

## Health and Safety Policy

Integrated Treatment Services (ITS) will strive to conduct all their activities in a manner that achieves the highest practicable health and safety standards in respect of locum therapists and any other persons who could be affected.

We recognise our obligations under the Health & Safety at Work etc Act 1974, and other health and safety legislation, and we are committed to ensuring all relevant legislation is adhered to.

We will strive to meet the above and are committed by regularly reviewing our health & safety policies and inviting therapists to highlight any health and safety concerns throughout their work with ITS. We will carry out regular reviews on risks to identify problem areas and apportion corrective action where necessary. Our locum therapists shall be part of this process.

We will ensure therapists receive their hand book information, updated instruction and training as is necessary for the safe performance of work activities. As a locum therapist it is acknowledged that all statutory training is provided by the locum agency Randstad Care and that therapists take personal responsibility to ensure they are full trained in aspects of health and safety.

All therapists (irrespective of status) are responsible for the health and safety of themselves and others.

Integrated Treatment Services Director has overall responsibility for health and safety matters within the areas of operation.

This policy will be regularly reviewed and, where necessary, revised to take into account changes to the business and appropriate legislation.

Full details of the Health and safety policy are attached. Please read these carefully before signing to acknowledge your adherence to the policy.

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*Sarah Davis*

Director of Services Integrated Treatment Services

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# Health and Safety Policy

## Procedures for Dealing with Health and Safety Issues

### ◆ Risk Assessment

The current system for managerial interface with therapists is via the Digital Staff Handbook.

The safety representative will provide an avenue through which any concerns raised by therapists, emanating from the Risk Assessments, can be brought to the attention of the Director of Services for more formal discussion.

The Director of service has the responsibility of ensuring risk assessments are carried out within the area of operations.

Guidance on risk assessments can be found in this document.

### 1.0 Planning and Organisation

ITS will, in consultation with the therapists, make the necessary arrangements for a formalised approach to the assessment process. This will involve an initial discussion on a system for rating risks found during the assessments so that they can be classified and thus prioritised.

The rating system will include details of hazards classified to the following criteria.

*A) What is the degree of possible harm (DPH) from the hazard? (Taking into account the worst case).*

Scratch/Bruise	0.1
Laceration/Mild ill effect	0.5
Break minor bone/minor illness (temporary)	2
Break major bone/major illness (temporary)	4
Loss of 1 limb, eye, hearing loss (permanent)	6
Loss of 2 limbs, eyes (permanent)	10
Fatality	15

*B) What is the frequency of exposure (FE) to the hazard?*

Annually	0.5
Monthly	1.0
Weekly	1.5
Daily	2.5
Hourly	4.0
Constantly	5.0

C) *What is the likelihood of occurrence/contact with hazard (LO)?*

Almost impossible, possibly only under extreme circumstances	0.033
Highly unlikely, though conceivable	1
Unlikely, but could occur	1.5
Possible, but unusual	2
Even chance, could happen	5
Probable, not surprised	8
Likely, only to be expected	10
Certain, no doubt	15

D) What is the number of persons (NP) exposed to the hazard?

1 - 2 persons	1
3 - 7 persons	2
8 - 15 persons	4
16 - 50 persons	8
50 + persons	12

To evaluate the risk the following calculation is made:

$$LO \times FE \times DPH \times NP = \text{Risk Category}$$

The appropriate risk category is then identified.

<b>Risk Category</b>	<b>Priority</b>
0 - 5	Negligible
5 - 50	Low but significant
50 - 500	Moderate
500 +	Unacceptable

These questions are now supplemented with 'what measures will be necessary to control the risks identified? In all cases ITS will agree the additional definitions required by the questions about level of harm, frequency and scope, and control measures required.

ITS believe that a team approach to Risk Assessments is most effective. ITS in conjunction with therapists, will decide on the number and constituent members of assessment teams.

The assessment process will be part of normal working for purposes of therapists conditions.

## 2.0 Control and Monitoring

The purpose of the risk assessment will be to formulate a system of control for hazards associated with daily working environments and working practices.

To achieve this a proper system for the formulation of remedial actions to cater for the hazards identified has been established.

All items of concern arising from the completed Risk Assessment Procedure will be discussed with employees.

Any hazards arising from the assessment, given the priority rating of unacceptable, both the Director of ITS and the therapist will discuss the action within 24 hours with work stopping if necessary. Any hazards arising from the assessment, given the priority rating of moderate, both the Director of ITS and the therapist will discuss the action within 7 days.

Responsibility for implementation of Corrective Actions will be that of the director of ITS. The assessment teams will monitor the implementation and effectiveness of any control measures introduced as a result of the assessment and will make additional recommendations as appropriate.

## 3.0 Information and Training

Members of assessment teams will, where necessary, be given:

- a) Training to improve their knowledge of the risk assessment procedure.
- b) Any additional detailed knowledge about how to assess risks within the working environment that they are assessing.

## 4.0 Safe Systems of Work

A risk assessment must identify all hazards within ITS operations. These will occur in the following areas:

- a) Both direct and non-direct employees (contractors, agency and part-time persons).
- b) The current equipment and any equipment that is planned to be hired or purchased in the future.
- c) The materials used within the working environment (COSHH will only have covered the chemical use aspects).
- e) The working environment for personnel and others.
- f) Current operations (i.e. whether they create a problem which could affect the quality of products or services).
- g) Loss of process and any risks that could affect it.

## REMEMBER:

The most important considerations for risk assessment are that:

- All hazards are identified
- Appropriate control measures are defined
- The risk assessment process is well documented to enable management control

## PROCEDURE FOR CARRYING OUT RISK ASSESSMENTS

Assessment Team:

The most effective method of carrying out Risk Assessments is that of setting up teams. It is recognised that tasking an individual to carry out risk assessments is the least effective route to take. The first step therefore is to assemble the team.

The team should be structured as below:

<b>Team Leader</b>	-	Director of ITS
<b>Therapist</b>	-	To which the assessment is relevant
<b>Other</b>	-	Any person with particular skill or knowledge to assist i.e. representative from the setting being assessed.

## 6.0 The Assessment

**Step 1** - is to walk around the area being assessed and look afresh as to what could reasonably be expected to cause harm. Ignore trivial matters and concentrate only on hazards that may cause serious harm or effect several people. You should look at the workplace itself, clients, machines/equipment, processes and any activities that go on.

Some areas may present few and simple hazards that may be dealt with by a single assessment while others may contain machinery/equipment etc. that will require assessment in their own right.

Therapists and other relevant people should be consulted; they may have noticed things that are not immediately obvious. Accident reports can also be a useful aid.

**Step 2** - is hazard identification proper. Using sheet 'Risk Assessment Record' list all the hazards associated with the process, activity, scenario being assessed. To give some guidance a non-exhaustive list is attached (Appendix 1).

Broadly speaking hazards can be broken down into six main groups. These groups (shown in Appendix 1) are then divided into more definitive areas.

You should look to see if any of the hazards from all six groups are present in the area being assessed.

**Step 3** - Requires that for each hazard identified you must list **who** might be harmed, **where** and **when** they may be harmed. There is no need to list individuals by name - just think about groups of people doing similar work or who may be affected;

e.g.

Office Staff	Clients
Therapists	Clients Parents, carers, relatives
Members of the public	People sharing the workplace
Contractors	

You should pay particular attention to people who may be more vulnerable,

e.g.

Staff with disabilities	Visitors
Inexperienced staff	Lone workers
Young workers	Expectant Mothers

**Step 4** - is the risk adequately controlled?

You should now ask yourselves have you already taken precautions against the risks from the hazards listed.

For example, have you provided:  
Adequate Instruction, Information or Training?  
Adequate Systems or Procedures?

And, do the precautions:  
Meet the standards set by a legal requirement?  
Comply with a recognised industry standard?  
Represent good practice?  
Reduce risks as far as is reasonably practicable?

If so, then the risks are adequately controlled, but you still need to indicate the precautions you have in place policies/rules etc. when recording this information. Additionally the HSE web site is always available for advice and guidance particularly, regarding regulations, codes of practices etc.

**Step 5** - each hazard now has to be risk rated. To do this refer to the criteria and definitions contained within the planning and organisation section of this procedure.

Enter a rating against each hazard listed in each section i.e. Harm (DPH), Frequency of Exposure (FE), Likelihood of Occurrence/Contact (LO), Number of People Exposed (NP) and do the multiplication;

i.e. Harm (DPH) x Frequency (FE) x Likelihood (LO) x Number (NP). Enter the result in the rating section.

Make reference to the risk rating section (page 3) in the procedures and list the relevant priority level against the rating.

**Step 6** - you should now look at what further action is necessary to control the risk, i.e. what more could you reasonably do for those risks that you found which were not adequately controlled. You are entitled to take cost into account unless the risk is high. Enter the further actions into the further actions required column.

You have now completed a risk assessment.

## **7.0 Follow up Action**

Forward a copy of the assessment to the Main Office for entry into the central record. This will ensure that ITS has proof that it has carried out the assessments in accordance with the regulations.

You must now establish a programme of implementation of the future actions that have been noted from the assessment. This should be done in order of priority established by the assessment.

Apply the principles below when taking further action, if possible in the following order:

Remove the risk completely

Try a less risky option

Prevent access to the hazard (i.e. by guarding) Organise work to reduce exposure to the hazard Issue Personal Protective Equipment

Provide facilities i.e. first aid, washing etc.

## **◆ First Aid**

### **1.0 Personal First Aid Kit**

It is the therapists responsibility to carry with them, at all times, their own personal first standard first aid equipment at all times.

### **2.0 Working in the ITS clinic**

The I.T,S clinic contains a first aid kit should an accident arise for either the therapist or any usage of this kit so that it can be updated as required. All injuries should be recorded in the accident book

### **3.0 Working on third party premises**

When working on third party premises ITS therapists should familiarise themselves with the whereabouts of first aid kits and where appropriate any named first aid persons. ITS

will negotiate the provision of specific first aid equipment on third party premises when necessary, otherwise the personal first aid kit should be used.

### **4.0 Emergency situations**

Should an emergency situation arise all staff should call 999 in the first instance where the scenario suggests it necessary. Staff should make use of their mobile phones for this purpose.

Always ensure your own safety and that of the people around you before then contacting ITS to notify them of the incident.

## ◆ Accidents at Work

ITS aim to keep to a minimum the occurrence of accidents in the work place by regularly inviting therapists to highlight any new risks, at which time ITS will re- assess and respond to the actions required. ITS therapists should abide by the health and safety policy ensuring the safety of themselves and the people around them is prioritised.

ITS requires all near-misses and accidents to be recorded in the accident record book at the ITS base of the staff member. These will then inform risk assessments. The accident book can be found with the first aid kit.

## ◆ Fire

ITS therapists should familiarise themselves with the fire procedures in all settings in which they carry out ITS business.

Therapists are ultimately responsible for following fire procedures to ensure their own safety.

The fire meeting point would be outside of the black gates at the ITS base, the therapists running the session is responsible and should ensure to take the signing in/out book with them and mark off all visitors and staff as being present.

### 1.0 Fire Prevention

Fire prevention is an important part of the overall fire policy. All staff should always:

- prevent fire occurring by being careful with sources of heat
- know the means of escape from the premises
- communicate the means of escape to any visitors using ITS premises
- familiarise themselves with the fire procedure and obey notices
- keep exits, corridors and stairs clear
- keep fire doors closed at all times

### 2.0 Fire Procedure

Anyone discovering or suspecting a fire should:

- raise the alarm at once by breaking the glass in the nearest fire alarm call point
- move all persons from the immediate danger, closing all doors to prevent the spread of fire and smoke to other areas
- fight the fire using fire fighting appliances provided for this purpose, but only if it is safe to do so
- the fire brigade must be called to all fires, however small
- make their way safely to the assembly point



### **3.0 Working with Persons with Impairments**

All therapists should take responsibility for ascertaining whether cognition or other skills are in any way impaired when carrying out business with them. This may be the client themselves, relatives, visitors etc.

Should you establish that a person may have difficulties in responding to the fire procedure independently than be prepared to follow the procedure below:

- Where it is established that a person has impairment such that they may not be able to follow the fire procedure independently Therapists **MUST** take responsibility for that person in the event of a fire.
- If the person can manage to evacuate using the stairs with assistance, Therapists should give the appropriate help and guide them out of the building.
- If the person shows a lack of understanding of the procedure then the Therapists should attempt to communicate this in the most effective way possible while primarily focusing on the safety of all concerned.
- If the patient or visitor is unable to exit the building, if possible, they should be moved to the nearest safe area to await further help from the fire brigade.
- If the person is severely restricted (e.g. wheelchair bound), staff should notify details of their restrictions.
- Therapists should not put themselves in a position of danger when assisting another person.

## **◆ Personal Safety**

In addition to the point detailed previously the following items are important with regard to personal safety.

### **1.0 Lone Working**

During the course of the job it may be necessary for therapists to perform administration and clinical activities alone. Risk assessment will be carried out with respect to these occasions.

Therapists are responsible for notifying the main office of their whereabouts on each working day by inputting their appointments in the ITS diary, providing adequate information to include;

- names, addresses and telephone numbers of planned visits
- expected start and finish timings of planned visits

Therapists should ensure that the main office has the correct contact details of any third party premises which you will be working at as well as a named family contact who they would want to be contacted in the case of an emergency.

Therapists should use mobile phones to make contact with the main office, colleagues etc to enhance their safety.

## **2.0 Home Visits**

It is at the discretion of the therapist, should they wish to request a telephone contact from the ITS base to enhance their safety. Therapists should make arrangements with Director of Services: Sarah Davis for a telephone safety call, the therapist must record clearly on the online therapy diary the start and the finish time when they will make a telephone call to the nominated person from ITS. Should this telephone contact NOT be received by the ITS named person assigned to this session/therapist, they will then attempt to call the therapist ensure a successful start and completion of the visit. If the therapist does not answer the phone, the appropriate action will be taken to make contact with the th

Therapists are requested to re-evaluate any potential risks associated to home visiting by sensitively detailing in the case notes and discussing with the Director of Services Sarah Davis. Therapists should consider the following sources of information when planning a home visit:

- referral information
- further discussion with the referrer
- previous case notes
- discussion with others

Home visits where potential risks have been identified or are for initial assessment should be scheduled such that they will end prior to 4:30pm.

## **3.0 Use of a Private Vehicle**

Therapists should ensure that they have adequate car insurance to use their vehicle for business purposes, i.e. using their car for travelling associated to ITS business over and above travelling from home to base and return.

Therapists are responsible for maintaining their car in good working order.

Therapists should consider travelling with the car doors locked, particularly at night.

Park your car in well lit areas pointing in the direction you which to leave if possible. When returning to your car have your key ready in your hand and check the back seat before you enter the car.

Lock all valuables in the car boot where possible so that they are out of view.

If driving alone do not stop even for those in signalling distress ring form a safe place to summon assistance.

If you think you are being followed drive to the nearest police station or lighted building.

Therapists should never transport clients within their own vehicles.

## **4.0 Avoiding Contamination**

Due to the clinical nature of your job you should ensure to wash or use alcohol gel to prevent the spread of bacteria/germs etc. This should take place before and after contact with clients.

Equipment loaned should arrive in a clean and hygienic state, Therapists should ensure that equipment is returned in the same way.

## APPENDIX 1

### HAZARDS

#### 1) Mechanical

Cutting/shearing, entanglement, drawing in/trapping, impact, stabbing, slips/trips/falls, abrasion, burn, inspection.

#### 2) Electrical

Direct contact, indirect contact, short-circuit/overload, source of ignition.

#### 3) Workplace Practices

Highly repetitive actions, stressful posture, lifting/handling, mental overload/stress, visual fatigue, inadequate rest breaks, interacting with potentially harmful clients, contamination through human contact.

#### 4) Hazardous Substances

Highly flammable gel / wipes. potentially irritant sterilising wipes, vapours causing drowsiness and dizziness.

#### 5) Environmental Hazards

Hot ambient temperatures, cold ambient temperatures, poor ventilation, significant noise, poor lighting, working alone, travelling, working on third party premises.

**NOTE! The list above is not exhaustive. It is for guidance only.**

## APPENDIX 2

PROCESS/ACTIVITY BEING ASSESSED \_\_\_\_\_ LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF ASSESSORS \_\_\_\_\_

LIST THE HAZARD	CONTROLS IN PLACE	RISK LEVEL				RATING	PRIORITY	FURTHER ACTION REQUIRED	ACTIONED TO	TARGET DATE
		HARM (DPH)	FREQ (FE)	L'HOOD (LO)	NO (HP)					

LIST THE HAZARD	CONTROLS IN PLACE	RISK LEVEL				RATING	PRIORITY	FURTHER ACTION REQUIRED	ACTIONED TO	TARGET DATE
		HARM (DPH)	FREQ (FE)	L'HOOD (LO)	NO (HP)					