

HEALTH & SAFETY MANAGEMENT MANUAL

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Introduction

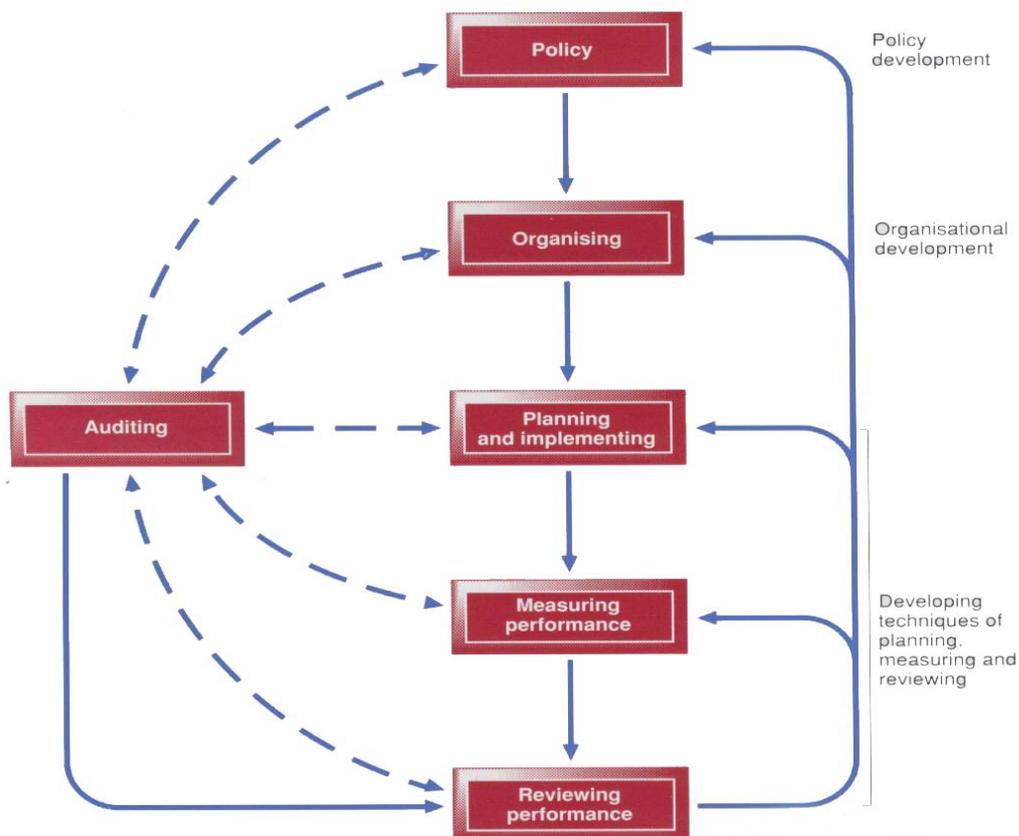
Accidents and ill health can ruin lives. They can also result in increased costs due to equipment damage, increased insurance costs, loss of expertise and could ultimately result in court summons, financial penalties or custodial sentences.

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

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

This Health & Safety Manual is designed as a tool to assist managers in controlling health & safety risks within their department/area of responsibility and is based on the 5 key elements of managing health & safety as published in Health & Safety Executive guidance. These key elements are;

Diagram 1 Key elements of successful health and safety management



Section 1.0 - Health & Safety Management

1.1 Legal Framework

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

These are summarised below;

Employers must

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

Employees must

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

These duties are qualified by the term '*so far as is reasonably practicable*'.

'Reasonably practicable' means the measures taken to avoid or control risks should be in proportion to that risk i.e. balancing the cost of steps taken to reduce a risk against the degree of risk presented.

Cost should include the time, trouble and effort required, not just the financial cost.

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

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

The Management Regulations require employers to:

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

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

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

This undertaking will be explained in more detail in [Section 1.3 - Health & Safety Risk Management](#).

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

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

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

1.2 Managing Health & Safety

1.2.1 Key Elements of Successful Health & Safety Management

The key elements of successful health and safety management are set out in this summary. The five elements form the basis for this manual.

Policy

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

[Health & Safety Policies are available here](#)

Organising

An effective management structure and arrangements are in place for the delivery of the policy.

Managers must motivate staff to work safely and to protect their long-term health, not just simply to avoid incidents. This will also include the safety of patients and others.

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

A positive health & safety culture is fostered by the visible and active leadership of managers at all levels within the organisation.

Planning

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

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

Measuring performance

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

Managers should actively monitor their own performance, which includes reviewing documentation, carrying out workplace inspections, completion of workplace hazard checklists, risk assessments and setting clear objectives based on their outcome. The aim is to look at both hardware (premises, equipment and substances) and software (people, procedures and systems) including individual behaviour and performance.

[Manager's Annual Self Audit Form](#) has been designed for managers to measure the performance of their department annually.

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

Auditing and reviewing performance

You and your staff can learn from all relevant experience and apply the lessons.

You and your staff should regularly review what has happened based on the active monitoring of the department/ward and any independent audit by others e.g. Health & Safety Committees, specialist Advisors.

Where controls fail, reactive monitoring attempts to discover why by investigating incidents, complaints, claims or ill health.

Both active and reactive monitoring should feed into management meetings and local H&S committees.

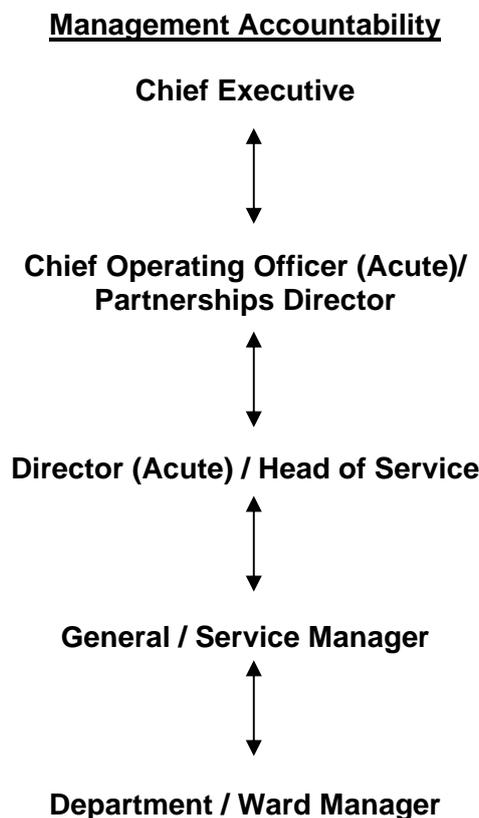
[Management Manual Audit Form](#) has been designed as a tool that the Health & Safety Department will use to audit the performance of departments/wards.

1.2.2 Health & Safety Responsibilities

The Chief Executive has overall accountability for Health & Safety matters. Some of these responsibilities have been delegated e.g. the Director of Human Resources is responsible for ensuring that the H&S policy is implemented across the organisation. Directors of CH(C)P/Mental Health Partnerships and Chief Operating Officer in Acute are responsible for ensuring that H&S policies and plans are implemented throughout their areas.

These responsibilities continue through the line management structure i.e. managers are responsible for ensuring that health & safety risk is managed within their area(s) of responsibility.

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



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

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

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

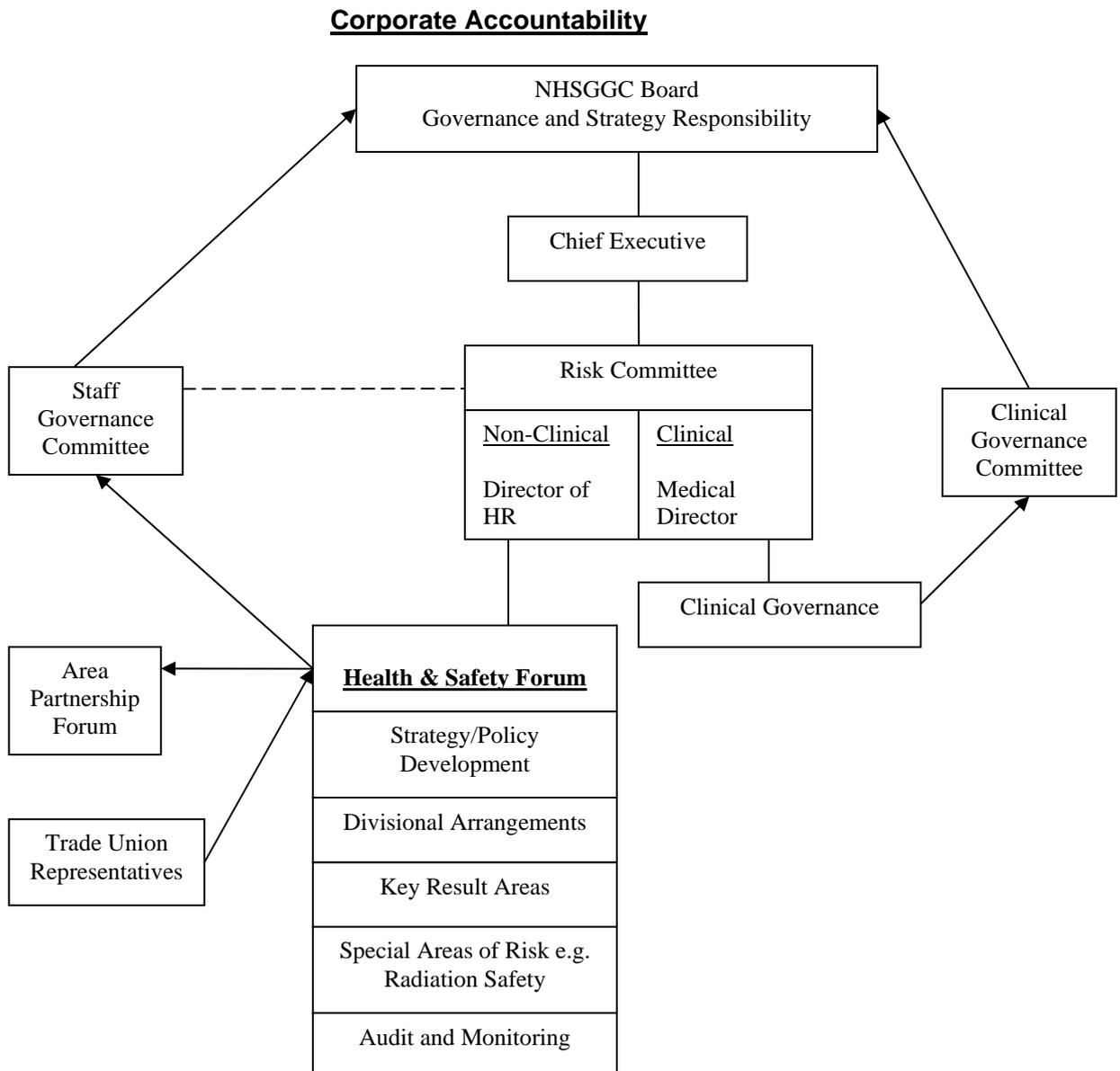
This does not remove the responsibility of a manager to manage health & safety within their department.

[Health & Safety Management Structure and Contacts Form](#) should be completed detailing the management structure and health & safety contacts for the Directorate/Partnership that your Department sits within.

1.2.3 Health & Safety Committees

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

Local committees have also been established within Directorates and CH(C)P / Mental Health Partnerships. These committees should be guided by the action plan produced by the NHSGGC Forum and should also report into their relevant management structure.



1.2.4 Instruction, Information & Training

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

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

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

1.2.5 Incident Management

NHSGGC promotes the reporting of incidents and near misses. This allows the organisation to learn from previous incidents, prevent re-occurrence and improve current systems.

An incident can be defined as

“Any event or circumstance that led to unintended or unexpected harm, loss or damage.”

A near miss can be defined as

“An event or occurrence which but for skilful management or a fortunate turn of events, would have led to harm, loss or damage.”

[The Incident Management Policy can be viewed here](#)

Reporting an Incident

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

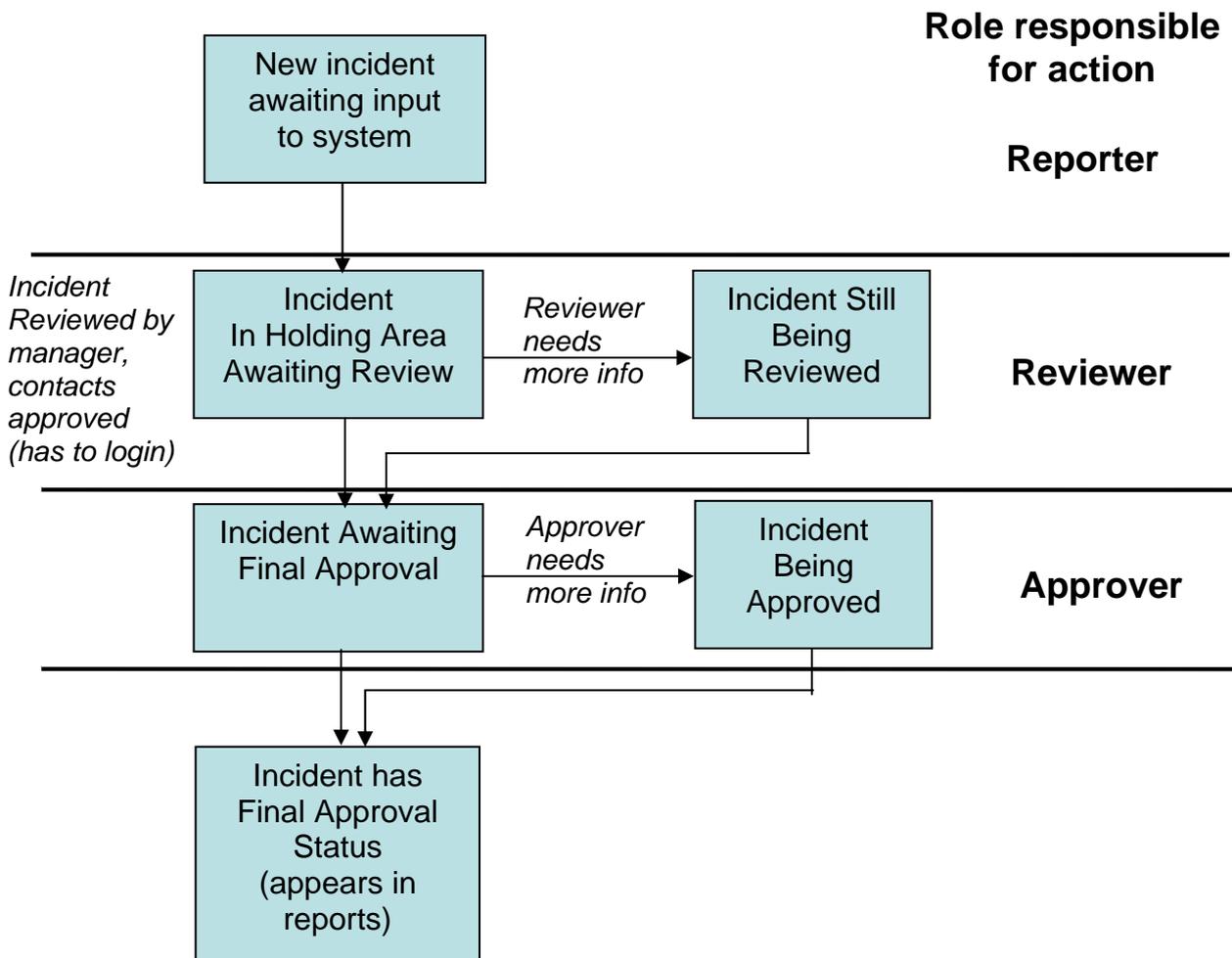
It is vital that near misses are reported so that preventative action can be taken in order to prevent more significant incidents occurring.

Incidents should only be recorded using Datixweb, which is an electronic incident reporting system that was introduced within NHSGGC throughout 2008/ 2010, and has now replaced the previous paper-based system.

The on-line incident form is accessible via staffnet and any employee with access to staffnet can report an incident. Managers can then log onto DatixWeb to review and/or approve this incident. The on-line incident form can be viewed at <http://datix.acute.xglasgow.scot.nhs.uk/datix/live/index.php>

Once an on-line incident form (DIF1) has been completed Managers can then log onto DatixWeb and review and approve this incident. It is the managers responsibility to review the information on the form and enter additional information including the severity of the incident, whether the incident should be reported to RIDDOR and what type of investigation, if any, is being carried out. Managers must remember that they are still required to report any incidents marked as a RIDDOR to their respective Health & Safety Practitioner. Incidents will go through a number of stages within DatixWeb as detailed in the Incident Lifecycle.

The Datix Incident Lifecycle



RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) place a statutory duty on NHSGGC to report certain incidents.

A reportable event is the:

Death, major injury or over 7 day injury or disease to an employee.

Death or major injury to a person not at work (although work related).

A dangerous occurrence.

Major injuries include:

- Fractures, except 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 eye injury.
- Injury resulting from an electric shock or electrical burn, leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- Acute illness requiring medical treatment, or loss of consciousness resulting from the absorption of any substance by inhalation, ingestion or through the skin or exposure to a biological agent.
- Any other injury which leads to hypothermia, heat-induced illness or unconsciousness.
- Any other injury which requires resuscitation or admittance to hospital for more than 24 hours, or if the injured person is already in hospital, then the injury would have resulted in admission for more than 24 hours.

Over 7 day injuries

An injury which results in an employee being absent from work, or unable to do their normal duties for more than 7 days. This includes rest days & other non-working days.

Reportable diseases, as notified in writing by a Doctor, include:

- Some skin diseases, such as occupational dermatitis.
- Occupational asthma or respiratory sensitisation.
- Infections such as hepatitis, tuberculosis, legionellosis and tetanus.
- Any other infection reliably attributable to work with biological agents; exposure to blood or body fluids or any potentially infective material.
- Other conditions, such as occupational cancer and certain musculoskeletal disorders.

Dangerous occurrences are specified events which may not result in a reportable injury, but have the potential to do significant harm.

- Reportable dangerous occurrences include the following:
- The collapse, overturning or failure of load-bearing parts of lifts or lifting equipment.
- The accidental release of a biological agent likely to cause severe human illness (a hazard group 3 or 4).
- The accidental release of any substance which may damage health.
- The explosion, collapse or bursting of any closed vessel or associated pipework.
- An electrical short circuit or overload causing fire or explosion.
- An explosion or fire causing suspension of normal work for over 24 hours.

Further information on RIDDOR, including full lists of reportable diseases and dangerous occurrences can be found at <http://www.hse.gov.uk/riddor/guidance.htm>

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

1.2.6 Occupational Health Services

Health Surveillance

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

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

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

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

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

Immunisation

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

Staff undertaking 'exposure prone procedures'. (These are procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times).

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

Health Checks

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

Staff experiencing persistent skin problems or symptoms they attribute to glove use must report these to line management. Line management will refer such staff for Occupational Health assessment.

1.3 Health & Safety Risk Management

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

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

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

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

What is Risk?

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

$$\text{Risk} = \text{Likelihood} \times \text{Severity (Impact, Consequence)}$$

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

Risk Matrix

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

Risk Matrix (continued)

- **Green:** Risk is well controlled; precautions are sufficient and reliable.
- **Yellow:** Risk is acceptable but of concern. The combination of the severity of the consequences and the likelihood indicates that although improvements would be desirable, serious adverse effects are unlikely.
- **Orange:** Risk is unacceptable. Remedial action is necessary.
- **Red:** Risk is unacceptable. Remedial action is urgent; consider stopping the work or task until the risk can be reduced.

1.3.1 Risk Assessment

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

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

A Risk Assessment can be broken down into 5 steps:

1. Identify the hazards
2. Decide who might be harmed and how
3. Evaluate the risks and decide on precautions
4. Record your findings and implement them
5. Monitor and review

[Summary of Hazards & Risks Form](#) can be used initially as a checklist of hazards. Once completed it becomes a working document for the Health & Safety risks within a department.

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

Designated guidance and risk assessment forms for assessing these risks are available within **Section 3 - Supplementary Guidance**.

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

The level of detail recorded in the assessment should relate to the level of risk.

Identifying Hazards

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

What is a Hazard?

A **Hazard** is simply anything with the potential to cause harm.

For example, hazards could be work materials, equipment, work methods or practices. Although many hazards are self-evident to those involved in the work; others may only become apparent through careful investigation.

Hazard Types within NHSGGC include:-

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

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

Who might be harmed and how

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

Evaluate the risks and decide on precautions

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

When deciding on control measures the following principles should be applied:

- Can the risk be avoided or eliminated altogether?

If not, how can the risk be reduced. For example:

- Is there an alternative, less risky option?
- Can the work be adapted to suit the individual e.g. layout of workplace, choice of equipment or methods of working?
- Can the work be organised to reduce the numbers of people exposed?
- Can engineering or technical controls be used?

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

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

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

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

Record your findings and implement them

The results of the risk assessment should be documented and readily available for all staff in order to enable them to apply the findings.

The language used on the risk assessment should be clear and easily understood in order to avoid confusion.

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

The information noted on the risk assessment should:-

- Be suitable and sufficient
- Identify control measures
- Ensure health surveillance is provided where required
- Provide information on risk to employees

Monitor and review

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

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

1.3.2 Risk Registers

A risk register is a simple and effective way of documenting and managing the risks that require further action.

It is recognised that having assessed the risks within your department, not all of them may currently have enough controls in place to keep the risk within acceptable levels. Additionally, you may not have the access to the resources required to achieve this.

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

What to include in a Health & Safety risk register?

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

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

[Health & Safety Risk Register Form](#)

[Health & Safety Policies](#)

[Clinical Risk Homepage](#)

1.4 Workplace – Health, Safety & Welfare

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

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

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

[Quarterly Workplace Inspection Checklist](#) has been developed to assist with the programme of inspection. Any issues should be recorded together with action taken or required.

1.4.1 Health

General workplace ventilation

Enclosed workplaces should be sufficiently well ventilated, with air being replaced at a reasonable rate. In many cases this can be achieved by opening windows, vents etc,

Any air introduced must not introduce uncomfortable draughts or excessively contaminated air.

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

Temperature

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

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

[NHSGGC Temperature Guidelines](#) provide further information on managing workplace temperature.

Lighting

Should be suitable and sufficient to enable people to work, use facilities and move around safely. Lighting and light fittings should not create additional hazards.

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

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

Cleanliness and waste materials

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

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

Suitable receptacles for waste should be provided as required throughout the workplace.

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

Suitable cleaning arrangements are required to be made for the workplace, including provision for spillages and soiling. These arrangements should be specified in a Service Level Agreement that does not create additional risks and is appropriate to the activities each workplace.

Within clinical environments, reference should also be made to Infection Control Guidelines.

Room dimensions and space

Workrooms must have enough free space to allow people to move freely around the room. The volume of a room when empty, divided by the number of people working in it should be at least 11 cubic metres per person (when calculating ceiling heights should only be counted to a maximum of 3 metres).

However, the number of people who can work in a particular room at any one time depends not only on the size of the room but also the space taken up by furniture, fittings, equipment and the room layout or work being undertaken. **Where space is limited careful planning of the workplace is essential.**

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

Workstations and seating

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

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

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

Specific advice for workstations utilising Display Screen Equipment is contained within [Section 2 - Supplementary Guidance](#).

1.4.2 Safety

Maintenance

Maintenance of workplace, equipment, devices and systems

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

Floors and traffic routes

- Should be of sound construction and should have adequate strength and stability taking into account the loads placed on them and the traffic passing over them.
- Should be free of any holes, uneven or slippery surfaces which could cause a person to slip, trip or fall or cause instability/loss of control to any vehicle or its load.
- Should be kept clear of obstructions that may present a hazard or impede access. Where temporary obstruction is unavoidable then access should be prevented or suitable warning measures appropriate to the hazard posted in a prominent position e.g., hazard warning cones.
- All temporary holes e.g. access to ducts, work in progress removed floorboards should be adequately guarded. Due account should be taken of persons with impaired vision.
- Immediate arrangements should be made for the repair of holes and other hazards. Such temporary measures as are necessary require to be taken until suitable repairs have been effected e.g. barriers, conspicuous marking etc.
- Where floors are likely to become wet or subject to spillages then suitable slip resistant flooring should be provided.
- Should be suitably organised to ensure that pedestrians and vehicles using or visiting the premises can do so in a safe manner.

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

Additional guidance will be issued to Facilities & Estates with regards to the hospital grounds and other communal areas.

Falls or falling objects

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

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

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

Windows, doors etc

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

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

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

Doors on main traffic routes should have transparent viewing panels.

1.4.3 Welfare

Sanitary conveniences & washing facilities

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

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

The following tables show the minimum number of toilets and wash stations that should be provided.

Mixed use
(or female only)

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

Male only

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

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

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

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

Drinking water

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

Accommodation for clothing & facilities for changing

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

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

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

Facilities for resting and eating

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

Rest areas should be provided with in offices and other reasonably clean workplaces, work seats or other seats in the work area will be sufficient, provided workers are not subject to excessive disturbance during breaks. Work areas can be counted as rest and eating facilities provided they;

- Have suitable seats for the number of workers likely to use them at any one time.
- Are in a sufficiently clean place and there is a suitable surface on which to place food.

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

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

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

Facilities for new and expectant mothers.

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

Further information and guidance can be found in the [Workplace Policy](#)