**Health and Safety Procedure**

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# Section One: Digital Screen Equipment

1. **STATEMENT OF INTENT**
2. Omega Care Group aims to minimise any Health and Safety hazards arising from the use of Display Screen Equipment in the delivery of its services, and to support and maintain the health and wellbeing of all staff members.
3. The relevant legislation is the Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002.
4. Under this, an individual is defined as a ‘User’ of DSE, if they:

* operate DSE continuously, or near continuously, for an hour or more throughout the day, this may be cumulative.
* use DSE whenever at work
* require a high level of concentration when using DSE.

1. Each Home Manager and Office Manager will ensure their staff undertake a DSE assessment upon any changes to work stations and revised at least once annually. This is to be stored in the staff files at the home.
2. As per the Regulations, all staff will be informed of their right to a free, full eyesight test and that if the optician advises the use of corrective equipment specifically for DSE, that Omega Care Group will pay for a **basic** frame and lenses. This will be funded at current high street prices.
3. All staff are encouraged to take breaks from using DSE (around 10 minutes in every hour) and to shift their focus.
4. The induction process for staff will identify all needs for safe working practices

**NOTE** – it is the responsibility of the individual employee to inform their line manager if they identify any needs for themselves to support safe working practices.

1. **DSE Assessment**:

**Display Screen:**

**Comments**

1. Are characters clear/legible?
2. Is text size comfortable to read?
3. Is image stable-free of flicker?
4. Is brightness and/or contrast adjustable?
5. Does screen swivel and tilt?
6. Is screen free from glare/reflection?
7. Is screen glare free from natural light?
8. **Keyboards:**

**Comments/Actions**

1. Is keyboard separate from mouse?
2. Is it clean?
3. Does the keyboard tilt?
4. Can user find a comfortable position?
5. Does user have good keyboard technique?
6. Are the characters easily legible?
7. Do laptop users have access to external keyboard in office?
8. **Mouse/similar**

**Comments/Action**

1. Is device suitable for task?
2. Is device placed close to user?
3. Is there support for user’s arm/wrist?
4. Is the device effective?
5. **Furniture**

**Comments/Action**

1. Is work surface of adequate size?
2. Can all equipment be comfortably reached?
3. Are all surfaces free of glare/reflection?
4. Is chair suitable for use?
5. Is chair stable?
6. Does it have back height and tilt adjustment?
7. Does it have a swivel mechanism?
8. Does it have castors (or =)
9. Is the chair adjusted properly?
10. Is the small of the back supported?
11. Are user’s eyes level with top of VDU?
12. Can feet be placed flat on floor?
13. **Environment**

**Comments/Action**

1. Is there room for positional change?
2. Is lighting suitable?
3. Is ventilation adequate?
4. Does user take regular breaks from DSE?
5. Does user suffer discomfort when using DSE?
6. Is user aware of right re: free eyesight testing?
7. Has user received appropriate training?

# Section 2: COSHH

Omega Care Group procedures are informed by the requirements of the Control of Substances Harmful to Health Regulations 2012.

1. **The substances covered under the regulations include:**
2. Those substances which are very toxic, toxic or harmful. Those that are corrosive or irritant and substances that are sensitising.
3. Substances assigned Workplace Exposure limits.
4. Carcinogens, mutagens and teratogens.
5. Any microorganisms which creates hazard to health of any person.
6. Dust of any kind when present at substantial concentration in the air.
7. Any substance not mentioned above which creates a hazard to health.
8. Asphyxiates.
9. In the course of the work undertaken through Omega Care the majority of substances that fall under the COSHH Regulations will be cleaning materials and the impact of work carried out by contractors.
10. Examples of household products include oven cleaner; pesticides; biocides and toilet cleaners.
11. Examples of contractor generated concerns include plaster dust; sawdust; paints and cement dust.
12. House managers are responsible for:
13. Identifying all substances requiring COSHH Assessment and for undertaking such assessments.
14. Informing all staff regarding the outcome of any assessments.
15. Ensuring any new substances are assessed as required and all staff are made aware of the findings.
16. Ensuring Safety Data Sheets, as provided by manufacturer, are received, evaluated and maintained within the home Health and Safety file.
17. Undertaking COSHH Risk Assessments and implementing appropriate control measures.
18. Ensuring all COSHH (and other cleaning materials) are secured within a rigid, locked and clearly labelled storage unit. This home must not be accessible to young people.
19. Any surplus cleaning products and harmful cleaning products will be stored in a locked cabinet
20. Liaising with any contractor carrying out work within the unit and establishing and controlling any hazards generated through materials and substances used in the process.
21. The Health and Safety Officer will have oversight of all COSHH processes.
22. The use of Safety Data Sheets will provide support in developing the COSHH Risk assessment but are **not** sufficient on their own.
23. **Product and material labelling**

Since 2015 Global Harmonised Hazard Pictograms have been in place. These replace the old warning symbols system and all consist of a diamond shape with a red border. The pictograms are in black and centred on a white background.

**Hazard** **Pictogram**

1. Acute toxicity skull and crossbones
2. Flammable flame
3. Corrosive acid poured from test tube
4. Hazardous to the environment dead tree and dead fish
5. Health hazardous/hazardous to ozone exclamation mark (replaces X)
6. Serious health hazard head/torso split by hazard star
7. Gas under pressure gas cylinder
8. Explosive bomb exploding
9. Omega Care Group will manage issues around COSHH by:
10. Eliminating the use of hazardous substance wherever possible, this includes all bleach-based products.
11. Where elimination is not possible, identifying and substituting a less hazardous alternative.
12. Undertaking effective COSHH Risk Assessments.
13. Implementing all relevant and appropriate control measures and ensuring conditions around use are safe.
14. Providing personal protective equipment where appropriate.
15. Operating a safe system of access and storage.
16. Disposing of hazardous materials safely, following local guidelines.
17. Maintaining effective recording systems and ensuring the unit Health and Safety file is comprehensive and displays currency.
18. Provide low risk cleaning products for the young people in the self-contained provisions
19. Any surplus cleaning products and harmful cleaning products will be stored in a locked cabinet
20. **COSHH Risk Assessments**

COSHH Risk Assessments follow the same pathway as generic Risk Assessments.

1. Identify and list all hazardous substances present. Examine packaging for information and warning symbols, and obtain Safety Data Sheet (from supplier), for any substance that may require a COSHH Assessment.
2. Identify who may be harmed and how. How, can include the substance being inhaled, swallowed (directly, or indirectly through contact with unwashed hands, for example) or absorbed. Combinations of substances may create further hazards; good practice would dictate minimising the number of substances in use.
3. Evaluate the risk - low, medium or high - and decide what precautions should be put in place to prevent or adequately control exposure.
4. Record the process and decisions made on the COSHH Risk Assessment form.
5. Ensure all relevant people are informed of outcomes.
6. Review the Assessment at agreed time scales and/or circumstance change and amend controls as necessary.

**COSHH RISK ASSESSMENT**

**Substance: Usage:**

**Safety data Sheet ref**:

**Completed By: Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hazard** | **Who is at risk & How** | **Current Controls in place** | **Risk Rating Low/Medium/High** | **Further Action to control** | **Revised Risk rating** | **Review** |
|  |  |  |  |  |  |  |

# Section Three: Manual Handling

1. Omega Care Group manual handling procedures are informed by the requirements of the Manual Handling Regulations 1992 (amended 2002). These cover all aspects of load handling at work.
2. Manual handling is defined as ‘transporting or supporting of a load including lifting, putting down, pushing, pulling, carrying or moving thereof, by hand or by bodily force’.
3. The Regulations state that a hierarchy of **Avoid, Assess, Reduce and Review** must be used to prevent manual handling injuries to staff.
4. **Avoid** -reduce manual handling hazards to a level as low ‘as is reasonably practicable’
5. **Assess** - the risk of injury from any hazardous manual handling that cannot be avoided.
6. **Reduce** - risk of injury ‘as far as is reasonably practicable’ though the use of equipment (e.g. a trolley).
7. **Review** – What measures needs to be embedded for the future
8. All occupations involve an element of manual handling. In the case of Omega Care Group, this may include moving quantities of paper and office equipment however could also include moving of children and young people in physical interventions (applicable to Children Residential Services and Complex Need outreach services).
9. Risk Assessments will be undertaken for all relevant manual handling activities They will include the identification of task specific control measures.
10. General control measures in place include:
11. appropriate instruction - access to guidance
12. display of relevant information
13. assistance from others/sharing task.
14. The House Manager will be responsible for identifying full manual handling operation and for ensuring Manual Handling Risk Assessments are carried out as and when required.
15. The Risk Assessments will be carried out by the Home Manager and will address the task using the **TILE** format--task/individual/load/environment. This will be supported by any other relevant factors that are identified.

* **Task -does it require:**
* twisting of the trunk
* stooping
* reaching up/down
* prolonged physical effort
* precise positioning of the load
* holding load at a distance from the body.
* **Individual capacity:**
* physical capacity/suitability
* any existing health conditions
* pregnant or nursing mother
* has individual had adequate instruction/training?
* is specific knowledge required?
* is recommendation load handled by 2 people?
* **Load:**
* weight
* is load unwieldy/difficult to grasp?
* is the load unstable?
* is the load intrinsically harmful e.g. is it sharp/painful to grasp)?
* distance to transport/move.
* **Environment:**
* does the working space prevent good posture?
* is the floor surface slippery or uneven?
* are lighting conditions poor?
* does the load have to be transported upstairs?
* are there variations in floor height or steps?
* are others at risk?

1. **Additional specific Risk Assessments should be undertaken if the staff member**:
2. is or was recently pregnant
3. has a disability which may impact on their manual handling capacity
4. has recently had an injury or health issues
5. is an older worker.
6. Completed Manual Handling Risk Assessments should be maintained within the staff file at each provision and completed on their induction to the home and upon any changes. The Health and Safety Officer will have overview of the processes.
7. **General guidance for manual handling:**

* Adopt a stable position - move feet as necessary during operation
* Feet shoulder width apart
* Use suitable and stable footwear
* Keep the load close to waist, with the heaviest side nearest the body
* Ensure a good hold on the load.
* Keep back in straight position and always bend at the knees
* Avoid twisting. Do not snatch at the load.
* Do not fully extend arms and keep close to your side
* Put down under control
* Assess, Avoid, Reduce and Review all items which may be required to be moved.
* Load should not obstruct view.
* Load should not alter walking style.

**Manual Handling Form**

Task: Person completing task:

Assessment completed by: Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **TILE** |  | **Level of risk** |  |
| **Tasks: does it require;** | **Y/N** | **Low/Medium/High** | **Control in place/to be implemented** |
| Twisting of trunk |  |  |  |
| Stooping |  |  |  |
| Prolonged physical effort |  |  |  |
| Reaching: up or down |  |  |  |
| Holding load at distance from body |  |  |  |
| **Individual: have they;** | **Y/N** | **Low/Medium/High** | **Control in place/to be implemented** |
| Physical capacity/suitability |  |  |  |
| Any existing health condition |  |  |  |
| Adequate instruction /training |  |  |  |
| All specific knowledge required |  |  |  |
| Are they pregnant or recent mother |  |  |  |
| **Load:** | **Y/N** | **Low/Medium/High** | **Control in place/to be implemented** |
| Weight |  |  |  |
| Unwieldy/Hard to grasp |  |  |  |
| Unstable |  |  |  |
| Intrinsically harmful (e.g. Sharp) |  |  |  |
| Distance to transport high |  |  |  |
| **Environment (Working):** | **Y/N** | **Low/Medium/High** | **Control in place/to be implemented** |
| Space prevent good positive |  |  |  |
| Slippery/uneven floor |  |  |  |
| Poor lighting conditions |  |  |  |
| Variations in floor height |  |  |  |
| Carriage includes stairs |  |  |  |
| Temperature acceptable |  |  |  |
| Are others at risk |  |  |  |

# Section Four: Equipment

1. Omega Care Group’s procedures are informed by the requirements of the Provision and Use of Workplace Equipment Regulations 1998 (PUWER).
2. The PUWER Regulations set out minimum standards for the protection of individuals from risk related to work equipment and the use of such work equipment.
3. ‘Work equipment’ and ‘use’ of such has a wide definition and for practical purposes should be viewed as **any** equipment used in the workplace and its operation. This includes any machinery, appliances, apparatus, tool or installation in use within the working environment.

Examples:

1. Machinery: food processor
2. Appliances: ovens/microwaves, domestic appliances, computers, washing machines
3. Apparatus: cooking equipment, ladders, cleaning equipment
4. Tools: hand tools (saw, hammer etc), power tools (drill, sander etc)
5. Installations: heating systems, electrical wiring, plumbing systems.
6. **Existing Equipment**

All existing equipment must comply with the PUWAR Regs. That is, it must be fit for use for the purpose intended and comply with current relevant legislation relating to equipment of that type.

Before using equipment, any user should:

1. Carry out a visual check to see if it is in working order and safe to use.
2. Carry out a visual check on any cables and plugs.
3. If appropriate, refer to any written instructions for use.
4. Refer to any relevant Risk Assessments e.g.: COSHH, use of ladders.
5. Ensure that any appropriate PPE is used.
6. **Purchasing Equipment**

**All** equipment purchased must conform to the relevant safety standards as dictated for that equipment at time of use. Any equipment safety information should be retained within the unit Health and Safety file and instructions for use stored within the Equipment file.

1. **Defective Equipment**

Defective or unsafe equipment must be clearly marked as such and stored safely until repaired by a competent person or disposed of (disposal should reflect the Ethical and Environmental Policy).

Any failures or defects in equipment should be reported to the unit Manager along with the action taken. This should be recorded in the Handover Book and the unit Health and Safety file.

1. **Instruction**

Instruction in the safe use of equipment will be given by demonstration and/or the use of manufacturer guides. If further instruction is required staff should reference a competent colleague.

1. All equipment should be used only for its intended purpose and as per instructions. Equipment should **not** be used if it is defective.
2. **Portable Appliance Testing (PAT)**

In house qualified maintenance officer will carry out PAT inspections in accordance with the specified timetable i.e. annually. All electrical equipment will be inspected, and outcome records and inspection date maintained within the unit Health and Safety file.

All electrical equipment must be PAT tested – this is inclusive of equipment less than a year old

1. **Equipment from ‘uncontrolled sources’**

Omega Care Group actively discourages equipment being brought in from ‘uncontrolled’ sources. Any such equipment should be logged – this includes where practicable young peoples’ electrical equipment. Every effort should be made to include equipment belonging to young people in the PAT testing inspection regime.

1. **Specialist Equipment**

Any staff using specialist equipment must be able to demonstrate that they possess sufficient and appropriate knowledge and training in its use.

If using such equipment on behalf of the organisation, the organisation will provide all necessary PPE.

1. **Personal Protective Equipment (PPE)**
   1. Completing Repairs
      1. Any low-level domestic maintenance repair in which the employee feels competent completing can be fulfilled by staff.
      2. Staff should complete dynamic risk assessment on each task and wear appropriate PPE accordingly.
      3. Repairs or maintenance that would require the use of protective equipment i.e. Hammer Drills, Disk Cutters, etc, should not be undertaken by employees of Omega Care Group other than individuals permitted by the maintainace team.
      4. Staff are not to undertake repair or maintenance work when working at a height greater than 2 metres.
   2. PPE for non maintainace duties
      1. Other tasks may also require PPE. This may include using specialist cleaning products, completing personal care (Children Residential Only) or adhering to the service’s Covid-19 plan. Omega Care Group will resource relevant PPE where necessary.
      2. It is the responsibility of the Home Manager to ensure each provision hold an adequate supply of PPE for the need of each home.
   3. Omega’s maintainace team must wear appropriate PPE required of task completed. It is the responsibility of the individual completing the task to wear the PPE and embed any further safety measures to others within the environment prior to starting the task.
2. **Mains electrical testing**

Mains electrical testing will be carried out on a 5 yearly inspection programme. This will be undertaken by a competent, suitably qualified person, and findings and outcomes will be maintained within the unit Health and Safety file and actioned as is appropriate.

Responsibility for the arrangement of mains testing will rest with the home manager and H&S Officer. Omega Care Group will make arrangements directly in all properties owned by the organisation and liaise with the landlord(s) in the case of rented properties. Individual leases will define responsibility for the arrangement and payment of the tests.

1. **Installations**

Heating/water supply systems and any other installations will be subject to an annual inspection, to be carried out a competent, qualified person. Findings and outcomes will be maintained in the provisions Health and Safety file and actioned as is appropriate.

All provisions operated by Omega Care Group will hold a Gas Safety Certificate in the H&S file alongside any necessary reports.

1. **Responsibility**

* The Home Manager is responsible for ensuring that checks are always up to date and each home they are accountable for retains valid certificates.
* Each Home manager must pass on copies of certificates and dates of checks to Omega Head Office. Head office will maintain a matrix of inspection dates in all provisions.

# Section Five: Management of Contractors

1. Omega Care Group’s procedures are informed by the requirements of the Health and Safety at Work Regulations 1999.
2. The organisation recognises that in addition to its responsibilities to staff and the young people engaged with its work, that it also has a duty of care to contractors carrying out work on its behalf. This requires the organisation to ensure that the premises are safe to work in, and that contractors are employing safe working practices.
3. Omega Care Group and its contractors have legal responsibilities under health and safety regulations dealing with specific hazards.

This includes:

* COSHH Regulations 1999
* Control of Lead at Work Regulations 1998
* Control of Asbestos at Work Regulations 1987.

1. Contractors will be appointed by the Director or relevant individual, and day to day monitoring of the contracted work will be undertaken by the Manager of the home concerned.
2. Any contractors permitted must be on the trusted listed of contractors
3. All contractors must sign in the visitors’ book and complete Contractor’s Risk Assessment prior to completing any work.
4. **Measures to Ensure Safety**
5. All areas of work will be clearly identified and agreed.
6. The contractor should demonstrate a level of competence appropriate to the work undertaken. This means that they must possess sufficient skills and knowledge to carry out the work without risk to Health and Safety. References should be sought and copies of the contractor’s Health and Safety Policy reviewed.
7. Contractors from the Trusted Contractor list should be used where reasonable possible.
8. Assess the risks of the work.
9. The contractor should carry out an Assessment of Risks and share this with the organisation, which should undertake its own Assessment. An overarching Risk Assessment and any necessary control measures will then be agreed. This includes an assessment of the possible health and safety impact of the organisation’s work on the contractor.
10. All staff will be provided with information and relevant instruction regarding the health and safety implications of the work being carried out.
11. **Supervision and Management of Contractors**

Contractors will be overseen to a level proportionate to the level of risk attached to the work. This includes:

* COSHH requirements.
* Safe storage
* Equipment in use
* Personal protective equipment.
* Contractor numbers on site.
* Accident reporting and the safeguarding of records.
* Ensuring all contractors sign in and off site.
* Ensuring health, wellbeing and safeguarding of the young people in the home.

1. **Young People**

All young people impacted on in any way by work undertaken in the home, will be kept fully informed by staff of progress and of any necessary changes to routine or access for the duration of the job. They must also be informed of any control measures put in place.

Young people should be informed in advance if access to their room is required, and they should vacate this when work is in progress.

**Contractors Health and Safety Risk Assessment**

**Date work commenced:**

**Provision:**

|  |  |  |
| --- | --- | --- |
| **Hazard** | **Controls in Place** | **Who might be affected?** |
| **Slips/trips** | * **Safe working practices.** * **Cables restrained** * **Waste removed** | **Contractors/young people/staff/visitors** |
| **Working at height** | * **Ladders secured/removed** * **Access restricted** * **Safe practice** | **Contractors/young people/staff/visitors** |
| **Falling objects** | * **Information sharing** * **Exclusion zone** * **Safe practice** * **PPE** | **Contractors/young people/staff/visitors** |
| **Use of electrical equipment** | * **Maintenance in line with PUWER regulations** * **PAT testing (current)** * **110 V transformer in use** * **Protected RCD in use** * **Guards/barriers not removed** * **Safe practice** | **Contractor** |
| **Electrical work/shock** | * **Contractor to be NECIEC registered** * **Certification supplied** | **Contractors/young people/staff/visitors** |
| **Gas related hazards** | * **Contractor to be gas safety registered** * **Certificate supplied** | **Contractors/young people/staff/visitors** |
| **COSHH hazards** | * **Minimum possible stored on site** * **Checked and stored securely** * **Use of PPE** * **Alternative sought** * **Access only when in use** | **Contractors/young people/staff/visitors** |
| **Inflammable substances** | * **Minimum possible stored on site** * **Checked and stored correctly** * **Waste controlled and removed** | **Contractors/young people/staff/visitors** |
| **Dust/paint/fumes/air borne fibres** | * **PPE including respirators** * **Adequate ventilation** * **Sealing area** | **Contractors/young people/staff/visitors** |
| **Muscular/skeletal damage** | * **Manual handling RA in place** * **Adequate staff levels** * **Safe practice** | **Contractor** |
| **Cuts/abrasions** | * **PPE** * **Gloves** * **Safety footwear** | **Contractor** |
| **Vehicular hazards** | * **Identified safe parking** * **Retain access to emergency exits** * **Locked and secured at all times.** | **Contractors/young people/staff/visitors** |
| **Unauthorised access** | * **Contractor to sign in and out** | **Contractors/young people/staff/visitors** |
| **Emergency protocols/evacuation** | * **Address at induction meeting** | **Contractors/young people/staff/visitors** |
| **Smoking** | * **Smoking not permitted within the provision** | **Contractor** |
| **1st aid provision** | * **Contractor to fulfil first aid at work regulations** * **Local hospitals/walk in centres info held on site** | **Contractor** |
| **Reporting and recording** | * **As per HSE and Omega care group protocols** | **Contractor** |
| **Waste** | * **To be removed daily where possible** * **No build-up of waste** * **Skips made safe** * **Substances disposed of safely** | **Contractors/young people/staff/visitors** |
| **YP related issues** | * **YP to be informed pre-work undertaken** * **Staff to ensure safe working practices supported** | **Contractors/young people/staff/visitors** |

Signed for and on behalf of Omega Care Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signed by contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Section Five: Accidents including RIDDOR

1. **First Aid**

Refer to Omega Care Group First Aid at Work Policy

1. **Reporting of Accidents: Staff and Contractors**
2. All units will use an Accident form for reporting. This will be maintained in a secure, accessible location.
3. **All** accidents, first aid treatments and ‘near misses’, no matter how minor, will be reported in the Accident form
4. The Home Manager will be informed of any accidents and their outcomes as soon as is practicable.
5. The responsibility for ensuring accidents are reported, investigated and that measures are put in place to prevent a **recurrence**, lies with the Director and the Health and Safety Officer.
6. Accidents requiring the use of the emergency services **must** be dealt with prior to recording in the logbook.
7. Any work-related injury that results in staff being unable to work for more than 3 days should be recorded. It does not need to be reported unless it exceeds 7 consecutive days.
8. Any serious injuries involving emergency services resulting in someone being taken to hospital or, resulting in absence from work for more than 7 consecutive days must be reviewed and reported to the Health and Safety Executive under the RIDDOR Regulations (see below).

**Note:** People in control of work premises are responsible for reporting issues of health and safety (including RIDDOR) for contractors working on those premises.

1. **Reporting of Accidents: Young People**
2. All homes and places of work will use the standard HSE Accident Book for reporting.
3. All accident reports completed in the HSE Accident Book must be torn out and scanned to [accidents@omegacaregroup.org](mailto:accidents@omegacaregroup.org) for 16 plus provisions and [accidentscr@omegacaregroup.org](mailto:accidentscr@omegacaregroup.org) for Children Residential Services.
4. **All** accidents, first aid treatments and ‘near misses’, no matter how minor will be reported in an Accident form.
5. Accidents requiring the use of emergency services must be dealt with prior to recording in the logbook.
6. The Home Manager will be informed of any accidents and their outcomes as soon as is practicable.
7. The young person’s social worker will be informed by phone of any non-minor injury, this will be followed up with an e-mail referencing all relevant details and actions.
8. Young person accident form should also be completed for the purpose of their file.
9. EDT will be informed if an accident occurs out of hours - full details to be given.
10. Advice will be sought regarding what other parties should be informed e.g. parent(s).
11. The responsibility for ensuring accidents are reported, investigated and that measures are put in place to prevent a recurrence lies with the management of each workplace and the Health and Safety Officer.
12. Any work-related accident resulting in an injury to a young person that results in them being taken to hospital must be reported to RIDDOR (see below).
13. **Records**

All records need to be retained for a minimum of 3 years after the event.

1. **Reporting of Disease and Dangerous Occurrences Regulations 2013.**

The RIDDOR Regulations legally requires employers and other people in control of premises (known as the ‘Responsible Persons’) to report to the Health and Safety Executive and to keep records of the following:

* Work related fatalities
* Work related accidents causing serious injuries resulting in ‘reportable injuries’
* Certain dangerous occurrences and near misses.
* Gas incidents.

An accident is defined as a separate, identifiable, unintended incident which causes physical injury. This also includes acts of violence to staff.

To be reportable under RIDDOR Regulations the accident must be work related and cause a reportable injury.

1. **Types of Reportable Injury**
2. Fatality - all deaths resulting from work related accidents to staff or others (young people or others on site) must be reported.
3. Over 7-day injuries to staff - where a staff member is off work or unable to carry out their normal work duties for over 7 consecutive days following an accident (not including the day of the accident)
4. Specified reportable injuries to staff.

**These include:**

* Fractures - except toes and digits
* Amputation of an arm, hand, finger, leg, foot, toe.
* Permanent loss of sight or reduction in sight.
* Crush injuries resulting in organ damage.
* Serious burns (over 10% of body, or damaging the eyes, respiratory system or other vital organs.
* Scalping’s (separation of skin from head) requiring hospital treatment
* Unconsciousness caused by head injury or asphyxia.
* Any other injury caused by working in an enclosed space leading to hypothermia, heat induced illness, resuscitation or admittance to hospital for more than 24 hours.

1. **Injuries to Young People and Others**

Work related accidents resulting in injury to others (i.e. not staff) including young people must be reported if they are taken to hospital from the scene of the accident to be treated.

Accidents where a person is taken to hospital as a precaution, but where no injury is apparent do not have to be reported.

1. **Occupational Diseases**

The RIDDOR website contains a list of (diagnosed) occupational diseases, likely to have been caused, or made worse by work. These include carpal tunnel syndrome, severe cramp of the hand/forearm and occupational dermatitis. These are all reportable under the Regulations.

1. **Dangerous Occurrences/Near Misses**

These are specific near-miss events that have the potential to cause harm. A full list is available in Schedule 2 to the RIDDOR Regulations 2013

1. **Summation**

**Report to RIDDOR**

1. Any work-related accident resulting in an injury to an adult or young person for which they are taken to hospital
2. Any work-related accident resulting in staff being unable to work for 7 consecutive days after the day of accident
3. Staff suffer a work-related illness
4. Any death of an adult or young person that occurs in connection with work
5. Any dangerous occurrence e.g. gas leak, carbon monoxide poisoning.
6. **Making a Report to RIDDOR**

**Online**-this is sent directly to the RIDDOR database. Completion would be carried out by the responsible person. RIDDOR will provide a copy of the report to be retained. **Contact: www.hse.gov.uk/riddor/reportable-incidents.htm**

**Phone** - for fatal and specific injuries only:

**Incident Contact** **Centre Monday-Friday 08:30-17:00 0345 300 9923**

**Out of Hours** - serious injuries only e.g. Work-related deaths:

**Duty Officer: 0151 922 9236**

1. **Investigations**

In the event of any investigation by the HSE the organisation and all staff must cooperate to the fullest degree. This includes statements, production of records when required and responding to requests for information

# Section Seven: Fire Safety and Procedure

1. **Fire Risk Assessment**

It is the responsibility of the Home Manager to ensure that a Fire Risk Assessment is completed on an annual basis. The Fire Risk Assessment should be maintained in the Health and Safety file.

The ongoing assessment of fire risks will be incorporated within the daily and weekly Health and Safety Risk Assessments. This will include:

1. Ensuring all fire exits are clear and functioning.
2. A visual check of fire alarm panel.
3. The condition of fire doors and fittings.
4. Door closers are functioning effectively.
5. A visual check of Fire Fighting Equipment for indicators of tampering and/or damage.
6. Ensuring fire blanket is in place and suitable for use.
7. Emergency flashlights and duck calls are in place, functional and accessible.
8. All passageways are free from obstructions.
9. Ensuring all rubbish is disposed of appropriately, waste is not allowed to build up.
10. Emergency lighting is functioning.
11. **Fire Fighting Equipment**

All firefighting equipment should be serviced and maintained annually (or as identified through Health and Safety Risk Assessment processes). Records of service and maintenance should be retained within the Fire Logbook.

1. **Fire Drills**

Fire drills will be undertaken monthly at random times, to ensure effective emergency evacuation procedures are in place. Records should be maintained showing:

1. Date and time of drill
2. Individuals present
3. Notes/comments.

Records of fire drills should be retained within the Fire Logbook. A minimal of 1 fire drill in the day and 1 in the evening which is post 8 pm must take place each month.

Fire Drills are also to be completed at every team meeting

**4 - Fire Alarm Tests**

Fire alarms should be tested on a weekly basis to ensure functionality and audibility. The alarm panel should be visually inspected within the daily Health and Safety Risk Assessment. Records of the fire alarm tests should be retained within the Fire Logbook.

**5 - Training and Instruction**

1. All staff will receive training on the Emergency Evacuation Procedures as part of their induction process, this will form a recorded element of their shadow shift on-site training.
2. All new staff in the home must be shown during handover how to operate the fire safety system and sign the file once they feel competent. Upon a new staff member entering a house for the first time, staff need to ensure they familiarise themselves with the fire drill procedure. Following this, staff should sign the Fire Training Log.
3. All staff on shadow shifts will be shown how to use of a duck call as an alternative means of raising the alarm, and the location and use of emergency flashlights. Staff should access on-line training via the Training Hub re: fire safety awareness and complete in-house Fire Marshall Training.
4. The home manager is responsible for ensuring the training and development of their workforce.
5. Instructions for use/testing of the fire alarm will be held in the Fire Safety File. Staff will receive specific guidance on conducting an alarm test within their shadow shift training; this will be recorded.
6. Young people will receive clear instruction on emergency evacuation processes as a part of their induction to the home. They should be informed of the use of alternative means of raising the alarm, and of their responsibilities to maintain their own and others’ safety in the event of an incident.
7. Personal Emergency Evacuation Plans are completed for every young person and staff member and are updated regarding relevant changes. These are signed off by the home manager and reviewed by the Health and Safety officer.
8. Each house has a floor plan upon entrance of each home

**6. Fire Alarm Process**

Staff should do the following in the event of a fire:

1. On hearing the alarm, go immediately to an exit and on to the assembly point taking the logbook where possible without deviating from your course
2. **Do not** endanger yourself or others by stopping to gather possessions.
3. Staff should ensure all individuals evacuate to the assembly point.
4. **Do not** operate firefighting equipment unless you have received training in its use.
5. **Do not** attempt to put out a fire bigger than a waste paper bin. Staff should ensure the property is evacuated and the fire service is called.
6. Use an appropriate fire extinguisher as per the source of the fire as per training.
7. **Do not** endanger yourself or others by attempting to fight the fire.
8. At the evacuation point the senior staff member should take a roll call.
9. Emergency services should be contacted as soon as it is safe/possible to do so. The call should include the full address of the property, a brief description of the situation and a contact name and number.
10. **Do not** re-enter the building until emergency services determine it is safe to do so.
11. Inform on-call manager and Director of incident.

# Section Eight: Smoking

1. Omega Care Group has developed this policy section in order to protect all staff, young people engaged with the service and visitors, from exposure to second-hand smoke, and to comply with the Health Act 2006.
2. **Smoke Free Policy**
3. The organisation’s buildings including all houses and office space are smoke **free**, with smoking being prohibited in all enclosed/substantially enclosed spaces. The smoke free policy applies to all people using the resource including staff, young people and visitors.
4. Individual House Managers have the responsibility for ensuring the active implementation of this policy. All staff, young people and visitors are expected to adhere to the non-Smoking Policy.
5. E-cigarettes are not prohibited in all enclosed/substantially enclosed spaces.
6. Staff should be made aware at induction of the active policy. It should be made clear to young people in their induction that smoking is not permitted on the unit, including within their individual bedroom. This is clearly laid out in the ‘Welcome Pack’.
7. **Non-Compliance: Staff**

Should a member of staff not comply with this Policy it may result in disciplinary procedures being enacted.

1. **Non-Compliance: Young People**

Should a young person not comply with this Policy this will require staff to utilise restorative practice to learn about dangers of smoking in the home.

Key work sessions will be central to smoking cessation

1. **Allocated Smoking Areas**

Omega Care Group recognises that individuals, both staff and young people, will continue to smoke. People may smoke in gardens - there is an expectation that they will clean up after themselves-and make use of the purpose-built shelters available on some homes. Any smoking areas must be adherent to the premises Fire Risk Assessment and it is the Home Manager responsibility in ensuring compliance.

1. **Support for Smoking Cessation**

Young people should be made aware of the inherent risks of smoking (this will be addressed in the Health & Wellbeing section of the ILP) and sign posted to appropriate support services should they choose to cease.

# Section 9: Consultation and Communication of H&S

1. All staff will be consulted regarding health and safety issues within their work. As far as is practicable, issues will be dealt with at source and in a timely manner.
2. Consultation will be through supervisions, handovers, team meetings and where appropriate, dedicated training opportunities.
3. Health and safety information is displayed on the poster within each unit. This poster contains details of employer’s legal obligations, the enforcing authority and the nominated Health and Safety contact within the company.
4. Staff should read this in conjunction with the Omega Care Group Health and Safety Policy statement, which outlines every individual’s responsibility for their own health and safety, and of those around them.
5. Health and Safety advice can be obtained through the House Managers, the nominated officer or through the Health and Safety Executive.
6. Where a staff member identifies a Health and Safety issue, they should raise it immediately with their line manager, who may escalate it to the nominated officer and to the Director.
7. Training needs should be identified organisational and individual requirements addressed during supervision. Training arrangements should be addressed in a timely manner.
8. All Health and Safety training records will be maintained within the staff training matrix. It will also be recorded within the individual staff member’s file kept at the home.
9. Regular, planned supervision will be provided on monthly to all staff post probation. Whilst in the probationary period staff will receive supervision on a 2-weekly basis as per the Supervision and Appraisal Policy.
10. All staff are encouraged to seek additional supervision as required.
11. Supervision follows a defined template and addresses Health and Safety issues within this.