING GENERALLY UNWELL DEVELOPS, CONTACT YOUR DOCTOR IMMEDIATELY AND THEN INFORM THE MANAGER/CARE CO-ORDINATOR.

Working at Heights/ Reaching etc:

- Avoid working at height where possible.
- Use work equipment or other measures to prevent or minimise falls where they cannot avoid working at height.
- Risk-assess all situations whereby working at heights is unavoidable.
- Provide suitable training for those working at heights.
- Provide suitable equipment.

Employees and other workers on site will:

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

Smoking

- Smoking is only allowed in designated areas. Shelters and bins are provided at locations.

Floors

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

Stairs

- Stairs must be kept clear of obstruction.
- Damage to stairs must be reported immediately. (Condition of handrails, nosings and floor coverings)

Lighting

- Non-functioning lighting must be reported immediately to Maintenance.
- Adequate lighting should be provided for all areas suitable to the task being completed.

Windows

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

Doors

- Doors must not be obstructed from opening or closing.
- Damage to fire doors must be reported immediately.
- Fire doors and final exit doors are inspected regularly by the Maintenance Team and any defect rectified immediately. This includes the smoke seals, door closing mechanism and ensuring they close fully onto the rebate.

Lifts and Lifting Equipment

- All Lifting Equipment must be thoroughly examined in accordance with LOLER (Lifting Operations and Lifting Equipment Regulations) every 6 months for lifting people and 12 months for all other lifting equipment.
- Damage to, or malfunction of, lifts or lifting equipment must be reported immediately.
- Lifts or lifting equipment will not be used during a fire alarm.
- Lifting Equipment must be suitable to the task required and pre-use checks should be carried out by the user.
- A risk assessment will be carried out for each item of lifting equipment, regularly reviewed for suitability and a separate risk assessment completed for each Service User that will require assistance using the hoists.
- All slings should be risk assessed and appropriate to the Service User. Slings should be maintained and cleaned in accordance to manufactures recommendation and Infection Control Procedure.
- A regular maintenance program for all lifting equipment must be in place and recorded in a log book.
- Lift Maintenance is provided by external contractors and a thorough independent examination is carried out.

Gas

- Damage to gas installations, or a smell of gas, must be reported immediately. Emergency

contact numbers are displayed in offices.

- Cases of headache, unusual tiredness and muscular weakness experienced in rooms containing a gas appliance must be reported immediately.
- Carbon Monoxide detectors are present in required areas (laundry/ plant room) and are tested and recorded every month for compliance by the Maintenance Team.
- All gas appliances are serviced by a competent Gas Safe registered engineer and Gas Safety Certification is issued annually.