



Family Nursing & Home Care

Health and Safety Policy

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Version Control/Changes Made

Date	Version	Summary of changes	Author
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2018	3	Policy updated Construction Regulations added Names of related documents updated Definition of an incident updated References added	Clinical Effectiveness Facilitator
2021	4	Policy updated and transferred to new template – additional new sections completed Roles and responsibilities amended	Clinical Effectiveness Facilitator

Date	Version	Summary of changes	Author
		<p>Hyperlinks added where relevant</p> <p>Covid-19 added</p> <p>Asbestos – amended to reflect the updated Code of Practice (revised 2020)</p> <p>Ladders and Stepladders edit</p> <p>Drug and alcohol addiction – policy change to prioritise prevention support and rehabilitation over disciplinary action</p> <p>Section about medicinal cannabis use at work added</p> <p>The use of hazardous medicines added</p> <p>Added – products that may be subject to COSHH should not be brought onto any premises by staff</p> <p>New section about remote working added.</p> <p>Driving service-users added including the transportation of medical oxygen</p> <p>Links to relevant manual handling Approved Codes of Practice added.</p> <p>Titles changed where applicable</p>	
August 2024	5	<p>Role responsibilities updated</p> <p>Job titles updated where required</p> <p>General updating and re-wording to improve clarity and understanding</p> <p>Hyperlinks to FNHC policies and procedures removed</p> <p>Covid-19 section removed and replaced with a more generic section on infection prevention and control</p> <p>Section added on:</p> <ul style="list-style-type: none"> • Events • Furniture, fixtures and fittings • DBS checks and Contractors (Tradespeople) • Pets at Work 	Head of Quality & Safety

Date	Version	Summary of changes	Author
		<p>Removal of shoes added to Lone Worker section</p> <p>Use of FNHC vehicles added including link to new policy</p> <p>Young person's section broadened to include employment and volunteering.</p> <p>New process for reporting incidents to Health and Community Services when access to Datix is removed (Sept 2024)</p>	

CONTENTS

1	INTRODUCTION	8
1.1	Rationale	8
1.2	Scope	8
1.3	Role and Responsibilities.....	8
2	POLICY	11
3	PROCEDURE.....	11
3.1	Accidents, Incidents & Near Misses	12
3.1.1	General points about incident reporting.....	12
3.1.2	Datix	12
3.1.3	Incidents Involving External Agencies.....	12
3.1.4	Legal Implications for Staff.....	12
3.2	Alcohol & Drugs	14
3.2.1	Medicinal Cannabis at Work	14
3.3	Asbestos.....	15
3.4	Capabilities and Training.....	16
3.5	Contractors	18
3.5.1	Disclosing and Barring Checks for Contractors (Tradespeople).....	18
3.6	Display Screen Equipment.....	20
3.7	Electrical Equipment and Services Safety.....	21
3.8	Events (fundraising and other events).....	22
3.9	Fire Safety Management.....	23
3.9.1	Risk Assessment	23
3.9.2	Fire Marshals	23
3.9.3	Fire Plans and Fire Action Notices	24
3.9.4	Fire Safety Equipment	25
3.9.5	Fire Drills	25
3.9.6	Training.....	25
3.10	First Aid.....	26
3.11	Furniture, Fixtures and Fittings.....	27
3.12	Handling of Suspect Packages.....	28

3.13	Hazardous Substances	29
3.14	Infection Prevention and Control	30
3.15	Ladders and Stepladders	31
3.16	Legionella Management	33
3.17	Lone Working	33
3.17.1	Removal of Shoes	33
3.18	Managing Health and Safety in Construction	34
3.19	Manual Handling	35
3.20	Medical Equipment and Devices	36
3.21	New & Expectant Mothers	37
3.22	Personal Protective Equipment	38
3.23	Pets at Work.....	39
3.23.1	Therapy Pets	40
3.24	Protecting Service Users and Visitors.....	41
3.24.1	Protection during Maintenance Works	41
3.25	Remote Working.....	42
3.26	Risk Assessments	43
3.27	Safety Alerts.....	44
3.28	Sharps / Needle Stick Incidents.....	45
3.29	Slips, Trips and Falls	46
3.30	Stress & Well Being.....	47
3.31	Vehicle Management.....	48
3.31.1	Transporting Service Users who Require Oxygen.....	49
3.31.2	Using Family Nursing & Home Care Vehicles	49
3.32	Violence, Aggression and Unacceptable Behaviour at Work	50
3.33	Young Persons.....	46
4	MONITORING COMPLIANCE	47
5	CONSULTATION PROCESS.....	48
6	EQUALITY IMPACT STATEMENT	48
6.1	EQUALITY IMPACT SCREENING TOOL	50
7	IMPLEMENTATION PLAN	51
	GLOSSARY OF TERMS	52

8	REFERENCES	54
9	APPENDICES.....	55
9.1	Request to Bring Pets into the Workplace.....	55

1 INTRODUCTION

1.1 Rationale

Family Nursing & Home Care (FNHC) recognises that the prevention of accidents and ill-health is one of the most important duties it has towards its employees and non-employees who are affected by its activities.

Family Nursing & Home Care:

- does not want any employee, client or other persons to suffer harm or injury as a result of its activities
- intends to comply with all health and safety legislation enforced by the Health & Safety Inspectorate in Jersey
- recognises that accidents, unsafe and unhealthy working conditions can be a considerable drain on its financial resources and also demonstrates a lack of effective management

The conduct of work and all activities associated with Family Nursing & Home Care operations will be undertaken in accordance with the policies and procedures set out in this document. This Health and Safety Policy along with other organisational safety procedures and instructions aims to promote a positive health and safety culture.

Health and safety is a dynamic entity and there is the need for continuous review and assessment and this policy is intended to be a 'living' document which is revised on a periodic basis and brought into line with the latest techniques of risk control. To ensure this happens the Health and Safety Policy will be reviewed regularly and when there has been significant incident or change in legislation/guidance.

1.2 Scope

This policy and its procedures are relevant to all staff working for or on behalf of Family Nursing & Home Care. This includes staff co-located, seconded and any students during their placement.

1.3 Role and Responsibilities

The Committee

The committee members have overall responsibility for health and safety at Family Nursing & Home Care. They will ensure that there are adequate employees, finances and materials available to meet the Health and Safety requirements to reduce the risk of harm as far as is reasonably practicable. They will continually review the effectiveness of Family Nursing & Home Care's Health and Safety policy and of the personnel under their control to whom the responsibilities for the various aspects of health and safety have been assigned.

The Committee are the most senior executives accountable for the health and safety of operations and activities carried out at Family Nursing & Home Care.

Chief Executive Officer (CEO)

The CEO is responsible to the Committee for ensuring that Family Nursing & Home Care works in an efficient, safe and healthy manner.

They have a pivotal role in ensuring high standards of health and safety are being maintained. They are also responsible for overseeing that resources are allocated to enable the requirements of this Health and Safety policy to be met.

Director of Governance and Care

The Director of Governance and Care is responsible to the CEO for ensuring that Family Nursing & Home Care works in an efficient, safe and healthy manner.

They have specific responsibility for ensuring the development, implementation and monitoring of internal codes of conduct for healthy and safe work places and practices.

Director of Finance

The Director of Finance is responsible to the CEO for ensuring that the premises of Family Nursing & Home Care are maintained in an efficient, safe and healthy manner. They are also responsible for ensuring that processes are in place for the maintenance of assets and equipment (excludes IT/desktop equipment) in a safe and fully functioning condition.

The Director of Finance is also responsible for ensuring that all premises related Contractors engaged to undertake work on FNHC premises have in place their own Health and Safety policy. This will include safe systems of work that will reduce the risk of harm to their own employees as well as FNHC staff and visitors to FNHC premises.

Service Leads/Heads of Departments

Service Leads/Heads of Departments are responsible to the CEO for ensuring that their division/service is maintained in an efficient, safe and healthy manner.

They are responsible for monitoring health and safety standards are being maintained by all employees and taking appropriate action where this is not the case. They should demonstrate high standards of health and safety leadership and develop, implement and monitor the effectiveness of safety procedures within their area/s.

Line Managers

Line Managers are responsible for ensuring that their Team operates in an efficient, safe and healthy manner.

They should demonstrate high standards of health and safety leadership, and help to develop, implement and monitor divisional safety procedures.

Health and Safety Group

The Health and Safety Group is accountable to the CEO and is responsible for providing assurance that Family Nursing & Home Care functions in an efficient, safe and healthy manner. Where assurance cannot be provided, it is responsible for highlighting concerns to other relevant persons to lead on addressing issues of concern.

All Health and Safety Group members are responsible for adhering to the Terms of Reference for the group and acting as role models, demonstrating high standards of health and safety leadership.

Staff (including volunteers and students)

All staff have a duty to take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions at work.

Staff (including volunteers and students) are responsible for:

- conforming to this health and safety policy and the procedures set out within
- complying with all health and safety instructions given (written or verbal)
- wearing the appropriate safety clothing/equipment that has been issued to them and using the appropriate safety device at all times
- reporting all accidents, incidents and near misses to their Line Manager and on the organisation's Health and Safety system (Assure), whether persons are injured or not
- reporting damage to Family Nursing & Home Care property or property belonging to another party damaged during the course of their work
- not wilfully damaging or interfering with any equipment or device provided for the health and safety of staff, volunteers, service users or visitors
- conducting themselves in a manner unlikely to cause injury to themselves or any other person on the premises
- the general health and safety of visitors to their area of control, including advice about hazards, personal protective equipment required and any other health and safety requirement

Health and Safety Advisors

Coppolo & Coyde (Jersey) Limited have been retained by Family Nursing & Home Care to provide professional safety support to their operations. Coppolo & Coyde (Jersey) Limited will:

- assist with the monitoring and review of the Health and Safety Policy
- attend the organisation's quarterly Health and Safety meetings
- attend ad hoc liaison meetings to determine and steer FNHC policy and activities
- conduct annual health and safety site inspections of the premises
- act as an information point for health and safety matters
- when requested, investigate accidents and dangerous occurrences and suggest recommendations to prevent a recurrence

2 POLICY

Family Nursing & Home Care (FNHC), will provide a safe working environment as far as is reasonably practicable. It will take all reasonable steps within its powers to ensure the safety, health and welfare of all persons, including clients, visitors and members of the public affected by any act undertaken by Family Nursing & Home Care.

This policy document has therefore been prepared to define the way that Family Nursing & Home Care intends to manage health and safety and comply with the requirements of the Health and Safety at Work (Jersey) Law 1989 and any other relevant statutory legislation. Through its responsible officers, it will take all reasonable and practicable steps within its power to meet these responsibilities, paying particular attention to the provision and maintenance of:

- plant, equipment and systems of work that are safe
- safe arrangements for the use, handling, storage, transport and disposal of articles and substances
- sufficient information, instruction, training and supervision to enable all employees to avoid hazards and contribute to their own safety and health at work
- a safe place of work, and safe access and egress from it
- a healthy working environment where practice and processes reduce the risk of unhealthy stress levels and promote resilience
- a culture of compassionate leadership

Family Nursing & Home Care will ensure that sufficient information, instruction, training and supervision are given to employees to enable them to identify and avoid hazards and to contribute positively to their own health and safety at work.

The organisation actively supports joint consultation between management and staff on matters concerning health and safety at work. Guidance and advice may be sought from appropriate external bodies.

The success of this policy will depend on the co-operation of all staff. Although the primary responsibility for providing a safe working environment rests with the employer, employees are reminded of their duty, under the Health and Safety at Work (Jersey) Law 1989 to take reasonable care for the health, safety and welfare of themselves and other persons including the public who may be affected by their acts or omissions whilst at work.

3 PROCEDURE

Detailed health and safety requirements relating to specific activities and procedures have been drawn up by Family Nursing & Home Care and are contained in this section. These set out the minimum health and safety requirements that the organisation expects to see implemented to minimise the risks, as far as is reasonably practicable, to its staff, clients and visitors.

These health and safety requirements form an integral part of Family Nursing & Home Care's Health and Safety Policy and it is the responsibility of every member of staff to ensure that relevant procedures are implemented and maintained. Further advice and guidance should be sought where required.

3.1 Accidents, Incidents & Near Misses

The effective reporting and management of incidents is a key component of Governance and is essential in delivering high quality, safe patient care. Effective reporting and management of incidents helps ensure the health, safety and wellbeing of staff, patients, contractors and visitors to our premises. Effective reporting also helps to prompt and guide improvements to reduce the possibility of the incident happening again.

ASSURE is the organisation's incident reporting system, which enables safety incidents to be submitted to a central database <http://sheassure.net/fnhc>. This data is then analysed to identify hazards, risks and opportunities to improve safety.

Follow the Standard Operating Procedures for Incident Reporting available on the Procedural Document Library <https://www.fnhc.org.je/procedure-library/>

Family Nursing & Home Care seeks to encourage a 'just culture' working with staff to learn from issues that arise around reported incidents and near misses.

3.1.1 General points about incident reporting

Give the facts and not opinion about the matter. Any information recorded about the incident can be used if legal action is taken, so it is important that the details are true and accurate.

If an incident has the potential for serious repercussions for the individual staff member and/or the Association, the line manager will take the appropriate action regarding advice as to how to proceed.

Tell patients or, where relevant, their relatives that they have been involved in an incident or near miss. Record what they are told, the treatment given and the details of the incident in the patient's health record.

3.1.2 Datix

At the time of ratification of this policy, Datix will shortly no longer be available to Family Nursing & Home Care. A new system for reporting incidents relating to Health and Community Services' actions will be implemented. Staff should follow this new process when it is in place.

3.1.3 Incidents Involving External Agencies

In the event that an incident or near miss occurs that is in relation to an external agency e.g. Jersey Property Holdings, a private care agency, pharmacy or a GP, in addition to recording the incident on Assure, arrangements should be made to inform the relevant external agency.

3.1.4 Legal Implications for Staff

In the event of an incident leading to a court case, staff may wish to seek legal advice from their staff side representative body or another source and in some circumstances, staff may be advised to retain their own independent legal counsel. Staff injured as a result of an incident may be entitled to make a claim for compensation under FNHC's employer's liability

insurance policy. The member of staff should seek advice in the first instance from the Human Resources Department. Staff may wish to seek advice from their union representative / staff association regarding a claim.

3.2 Alcohol & Drugs

It is a legal requirement that staff take reasonable care for their own health and safety, and the health and safety of others who may be affected by their acts or omissions, so far as is reasonably practicable.

If undergoing a course of medical treatment that includes prescribed drugs, the doctor will determine whether the staff member is fit to return to work and undertake normal duties. Staff are expected to comply with this medical advice. However, individuals must acknowledge when they are experiencing side effects from prescribed drugs that could impair their ability to work safely and take appropriate action. The Discrimination (Jersey) Law includes disability as a protected characteristic therefore Family Nursing & Home Care must make reasonable adjustments for any employee with a disability (Edmond, 2021). It is essential that staff who are taking prescribed medication that may affect their ability to work safely at all times:

- discuss this with their line manager so a risk assessment can be undertaken
- do not work when it is not safe to do so; either for themselves or others

It is Family Nursing & Home Care's policy that no staff shall be permitted to compromise their own safety or that of a colleague or client if they are under any influence of alcohol or drugs. To this extent, staff must not work whilst under the influence of alcohol and / or drugs. If anyone suspects that the work of an employee is affected by taking such substances, they will take appropriate action and report the matter to the Line Manager. Family Nursing & Home Care will prioritise preventative measures, support and rehabilitation for staff over disciplinary action (CIPD 2020).

See Employee Handbook for further details about the use of alcohol and drugs at work.

3.2.1 Medicinal Cannabis at Work

At the beginning of 2019, Jersey legalised the use of medicinal cannabis as a controlled, prescribed drug. It is used to treat a wide range of conditions including, but not limited to, muscle spasm, chronic pain, anxiety and depression and its use locally is increasing.

The use of cannabis can impair an individual's:

- ability to think and make decisions
- reaction time
- co-ordination

(Edmond 2021)

Staff who are medicinal cannabis users and their line managers need to consider the side effects of this drug in the context of safety in the workplace (Edmond 2021). This is no different to the use of other prescribed drugs that may affect an individual's ability to work safely.

3.3 Asbestos

Asbestos containing materials (ACM's) have been widely used throughout the world for a wide variety of applications particularly in building and fireproofing products. There are a number of very harmful (and fatal) asbestos related diseases associated with breathing in respirable asbestos fibres of microscopic size. These fibres become dispersed in the air as a result of work on or disturbance to ACM's. To combat these risks, legislation has been introduced which sets out strict controls for the management of asbestos in buildings/structures and also on work on ACMs.

Family Nursing & Home Care (FNHC) have a duty to have an asbestos management plan (AMP) in place where they have responsibility for the maintenance and repair of premises constructed pre 2000 that they occupy. Where others, such as the building owner, managing agent or landlord, have responsibility for all or part of the premises, they also have a duty to ensure that the AMP is prepared in respect of areas under their control. The asbestos management plan should be prepared with full consultation, involvement and information sharing between all parties having responsibility for the workplace.

AMPs should be reviewed by a competent person at least once in every 12 month period.

ACMs should be clearly labelled and inspected by a competent person at least once in every 12 month period.

AMPs should be made available to all staff, contractors, and the emergency services.

Prior to carrying out any major refurbishment or demolition work, FNHC will provide existing asbestos information to contractors and arrange for a competent person to undertake a refurbishment and demolition asbestos survey.

If any employee accidentally disturbs suspected asbestos in a work premises, report this immediately to the Finance Director and Line Manager. Complete an Assure detailing the incident.

On discovering a potential ACM, staff/contractors should **STOP** work at once and immediately report their concern to the Finance Director. Family Nursing & Home Care, in conjunction with the premises' landlords, will use a competent person to assist in the identification of suspected ACMs and their advice will be sought on what appropriate actions to take.

Staff must comply with asbestos-related safety notices, warning when areas have been closed off and access restricted.

FNHC will only engage competent contractors to work with ACMs.

3.4 Capabilities and Training

There are many hazards that arise from using incompetent and poorly trained personnel to undertake work activities. Many accidents at work stem from a mis-match between the individual's capability and the training given.

In planning work, Managers will ensure that the personnel detailed to undertake it meet the competence and training requirements-

In undertaking the allocation of work to each person, there should be a clear common understanding of what is expected of each individual in terms of the range of tasks they are required to perform and the health and safety standards to which they are expected to uphold.

Family Nursing & Home Care are committed to conducting a safety training needs analysis in order to ensure employees have received the right training for their work activities.

Managers must ensure that only trained and competent personnel undertake the work activities under their control. Where individuals display incompetence and/or lack procedural awareness in regard to the way the work is being conducted, then they must take steps to rectify the situation by:

- removal of the individual from the work activity until their competence level can be developed through training and experience to the level required
- improve the level of direct supervision of the individual by competent personnel experienced in the work activity detailing the limits of the individual's involvement in the work

Line Managers should ensure that where new systems of work or changes of techniques are being implemented, that the required information and training is undertaken prior to the work activity commencing.

Line Managers should ensure that, where appropriate, refresher training is undertaken prior to executing work activities not regularly encountered. This will ensure those involved raise their competence level to that required by the work.

Line Managers should ensure that where personnel deputise for others, they are sufficiently trained and competent to undertake the deputised activities.

- Line Managers must ensure that new employees and temporary employees are inducted on the safety standards within Family Nursing & Home Care premises. The following areas must be covered within the induction programme: introduction to Family Nursing & Home Care Health and Safety Policy
- details of fire and emergency procedures - this must include a walk-through tour of the building's emergency escape routes
- accident, incident & near-miss reporting procedure
- responsibilities of individuals under the law

- details of nominated fire marshals, first aiders, Health and Safety Representative for their service and welfare facilities
- procedures for reporting health and safety infringements or concerns

3.5 Contractors

Family Nursing & Home Care and the Landlords of their premises both commission work to be undertaken by contractors.

It is the duty of whoever commissioned the work to ensure that contractors are selected with care to ensure they are fulfilling their statutory duties regarding health and safety so that they do not put employees, clients or visitors at risk. The basic requirement is to use qualified, and where appropriate, industry registered, competent contractors with acceptable documented health and safety standards.

Health and safety risk assessments and method statements will be obtained from the contractor before the work commences. The risk assessments and method statements will be reviewed by whoever commissioned the contractor before the work starts. If it becomes apparent that these risk assessments are not being adhered to during the progress of the work, this should be discussed with the contractor, and if appropriate because of risks to health and safety, the work should be stopped.

All contractors working in or on the premises, or land which is in the legal ownership, occupation or control of Family Nursing & Home Care, shall be responsible for themselves, their staff and any sub-contractor employed by them for:

- complying with all statutory and Common Law requirements
- complying with Safety Rules for contractors
- complying with fire and security instructions and health and safety policies
- ensuring that all equipment is safe and used only in accordance with legal requirements
- having appropriate insurance
- reporting to the official responsible for the contract, any unsafe act or unsafe condition which may affect the liability to meet the contract
- reporting all accidents and dangerous occurrences to the Finance Director

Failure to comply with any of these conditions or carrying out any major unsafe act, will be regarded as a breach of contract and may result in the contract being terminated.

See also [3.16 Managing Health and Safety in Construction](#)

3.5.1 Disclosing and Barring Checks for Contractors (Tradespeople)

When planning to use Contractors (tradespeople) in areas where there may be children, consideration must be given to the safeguarding of these children. Wherever possible, work should be undertaken when no children are on site. Where this is not possible, the children must be in the company of an appropriate adult at all times. Contractors should not have access to unsupervised children at any time.

Given the work undertaken by the Child and Family Service, it is unlikely that Contractors would ever come into contact with unsupervised children. However, should this scenario be a possibility, the criteria for DBS checking needs to be investigated and where indicated, DBS checks of the appropriate level carried out.

3.6 Display Screen Equipment

Family Nursing & Home Care (FNHC) will ensure that a suitable and sufficient analysis of the workstations of habitual display screen users is carried out, to enable the reduction of any risks identified by an assessment, so far as is reasonably practicable.

Suitable arrangements will be made by FNHC for relevant employee training, eyesight tests and the facilitation of short breaks away from the computer screen during the daily work routine. Family Nursing & Home Care will reimburse the cost of basic corrective glasses which are required as a consequence of the use of visual display units (VDUs).

Information and training will be provided on the use of VDUs such as to enable VDU "users" to carry out their own workstation risk assessments and to enable safe working practices.

Records of display screen equipment assessments and related training will be maintained.

Workstation assessments should be reviewed periodically, if there has been a significant change in the scenario e.g. equipment used, pregnancy or if there is reason to suspect that it may no longer be valid.

See Family Nursing & Home Care's Display Screen Equipment Policy

3.7 Electrical Equipment and Services Safety

Family Nursing & Home Care will ensure both portable electrical equipment and fixed electrical installations are maintained in a safe condition.

A system of regularly planned fixed electrical maintenance inspections and tests by a competent person will be in place on the premises and suitable records will be kept of these checks by the Premises and Facilities Manager.

Family Nursing & Home Care will arrange for the periodic inspection and testing of all portable electrical equipment by a competent electrical person.

Prior to use, staff should carry out their own simple visual checks of all mains electrical equipment in order to identify any obvious damage/defects. This check should include the mains cabling and plugs for signs of fraying, loose connections or other damage which might constitute a hazard.

Equipment which is suspected to be faulty or which has become damaged should not be used. Damaged equipment should be taken to the Premises and Facilities Manager for quarantine and labelled 'do not use.'

Electrical equipment must only be used for the purpose for which it is intended and in accordance with the manufacturer's recommendations.

Staff should not bring their own electrical equipment on to premises used by Family Nursing & Home Care, unless the equipment has been inspected and tested by a competent person.

3.8 Events (fundraising and other events)

Each year, Family Nursing & Home Care host a number of events that involve members of the public, staff from other organisations, service users and volunteers. Some events may be larger scale but even smaller events will generate risk with a number of health and safety issues that need to be considered.

Examples of health and safety hazards include:

- slips trips and falls
- other accidents e.g. scalds
- moving and handling incidents
- health related issues specific to the event
- fire
- sun burn (if event outside)
- collision/contact with moving vehicles/objects

When planning any event, a risk assessment should be undertaken to identify hazards and mitigate risks as far as reasonably practicable. The risk assessment should be dynamic, adapting to changes and new, emerging hazards/risks.

Suitable insurance cover should be in place.

All staff and volunteers involved should understand their roles and responsibilities and receive a health & Safety briefing; either verbally or written.

All health and safety incidents should be recorded on Assure to provide a record of what has happened and what action was taken. Incident reporting also enables learning to take place to reduce the risk of reoccurrence.

3.9 Fire Safety Management

When fire breaks out the effects are often devastating. The risk of fire breaking out can be minimised through all staff being vigilant and taking responsibility for their actions. Also, by a number of simple actions such as, but not limited to:

- ensuring that combustible materials, such as cardboard or waste, does not build up in any areas except pre-designated areas
- adhering to “No Smoking” policies
- isolating and reporting faulty electrical equipment

All personnel should:

- ensure that any visitors in their care leave the building by the nearest escape route
- provide assistance to any disabled persons who may require it during the evacuation if safe to do so
- familiarise themselves with:
 - Fire Action Notices
 - emergency exits as indicated on the fire notices posted adjacent to the entrance to each work area
 - fire extinguishers in their work areas (staff should only use a fire extinguisher if trained to do so and if their safety will not be compromised)

Requirements of local Fire Laws must be observed, for example by carrying out periodic checks that evacuation routes and emergency exits are marked and kept clear.

Family Nursing & Home Care will use a system of ‘Assembly Point Officer and Sweepers’ in their premises.

3.9.1 Risk Assessment

On a periodic basis or following any significant alterations to the workplace, suitable and sufficient risk assessments of the fire and emergency procedures should be carried out by a competent person and recorded. Any actions identified in the risk assessments should be adhered to.

3.9.2 Fire Marshals

Family Nursing & Home Care acknowledges the important role that Fire Marshals make to ensure the safety of its staff and premises.

Fire Marshals will undertake the one-day training by the Jersey Fire and Rescue Service. All three modules have to be completed (fire marshal, fire awareness and fire extinguishers).

Fire Marshals will work with others to develop a:

- Fire Risk Assessment for the premises (see checklist https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/14899/fsra-5-step-checklist.pdf)
- Fire Emergency Evacuation Plan (FEED) e.g. simple fire action signs
- Personal Emergency Evacuation Plan (PEEP) where this is required

Fire Marshals will also:

- carry out a recorded monthly check of fire safety/emergency preparedness in their area
- identify fire hazards in their area and take remedial action where possible or report hazards to the appropriate person
- be aware of the location of the fire indicator panel and the fire alarm call points
- take the correct action in the event of a fire
- ensure that escape routes are kept clear and can be used at all times
- organise and coordinate periodic fire drills and record such events
- on a rotational basis, represent the Fire Marshal role on the Health & Safety Group
- ensure fire-fighting media remains within its service date and fit for use

If a **fire is discovered**, the Fire Marshal is expected to:

- check that somebody has raised the alarm/contacted the emergency services
- evacuate people from the area involved
- ensure that anyone with disabilities is assisted to evacuate (in line with their PEEP)
- work methodically to search toilets and storerooms to ensure no one remains
- close windows and doors if possible
- fight the fire (if small) with appropriate extinguishers if safe to do so
- ensure that no-one re-enters the building
- liaise with the Fire Service when they arrive
- nominate someone to manage the assembly point (if only one fire Marshal on the premises)

The Fire Marshal must not, at any time, compromise their personal safety to carry out any of the above duties.

Notices informing employees and visitors of the names of the fire marshals will be displayed in prominent locations throughout the organisation's sites where relevant.

Fire Marshals should be provided with an identifiable Fire Marshal high-visibility jacket.

3.9.3 Fire Plans and Fire Action Notices

Premises should have a fire plan. The fire plan should detail the following information:

- how to raise the alarm in the event of a fire
- what the alarm sounds like and what to do when the fire alarm sounds
- means of escape and location of the assembly point
- firefighting equipment provision

Fire action notices will be displayed where persons on the premises will see them, for example at fire points and exits.

3.9.4 Fire Safety Equipment

Fire safety equipment, such as portable fire extinguishers, should be subject to periodic testing by a competent person to ensure they remain within their service dates and operational.

Periodic tests of the automatic fire detection and warning system should take place, including the testing of break glass points and detectors. These tests will be logged in the Fire Safety Log Book for the premises.

3.9.5 Fire Drills

Regular fire drills should take place within all work premises. These drills will be appropriately logged and recorded.

3.9.6 Training

At periodic intervals, employees will receive appropriate fire awareness training and where necessary, fire marshal training.

3.10 First Aid

Managers must inform all staff of:

- first-aid arrangements
- location of first aid equipment
- first aid facilities
- first-aid personnel

A suitable number of qualified First Aiders will be available during office hours. The First Aiders should be suitably qualified and the qualification should be in date. Nurses registered with the Nursing and Midwifery Council qualify to administer first aid in the workplace without the need to hold a First Aid at Work, Emergency First Aid at Work or equivalent qualification, provided they can demonstrate current knowledge and skills in first aid.

Access to a first aid kit will be available at any premises used by Family Nursing & Home Care.

First aid kits (belonging to Family Nursing & Home Care) will be checked on a regular basis by a nominated person (usually a First Aider though this may vary depending on the venue) to ensure their contents remain in date, appropriate to anticipated need and well stocked.

Notices informing employees and visitors of the location of first aid equipment and first aiders/appointed persons must be displayed in prominent locations throughout the organisation's sites. The information should be clear and easily understood.

First aid information should be included in induction programmes to ensure that new employees are told about the first-aid arrangements.

Employees should ensure that suitable provisions for first aid have been made when carrying out activities away from the main Family Nursing & Home Care premises.

3.11 Furniture, Fixtures and Fittings

Family Nursing & Home Care have a responsibility to ensure that all furniture, fixtures and fittings are maintained in safe working order and to take timely action when concern is identified.

All furniture, fixtures and fittings will conform to relevant regulations, as appropriate. Infection Prevention and Control requirements should be considered before any equipment is obtained/purchased and the cleanliness of all furniture, fixtures and fittings should be maintained as per the manufacturer's instructions.

Staff should visually inspect furniture, fixtures and fittings prior to use to confirm their safety. Servicing, where relevant, will be undertaken as per the manufacturer's guidance.

Staff should only use furniture, fixtures and fittings for their intended purpose to avoid possible injury and/or damage to the equipment.

Where concern with furniture, fixtures or fittings is identified, immediate action should be undertaken (as appropriate) to address the problem. Incidents should be reported to the relevant person, including the Line Manager and via Assure.

When issues cannot be remedied at the point of use, the equipment should be removed from service to await repair or disposal and clearly labelled accordingly.

3.12 Handling of Suspect Packages

Family Nursing & Home Care recognise the potential risk of receiving suspect packages in the mail system. Family Nursing & Home Care is therefore committed to ensuring that there are reasonable and practical precautions put in place to prevent the possibility of injury/contamination to employees and the public.

Employees are responsible for reporting any mail that does seem suspicious.

If a suspicious package is found:

- do not open the mail/parcel or pass it around
- during normal working hours:
 - contact Line Manager
 - if the Line Manager thinks it necessary, they will contact the States of Jersey Police
 - submit an incident report via Assure
- outside of normal working hours and weekends:
 - contact the On-Call Manager
 - if the senior member of FNHC staff on duty thinks it is necessary, they will contact the States of Jersey Police
 - submit an incident report via Assure

Police attendance if a suspicious package is found

If the States of Jersey Police are contacted, a police constable will be sent to the scene to make further assessments of the situation. If the constable deems it necessary, they may decide to seek assistance from specialist officers. If appropriate, they will assume control and may require protective measures to be taken, ranging from various levels of containment to the evacuation of all or part of the premises.

Staff are to cooperate with any requests made by the States of Jersey Police or other emergency service.

3.13 Hazardous Substances

Family Nursing & Home Care uses a variety of chemicals which are classified as hazardous within office, clinical and the stores departments. These chemicals can harm staff, clients' and visitors' health if used incorrectly or by the person(s) not following the safe working procedures.

It is Family Nursing and Home Care's policy that any substances of a hazardous nature should be subject to a risk assessment before use. This assessment is normally called a Control of Substances Hazardous to Health (COSHH) Assessment however the management of risk from the substance may be addressed by other documents such as a policy or standard operating procedure (see below re hazardous medicines).

Staff should not bring any substances onto the premises that may be subject to COSHH e.g. cleaning products, pesticides. Where there is a need for such products, these should be ordered through the Stores Department. Where a new product needs to be purchased, a COSHH risk assessment must be completed using the template on Assure.

The COSHH assessment and the conditions laid down within must be communicated to the end user prior to the hazardous substance being used on site. Material Safety Data Sheets should be referred to when assessing the handling, transport, storage and use of hazardous materials. COSHH Assessments are accessible via the Assure Portal <https://uk.sheassure.net/fnhc/Portal/Portal/Index>

Sub-contractors working with hazardous materials should provide their own COSHH assessment to the commissioning person for approval before work is commenced on site.

As a provider of health care, clinical staff may be required to administer medicines that have the potential to cause injury or ill-health. All staff administering such medicines must only do so if they understand the risks and action to take to mitigate these risks. The National Institute for Occupational Safety and Health (NIOSH) have developed a list of drugs considered to be hazardous. The most up to date version can be found on the 'Centers for Disease Control and Prevention' website [Hazardous Drug Exposures in Health Care | NIOSH | CDC](#) Family Nursing & Home Care will avoid the use of hazardous substances, as far as is reasonably practicable. However, when this is unavoidable, it will substitute hazardous substances for those less hazardous where this is possible and reasonably practicable. All precautions indicated in the COSHH Assessment will be adhered to e.g. suitable storage, suitable PPE

3.14 Infection Prevention and Control

As a provider of health care, infection prevention and control (IPaC) is at the forefront of safe clinical practice. Consequently, practice should be underpinned by relevant policies/procedures and Standard Operating Procedures. Procedural documents should include the following (list may not be exhaustive):

- hand hygiene
- the use of Personal Protective Equipment (PPE)
- waste management
- sharps safety
- the management of sharps injuries and exposure to blood/bodily fluids
- management of staff with infection or exposure to Infection
- aseptic non-touch technique

Effective infection prevention and control practices should also be observed in non-clinical areas. This should include good standards of hand hygiene and environmental cleanliness.

When requested, staff should comply with infection prevention and control measures advised by the Health and Community Services IPaC Team and the organisation's Occupational Health provider.

All staff, whether clinical or non-clinical will undertake mandatory IPaC training relevant to their role as per the current Education and Development Programme (Prospectus).

Audit and incident reporting will be used to monitor IPaC practice and emerging trends respectively.

3.15 Ladders and Stepladders

Ladders and Stepladders are best used only in exceptional circumstances and for short term work following a risk assessment.

Any ladders and stepladders owned and used by Family Nursing & Home Care should be subject to regular inspections by a competent person. A ladder log should be maintained by the Stores Department recording these inspections. However, the user should also carry out an inspection prior to using ladders to ensure they are set up safely, free from damage/defect and are safe to use.

Where ladders or stepladders are used, make sure that:

- the ladder/stepladder is professional standard that complies with EN 131
- the ladder /stepladder is free from damage or distortion
- the work area can be reached without stretching
- in the case of a ladder that it can be fixed in place to prevent slipping
- a good hand hold is available on the ladder/stepladder

Many accidents result from using a ladder/stepladder where a tower scaffold or mobile access platform would have been safer and more efficient.

Only carry lightweight materials or tools up a ladder/stepladder ensuring that both hands free for climbing.

All ladders/stepladders must be strong enough for the job and in good condition. Check that the stiles are not damaged, buckled or warped, no rungs are cracked or missing and safety feet, if fitted, are both there.

Do not use domestic (Class 3), makeshift wooden or homemade ladders, or carry out makeshift repairs to damaged ladders. Do not use painted ladders as the paint may hide faults.

Ensure that the ladder is secure before climbing. The feet should rest on a firm and level surface and the ladder should be tied.

The ladder should be angled to minimise slippage. Ideally the angle should be 1 measure out for four measures up (approximately 75 degrees).

The top of the ladder should rest against a solid surface; ladders should not rest against fragile materials.

Ladders should be tied at the top and where this is not possible should be footed at the base when it is being used.

The ladder should extend at least 1.05 metres above the place where people will get on, unless there is another adequate hand hold.

Stepladders provide a free-standing means of access but they require careful use. They are not designed to take any degree of side loading and can easily overturn. Only carry out light

work from a stepladder and then only on a firm and level surface and then only where it is safe to do so.

Do not work from the top step of a stepladder unless there is a properly designed hand rail that allows you to do so.

Staff who are required to use ladders/stepladders as part of their work will receive training in their safe use.

3.16 Legionella Management

As per contract/tenancy agreement (where responsibilities are specified) it is the landlord's responsibility to manage, maintain and treat water systems on their premises properly in order to prevent exposure of persons to Legionella bacteria.

Family Nursing & Home Care recognises that Legionella can grow in any workplace if the conditions are right. The landlord's duty of care is to assess the risk of contracting Legionnaire's disease in accordance with the UK Health and Safety Executive's [Approved Code of Practice \(ACoP\) and Guidance on Regulations – Legionnaire's disease](#).

If the risk assessment shows that there is a Legionella risk which requires controlling, the identified precautions will be implemented.

3.17 Lone Working

Refer to FNHC's Lone Worker Policy and other relevant procedures. This policy can be found in Central Filing/Policies and Procedures/Links to Policies.

3.17.1 Removal of Shoes

Staff should not remove their shoes if requested by patients/clients prior to entering their homes. If required, overshoes are available and their use needs to be risk assessed. Staff may be injured if they don't wear shoes e.g. stepping on something sharp, stubbing toes etc. However, shoes are also important for a safer exit from property should this need to be done in haste for personal safety reasons.

3.18 Managing Health and Safety in Construction

In addition to the Health and Safety at Work (Jersey) Law 1989, the Health and Safety (Management in Construction) (Jersey) Regulations 2016 place specific duties on key parties engaged in construction projects. Family Nursing & Home Care will fully comply with these regulations and relevant duties and when required, will seek specialist advice.

Guidance can be found at:

<https://www.gov.je/Industry/HealthSafetyWork/HSI/Legislation/LawRegulations/Pages/Construction.aspx>

3.19 Manual Handling

Manual handling can be described as lowering, lifting, pulling, pushing, holding, restraining, carrying, throwing or handling. Manual handling related injuries continue to constitute a significant amount of the over-three-day injuries reported each year to the HSI.

When assessing manual operations, staff should always consider first if they can avoid the need for hazardous manual handling, so far as is reasonably practicable. If not, they should assess the risk of injury from any hazardous manual handling that can't be avoided and reduce the risk of injury from hazardous manual handling, so far as is reasonably practicable.

Family Nursing & Home Care (FNHC) will ensure that staff receive the appropriate training in manual handling, including good lifting techniques. Staff will be expected to follow this training when they are manual handling.

The organisation will provide appropriate tools/equipment where needed. Aids for manual handling should only be used by trained and competent staff and if those aids are in good working order and have been appropriately maintained. All equipment used by staff (including equipment not owned by FNHC) must conform to the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) (HSE 2014) and the Provision and use of Work Equipment Regulations 1998 (PUWER) (HSE 2014a). Further guidance can be found in the [PUWER Approved Code of Practice](#) and the [LOLER Approved Code of Practice](#). The latter includes a section about the [lifting of people](#).

See [Family Nursing & Home Care's](#) Safe Moving and Handling Policy available at <https://www.fnhc.org.je/procedure-library/>

3.20 Medical Equipment and Devices

Family Nursing & Home Care (FNHC) will ensure that staff receive the appropriate information on safe usage, receive appropriate training where necessary and be competent before using medical equipment and devices.

All staff should undertake pre-use visual checks prior to using any piece of equipment. Any item showing signs of damage or excessive wear should not be used. The item should be marked 'do not use' and reported to the client and / or the staff member's Line Manager as appropriate.

Any defects or damage should be documented in patient/client records (if the equipment is located in the patient/client's home), recorded on Assure as an incident (if appropriate) and/or recorded on the Asset Register (for Family Nursing & Home Care equipment).

Medical equipment and devices should be maintained as per manufacturer's instructions and any periodic checks and repair work must be conducted by competent persons who have suitably isolated all power sources (where required).

If when checking staff establish that a piece of equipment / machine is in an unsafe condition then they should immediately report this fact to the patient/client and/or their Line Manager as appropriate and the equipment / machine taken out of use. Family Nursing & Home Care owned equipment issues should also be reported on Assure.

See the FNHC Medical Devices Policy available on the [Procedural Document Library](#).

3.21 New & Expectant Mothers

A new or expectant mother is someone who is pregnant or who has given birth within the previous six-months or who is breastfeeding.

The new or expectant mother is expected to inform Family Nursing & Home Care in writing that she is pregnant and must accept that she may be asked for written medical evidence to confirm the pregnancy. Informing the organisation as soon as possible in pregnancy will enable a maternity risk assessment to be completed to help mitigate risk from an early stage. The Line Manager should also be made aware if breastfeeding so measures can be put in place to support its successful continuation.

Family Nursing & Home Care recognise that, as an employer, it is under a general duty to take into account that, what is considered as an acceptable level of risk in the workplace, may not be suitable for a new and expectant mother. Following a risk assessment, the Line Manager will take reasonable and appropriate steps to accommodate altered systems of work or improve the workplace environment so that it remains safe.

The agreed risk assessment template can be found on Central Filing/Health & Safety/Maternity Risk Assessment.

The risk assessment will identify any hazards in the workplace or inherent in existing systems of work that could pose a health and safety risk to a new or expectant mother. The risk assessment should consider factors such as stress, manual handling, lone working and Display Screen Equipment. Any medical advice specific to the pregnancy will be taken into account when the risk assessment is undertaken and during the pregnancy.

Employees should also refer to the Employee Handbook available on the [Procedure Library | Family Nursing & Home Care \(fnhc.org.ie\)](#).

3.22 Personal Protective Equipment

To comply with statutory requirements and where risks cannot be controlled in other ways then Personal Protective Equipment (PPE) will be issued in accordance with a risk assessment. Family Nursing & Home Care (FNHC) will provide the appropriate PPE to staff free of charge.

It is the responsibility of all staff to comply with any mandatory Health and Safety signs and the findings of risk assessments.

Family Nursing & Home Care will make staff aware of why PPE is needed in the workplace, when it is to be used, replaced and how the PPE is to be used.

Staff should immediately report any damage to reusable PPE to their Line Manager. PPE which is not in good working order will be replaced.

Line Managers are responsible for monitoring the use of PPE and where staff do not comply with PPE requirements, appropriate action will be undertaken to enable compliance. Where non/poor compliance continues, the staff member may be subject to disciplinary action.

See Hand Hygiene and Personal Protective Equipment Policy & Procedures available on the [Procedural Document Library](#).

3.23 Pets at Work

Family Nursing & Home Care recognises that pets can foster a friendlier and happier workplace. However, it wants to make sure that this does not disrupt work operations, damage properties or have a negative impact on other staff.

Pets should not be taken into clinical areas or areas where there may be service-users. The exception is accredited 'therapy pets' (see section [3.21.1 Therapy Pets](#) below). No pets should be taken into kitchen or eating areas.

The organisation accepts no responsibility for pets taken into the workplace. The staff member must take full responsibility for their pet's safety, wellbeing and welfare at all times. Furthermore, the organisation accepts no liability for any harm caused by a pet in the work environment.

Before bringing a pet into work, the reason for doing this should be stated, a risk assessment undertaken and permission obtained (see [appendix 1](#)) from the head of the service. Managers have the right to refuse a request.

As part of the risk assessment, the staff member must ensure that anyone sharing their workspace (or likely to visit) is happy for the pet to be there and there is no reason why it would be unsafe/inappropriate to bring the pet in e.g. colleague's allergies, fears/phobias, other pets going to be present. The owner is responsible for alerting unplanned visitors to the workspace that a pet is present; preferably with signage on the door.

Additionally, the following criteria should also be met (where relevant):

- the pet is well
- the pet is adequately trained
- they have insurance that covers their pet
- the pet is clean, properly vaccinated and free of parasites

If pets are brought into work, they should be confined to a contained area/s (such as an office or meeting room) during their stay.

Pets should not be allowed to chew wires or cause other damage.

Consideration should also be given to the number and type of other pets in work on any given day. This may adversely affect a staff member's ability to bring their pet to work or for the pet to remain in situ where it has already been brought in.

Areas should be appropriately ventilated and all traces of the pet removed when they leave. Staff are responsible for clearing up after their pet, both inside and outside of the building.

When moving through communal areas, the staff member should have full control of their pet and should, where possible, avoid coming into contact with others.

Risk assessment is a dynamic process and the ongoing appropriateness of having their pet in the workplace will be reviewed by the lead person for their service. Permission to continue

taking their pet to work may be withdrawn at any time, particularly if concerns are raised that cannot be adequately resolved.

3.23.1 Therapy Pets

Family Nursing & Home Care recognises the value of 'therapy pets'. Where a staff member's pet is to be used for therapeutic purposes with service users, a thorough, documented risk assessment should be in place and signed off by the Registered Manager or the Director of Governance and Care. The Finance Director must also be included in any decision to use a Therapy Pet as the organisation's insurance company will need to be informed.

Any Therapy Pet used should be accredited by an industry recognised accreditation body with appropriate liability insurance in place.

3.24 Protecting Service Users and Visitors

Family Nursing & Home Care has a duty of care to any persons affected by its work activities, including visitors and clients using the organisation's facilities. A risk-based approach will be taken to all work activities (see section [3.23 Risk Assessments](#)).

Family Nursing & Home Care will use a range of methods to ensure the safety of service users and visitors. One such method is the use of Disclosing and Barring Service (DBS) checks. These checks should be completed for all staff where this is appropriate. Consideration should be given to the need for DBS checks for contractors and invited visitors where this is appropriate. See section 3.5.1 [Disclosing and Barring Checks for Contractors \(Tradespeople\)](#).

3.24.1 Protection during Maintenance Works

Family Nursing & Home Care will make an appropriate risk assessment of how its activities could affect third parties, before any maintenance work is started.

Security is of the utmost importance to the organisation and where maintenance work is being conducted in general areas, a clearly marked and secure boundary will be created around it in order protect others.

3.25 Remote Working

Staff may be required to work from a location that is not their usual base e.g. home, different Family Nursing & Home Care premises, premises belonging to another organisation. Wherever a member of staff is working, they must take all reasonable steps to ensure their health, safety and welfare and comply with relevant organisational policies, procedures and safety guidance. This should include, but is not limited to:

- lone worker arrangements
- staying in regular contact with agreed people e.g. manager, colleagues
- fire safety
- first aid
- having arrangements in place in case of an emergency
- display screen equipment
- welfare arrangements
- relevant risk assessments
- reporting any accidents/incidents/'near miss' events that may occur as a result of remote working

Electronic diaries should be used to record where a member of staff is remote working. See Family Nursing & Home Care's Flexible Working Policy (includes remote working) available on the [Procedural Document Library](#).

3.26 Risk Assessments

Line Managers should always take a common sense and proportionate approach, remembering that risk assessment and risk management are tools to enable staff to undertake activities safely and not prevent activities from taking place. Sensible risk management cannot remove risk altogether but it should aim to reduce it as far as is reasonably practicable.

In order for Family Nursing & Home Care to have a safe system of work, it must ensure suitable and sufficient risk assessments are conducted. A general procedure for risk assessment is detailed below:

- Managers must assess the risks to health and safety of staff, clients and any others that could be affected by their work activities within the department that they control.
- Where the Manager considers the risk to be significant, then this must be recorded in writing on the approved risk assessment form and where relevant, identify those groups of employees, clients or others being especially at risk.
- Risk assessments should be reviewed and altered if they are no longer valid or circumstances have changed significantly.
- Managers should co-operate fully with other employers where work areas are shared. This may be by exchanging information on protective measures and risk associated with each other's activities. Relevant information should be passed to staff in those areas.

Definitions

- hazard – this is the potential for harm
- risk – this is the likelihood that actual harm will occur

Assessment of risk will take into account the severity of the hazard, the number of people likely to be exposed and the possible consequences

Family Nursing & Home Care staff are expected to adopt the Health and Safety Executive's five steps approach to risk assessment that can be found in the following link [Risk assessment: Steps needed to manage risk - HSE](#)

Step one - identify hazards

Step two – assess the risks

Step three – control the risks

Step four - record the findings

Step five - review the controls

Staff should also follow Family Nursing & Home Care's Risk Management Policy available on the [Procedural Document Library](#).

3.27 Safety Alerts

See the Standard Operating Procedures for Safety Alerts available on the [Procedural Document Library](#).

3.28 Sharps / Needle Stick Incidents

Refer to Family Nursing & Home Care's Sharps Safety Policy and Standing Operating Procedures Sharps Injury and/or Blood/Body Fluid Exposure available on the [Procedural Document Library](#)

3.29 Slips, Trips and Falls

Family Nursing & Home Care (FNHC) recognise that slips, trips and falls can result in serious injury and that conducting appropriate risk assessments can reduce the likelihood of these events occurring.

The organisation will ensure that appropriate lighting is provided to footpaths and other areas where it is identified that lighting would be an appropriate safety measure. Family Nursing & Home Care will fit handrails to steps and other areas where this is deemed appropriate, following risk assessment.

The organisation will issue torches to staff members, where deemed appropriate, however, most staff are issued with a mobile phone that should include a torch function.

Twice yearly Internal Health and Safety Reviews will be carried out in addition to an annual inspection of premises by the organisation's external Health and Safety advisors. Where identified, slip and trip hazards will be addressed and where staff come across this type of hazard, they should remedy the situation. If this is not possible, then they should immediately advise an appropriate person, for example, the FNHC Premises and Facilities Manager, Health and Safety Group Representative, their Line Manager.

Slips, trips and falls should be reported via the Assure system, including any near miss occurrences as per the Standard Operating Procedures for Incident Reporting available on the [Procedural Document Library](#).

3.30 Stress & Well Being

Stress has been defined as 'the adverse reaction people have to excessive pressure'. Family Nursing & Home Care recognises that stress itself is not a disease but intense stress that goes on for some time can lead to mental and physical ill health in its staff e.g. depression, nervous breakdown, heart disease, etc.

Appropriate risk assessments will be carried out by Senior Managers at periodic intervals. Family Nursing & Home Care recognise that there is no single, best way of tackling work related stress and the reasonable steps it will take will depend on the current working practices and the cause of the problem.

Staff are expected to consult with their Line Manager in order to advise them if they are suffering from work related stress, so that the appropriate steps can be taken. If the employee feels that the Line Manager is contributing to the stress, or for any other reason is not an appropriate person to advise of the issue, then the employee should inform a more senior manager or the Human Resources department in order that causes can be investigated and appropriate steps taken.

Family Nursing & Home Care uses a peer support programme (Sustaining Resilience at Work - StRaW) to help employees experiencing signs or symptoms of stress. This can be accessed through self-referral or through a line manager and is not a mandatory or Human Resources process. The organisation also has Trauma Risk Management (TRiM) Practitioners trained to spot signs of distress in staff. TRiM is a peer support system designed to help colleagues who have experienced a traumatic, or potentially traumatic, event.

3.31 Vehicle Management

Family Nursing & Home Care will assess the risk from vehicle movements on their premises and manage those risks in line with current workplace transport guidance e.g. segregation, marking and lighting.

The organisation recognises that the health and safety law applies to on-the-road work activities as to all work activities. Where necessary, it will conduct suitable risk assessments and put in place all 'reasonably practicable' measures to ensure that:

- work related journeys are safe
- staff are fit and are competent to drive safely
- the vehicles used are fit for purpose and in a safe condition

Family Nursing & Home Care expects all staff that require a car to carry out their duties to have a valid driving license and to ensure that their vehicle is legal, safe and fit for purpose.

Vehicles must be regularly serviced and have valid insurance. Drivers who use their own vehicle for work journeys (excluding commuting) must have cover for business use. Staff using their own cars for the performance of their duties are required to ensure they have the appropriate car insurance cover. A copy of the proof of insurance will be required by the organisation's Human Resource Department and annually thereafter. See Employee Handbook available on the [Procedural Document Library](#).

Documentary proof of licensing, servicing and insurance may be requested at any time. Any vehicle deemed or suspected to be in an unsafe condition must not be used for work purposes until all necessary works have been completed.

It is recommended that staff should carry out weekly visual safety checks of their vehicle including checks that:

- tyres are undamaged, have enough tread depth and are at the correct pressure
- oil, coolant and windscreen wash levels are sufficient
- brakes are working
- lights and indicators are clean and working
- windscreen and windows are not damaged
- there are no signs of vehicle damage that would render the vehicle unsafe to drive
- washers and wipers are working
- mirrors are correctly positioned

If staff are involved in an accident that results in damage or injury, they must stop and immediately report it to a police officer on 01534 612612 or 999 in an emergency. The car must not be moved until instructed by a police officer. If required by the police, staff must provide their name and address and the name and address of the owner and the registration mark of the vehicle, as well as details of insurance.

Any employees who are involved in a work-related crash, including damage-only ones, must also report this to their Line Manager and via the incident reporting system Assure <http://sheassure.net/fnhc>.

It is an offence in Jersey to hold a mobile phone whilst driving. If hands-free kits are used, staff need to ensure that they remain focused on the road, rather than the conversation. Drivers will need to pause briefly when negotiating a hazardous situation like a junction.

No loads should be carried for which the vehicle is unsuited.

Staff must not use the vehicle in conditions for which it is not designed (e.g. off-road).

Where staff are required to transport a service user, a risk assessment should first be completed/documentated. This should be authorised by an appropriate person, with the level of risk deemed acceptable before transports takes place.

3.31.1 Transporting Service Users who Require Oxygen

A documented risk assessment should be undertaken before a service-user who needs to carry/use oxygen can be transported in a staff member's vehicle.

The staff member should inform their car insurance company that they intend to transport a client with oxygen in their vehicle.

It is the driver's responsibility to ensure the vehicle is safe.

Staff and service users should follow the safety measures/information found in the attached link [505385-Healthcare Medical Oxygen in a Vehicle flyer \(boconline.co.uk\)](http://boconline.co.uk) (at the time of ratification of this policy, liquid oxygen is not in use by patients)

3.31.2 Using Family Nursing & Home Care Vehicles

See the Organisational Vehicle Policy available on the [Procedural Document Library](#).

3.32 Violence, Aggression and Unacceptable Behaviour at Work

Refer to the Prevention and Management of Violence, Aggression and Unacceptable Behaviour at Work Policy available on the [Procedural Document Library](#).

3.33 Young Persons

Family Nursing & Home Care will ensure that young persons carrying out paid work, undertaking work experience or volunteering for the organisation are protected from any risks to their health and safety which are a consequence of their lack of knowledge and experience.

This will specifically include the preparation of a risk assessment for issue to the young person and where appropriate, their parent/guardian.

The Director of Governance and Care and Head of Human Resources must be made aware of the intention to allow a young person under the age of eighteen to carry out work, whether paid, through work experience or voluntary.

Age should not be a barrier to young people seeking employment, work experience or voluntary work, if all appropriate precautions have been taken and the young person is adequately supervised. However, only persons 18 and over can work in Family Nursing & Home Care's clinical and Home Care services due to the nature of the work involved.

Current employment legislation relating to young persons will be adhered to by Family Nursing & Home Care.

4 MONITORING COMPLIANCE

Monitoring of Health and Safety may be undertaken either proactively or reactively. Examples of proactive monitoring might include:

- audit of systems and processes
- workplace inspections – internal and external
- review of health and safety action plans and reporting on progress

Reactive monitoring may include:

- lost-time ill-health rates
- types and causes of incidents, accidents and near-miss events
- occurrence rates of incidents, accidents and near-miss events
- investigations and actions following health and safety-related incidents

5 CONSULTATION PROCESS

Name	Title	Date
Claire White	Director Governance and Care	29.04.24
Elaine Walsh	Director of Finance	29.04.24
Justine Bell	Head of Education and Development	29.04.24
Tia Hall	Registered Manager Adult Nursing Services	29.04.24
Clare Stewart	Registered Manager Rapid Response and Reablement Team	29.04.24
Michelle Cumming	Registered Manager Child and Family Service	29.04.24
Jo Davies	Deputy Operational Lead Child and Family Service	29.04.24
Teri O' Connor	Registered Manager Home Care	29.04.24
Amanda de Freitas	Head of Human Resources	29.04.24
Michael Gardner	Head of Finance	29.04.24
Claire Whelan	Head of Information Governance and Systems	29.04.24
Angela Stewart	District Nursing Sister/Team Leader	29.04.24
Rob McAdam	Trainee Advance Clinical Practitioner – Rapid Response and Reablement Team	29.04.24
Laura Baker	Premises and Facilities Manager	29.04.24
Susan Ashford	Human Resources Officer	29.04.24
Luke Elliot	Health and Safety Advisor (CopCoy)	29.04.24

6 EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners.

The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- Putting patients first
- Keeping people safe
- Have courage and commitment to do the right thing
- Be accountable, take responsibility and own your actions
- Listen actively
- Check for understanding when you communicate
- Be respectful and treat people with dignity
- Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. See overleaf/below for the Equality Impact Assessment for this policy.

6.1 EQUALITY IMPACT SCREENING TOOL

Stage 1 - Screening			
Title of Procedural Document: Health and Safety Policy			
Date of Assessment	28.03.24	Responsible Department	Quality and Governance
Completed by	Elsbeth Snowie	Job Title	Head of Quality and Safety
Does the policy/function affect one group less or more favourably than another on the basis of:			
	Yes/No	Comments	
Age	No		
Disability <i>(Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia)</i>	No		
Ethnic Origin <i>(including hard to reach groups)</i>	No		
Gender reassignment	No		
Pregnancy or Maternity	No		
Race	No		
Sex	No		
Religion and Belief	No		
Sexual Orientation	No		
If the answer to all of the above questions is NO, the Equality Impact Assessment is complete. If YES, a full impact assessment is required: go on to stage 2.			
Stage 2 – Full Impact Assessment			
What is the impact	Level of Impact	Mitigating Actions <i>(what needs to be done to minimise / remove the impact)</i>	Responsible Officer
Monitoring of Actions			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level			

7 IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Policy to be uploaded to the Procedural Document Library	Education and Development Administrator	Within 2 weeks following ratification
Email to all staff	Education and Development Administrator	Within 2 weeks following ratification
Upload policy (+/- assessment tool) to Virtual College and allocate to relevant staff	Education and Development Department	Within 2 weeks following ratification
Relevant staff to sign (via Virtual College) that they have read and understood policy.	All staff notified via Virtual College.	Within 2 months of notification

GLOSSARY OF TERMS

Incident - The Health & Safety Executive (2014) define an incident as a 'near miss' event or an 'undesired circumstance'. A near miss is "an event not causing harm, but has the potential to cause injury or ill health" (HSE, 2014, webpage). A undesired circumstance is "a set of conditions or circumstances that have the potential to cause injury or ill health, eg untrained nurses handling heavy patients" (HSE 2014 webpage).

Examples of incidents include: patient/service user injury, fire, theft, vandalism, assault and employee accidents. Incidents may also result from negligent acts deliberate or unforeseen.

Patient Safety Incident - Any unintended or unexpected event that could have or did lead to harm on organisation premises where care is provided, including a patient's own home or anywhere in the community. For example:

- delayed treatment that has or could have caused harm
- diagnostic results not communicated or lost
- record keeping – poor recording, incomplete, failure to document
- procedures carried out incorrectly or incorrect procedure applied to an individual
- patients' notes lost, unavailable, incomplete
- the wrong medication is prescribed, administered, missed or lost
- patient falls
- inappropriate/unsafe patient discharge
- confidentiality breach
- staff shortages
- faulty equipment – medical such as feeding pump, syringe driver, catheter

Near Miss - An incident that had the potential to cause harm but was prevented.

Non-clinical Incidents - An unplanned or unexpected event in which a member of staff/contractor or the public has been, or could have been injured, killed, or suffer mental trauma, or led to loss or damage to equipment or property, or other financial loss. For example:

- a member of staff hurts his/her back
- a member of staff subject to verbal abuse
- a member of the public falls in the car park
- fire on work premises
- theft loss or damage to organisation or personal property

Serious Incident (SI) - A Serious Incident is defined when a patient, member of staff or member of the public suffers serious harm or unexpected death on organisation premises, premises where health care is provided, including in a patient's own home or anywhere in the community. It is also where:

- staff actions are likely to cause significant public concern
- there is any event that might seriously impact upon the delivery of service plans
- an event may attract media attention and/or result in a settlement following litigation
- an event may reflect a serious breach of standards of service

Dangerous Occurrence - A Dangerous Occurrence is defined as one of a number of specific and defined adverse events. Although not a legal requirement it is good practice to immediately report, by telephone, to the Health and Safety Inspectorate the following Dangerous Occurrence:

- lifting equipment and machinery overturning or collapsing
- pressure vessels, explosion, collapse or bursting of any plant
- electrical short circuits leading to fire or explosion which results in stoppage of the plant
- escape of flammable substances
- collapse of scaffolding
- collapse or partial collapse of a building or structure
- uncontrolled escape of a harmful substance or pathogen from any apparatus or plant

ACoP - Approved Code of Practice

ASSURE (Evotix) – this is the system used by Family Nursing & Home Care to record and manage incidents and accidents. However, it also has a number of other functions including risk management, audit and asset management.

COSHH – Control of Substances Hazardous to Health

StRaW – Sustaining Resilience at Work

8 REFERENCES

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9 APPENDICES

9.1 Request to Bring Pets into the Workplace



Request to Bring Pets into the Workplace

Name			
Team/Work Area			

Date/s requested to bring in pet	Type of pet		
Reason for request			

I am requesting to bring my pet into work and can confirm the following:

- the pet is well
- the pet is adequately trained
- I have insurance that covers my pet
- the pet is clean, properly vaccinated and free of parasites

circle as appropriate

Risk assessment completed: → → → → → Yes → → No

Agreement from relevant colleagues obtained → → → Yes → → No

I understand that:

- my pet must be confined to a contained area e.g. office; meeting room
- I must not let my pet cause damage
- I may be asked to take my pet home if there are too many other pets in the office or there is some other reason that this is requested
- the welfare of my pet is my responsibility
- I need to keep the area/s well ventilated
- I must clean up after my pet; inside and outside of the building
- when moving through communal areas I must have full control of my pet and where possible, avoid contact with others

Signature: Date:

Approval

Approval given?	Signature of Manager:		
Name of Manager:	Date:		
Frequency of Review or Review Date:			

Update:

Version 1 July 2024