



Community Health Partnerships

# Corporate Health and Safety Policy Manual

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## IMPORTANT NOTE:

This document details Community Health Partnerships (CHP) management arrangements to ensure the health, safety and welfare of its employees when carrying out their work activities and the health, safety and welfare of employees, visitors and contractors in CHP offices.

This document is supported by additional documents that outline and record the various contractual and local management arrangements in place to ensure CHPs health and safety responsibilities in relation to the NHS LIFT estate are properly discharged.

## Revision History

| Revision | Description of Changes | (Y/N)<br>Marked<br>Changes | Date     |
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## Community Health Partnerships

### Corporate Health and Safety Policy Manual

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## 1. Accident Reporting

All work related accidents, incidents, near misses and ill health need to be reported and investigated so that steps can be taken to rectify any problems and to prevent them happening again.

The organisation actively encourages employees and those under their direct control to report all potential hazards and near miss incidents as well as accidents to help reduce the likelihood of injuries occurring.

Any accident at a CHP office that results in an injury to a CHP employee or case of ill health or incident that could have resulted in an injury or damage must be reported to the affected employees Line Manager and the Head of Corporate Services and will be investigated in accordance with the **Process Map** included at **Appendix 1** of this Manual.

All accidents, incidents, near misses and cases of ill health associated with work activity must be recorded and investigated using the **Accident and Incident Reporting and Investigation Form** included at **Appendix 2** of this Manual.

It is essential that an Accident and Incident Reporting and Investigation Form is accurately completed following any accident, however minor, to a CHP employee or visitor to CHP offices and a copy of the completed Form forwarded to the Head of Corporate Services as these records replace the need for a conventional Accident Book.

Any accidents, incidents or ill health that happen to people other than CHP employees (for example, visitors or contractors) while they are on CHP controlled premises must be reported and investigated in accordance with the CHP Incident Reporting, Escalation and Business Continuity Procedures.

The **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)**, place a legal duty on:

- Employers;
- People in control of premises;

to report specified event including work-related deaths, major injuries or over-seven-day injuries (not including the day of the accident), work related diseases, and dangerous occurrences (near miss accidents).

Reportable injuries must be reported within fifteen days of occurring.

The Head of Corporate Services will review all reported incidents involving CHP employees and visitors to CHP offices and ensure that the enforcing authority is appropriately notified in the event that any of the above circumstances occur.

### **Investigation and rectification**

All accidents, incidents, near misses and cases of work related ill health involving CHP employees and visitors to CHP offices will be investigated, to establish a cause, and to identify any additional risk control measures that need to be implemented.

The Head of Corporate Services will review all accident, incident, near miss and ill health investigation reports involving CHP employees and visitors to CHP offices to identify possible trends and will include a summary in reports to the Board.

Further information on RIDDOR can be found on HSE website:

[www.hse.gov.uk/riddor/index.htm](http://www.hse.gov.uk/riddor/index.htm)

Further information on Accident Reporting may be found in:

**INDG453 Reporting Accidents & Incidents at Work**

## 2. Alcohol and Drugs

As well as duties under **The Health and Safety at Work etc Act 1974** and **The Management of Health and Safety at Work Regulations 1999**, CHP have duties under **The Road Traffic Act 1988** and **the Transport and Works Act 1992**. Drivers of road vehicles must not be under the influence of alcohol or drugs while driving, attempting to drive or when they are in charge of a vehicle.

Alcohol and drugs impair individual reaction speeds and it can be unsafe to be in the workplace after consuming any alcohol or drugs.

Under no circumstances will any employees:

- Report or endeavour to report for work having consumed alcohol or under the influence of drugs; and
- Be in the possession of any drugs while undertaking their duties.

Drugs properly prescribed by a General Practitioner for medical treatment are permitted, provided such use does not adversely affect the person's ability to carry out the work for which he/she is employed, in a healthy and safe manner. Employees should advise their line manager if they have any medical condition or are taking medication that could affect their work and the health and safety of either themselves or others.

Failure to comply with these requirements may result in immediate removal of the person from the premises and formal disciplinary action.

**CHPs detailed Policy and procedures in relation to Alcohol and Drugs are set out in the Employee Handbook.**

If an employee has a possible alcohol problem, help will be offered, but where an employee's drinking creates a risk to that employee or others the company will treat it as a matter for discipline rather than as a health problem.

If an employee has a possible drug or substance misuse problem, support will be offered, but where an employee's drug or substance misuse creates a risk to that employee or others the company will treat it as a matter for discipline rather than as a health problem and possession or dealing in drugs at work will be reported immediately to the Police.

Further information on alcohol and drugs can be found in:

**INDG 91 Drug misuse at work**

**INDG 240 Don't Mix It - A guide on alcohol at work**

### 3. Asbestos Awareness

Any building constructed or modernised pre 1999 may have asbestos present.

CHP do not believe there is any asbestos present in the Company's offices. If the Company becomes aware of the presence of any asbestos containing materials in CHP offices, the Landlord or Managing Agent will be responsible for ensuring that an Asbestos Management Survey is undertaken to identify the location and condition of any asbestos present in the building and an Asbestos Register and Asbestos Management Plan is created from the reports of these surveys.

The Office Manager will confirm with the Landlord or Managing Agent that there is either no asbestos present in the building or that an Asbestos Management Survey has been carried out and an Asbestos Management Plan put in place.

Where required, the Asbestos Management Plan and Register for CHP offices will be maintained by the Landlord or Managing Agent to monitor the condition of the asbestos.

Prior to authorising the commencement of any work that involves disturbing the fabric of the building within CHP office areas, the Office Manager must confirm with the Contractor that they have been made aware of the presence and location of any asbestos by the Landlord or Managing Agent and that in any office constructed or modernised pre 1999 a Refurbishment and Demolition Survey has been completed.

Further guidance and technical support is available to the Office Manager from the Head of Property and Facility Management or Head of Corporate Services.

Separate arrangements are in place for the identification and management of any asbestos containing materials identified in NHS LIFT estate buildings.

CHP employees likely to be engaged on any activities where asbestos might be present will receive Asbestos Awareness training that is to be renewed every two years, as identified in the training matrix.

Work will not be carried out in any area where asbestos has been identified, or is possibly present, unless a safe method of working has been established

If any previously unidentified asbestos, or suspected asbestos, is found work must stop until it has been analysed and, work will not restart until a safe working procedure has been agreed. If asbestos is disturbed, air clearance will need to be completed by a competent person; this may need to be done through the appointment of a competent external contractor.

Further information on asbestos can be found in:

**INDG 223 A short guide to managing asbestos in premises**

**INDG 418 Asbestos kills - A quick guide to protecting yourself**

**INDG 419 Asbestos kills - Protect yourself! You are more at risk than you think**

#### 4. Consultation & Communication with Employees

CHP recognises their duty to consult with employees about health and safety issues, either directly or through representatives, and achieves this by holding a regular office meeting in each of the Regions (North, Midlands, London/South) which is attended by all employees based from the office and where Health and Safety is a standing agenda item.

The minutes from office meetings are made available to all employees electronically.

Consultation covers:

- The introduction of any measure which may substantially affect their health and safety at work, for example the introduction of new equipment, workplace or tasks;
- Information on the risks and dangers arising from their work, measures to eliminate or reduce these risks and what employees should do if they are exposed to a risk;
- The planning and organisation of health and safety training; and
- The health and safety consequences of introducing new technology

CHP ensure the requirements of any relevant new legislation, or changes in practice, necessitating a review and possible change in safety procedures, are brought to the attention of employees via the monthly office meetings.

Employees who identify personal or operational problems, which could, or will have an effect on Health and Safety, must report them to their Line Manager.

The H&S Policy Statement and Responsibilities are posted on the Office Notice Board and available to all CHP employees electronically via the company shared drive at G:\Company wide information\Health & Safety.

**The Health and Safety Information for Employees Regulations 1989** requires employers to display the approved poster in a prominent position in each workplace or to provide each worker with a copy of the approved leaflet that outlines British health and safety law. A Health and Safety Law Poster (see example opposite) is displayed in each CHP office.

Further information on consultation can be found in:

**INDG 232 Consulting employees on health & safety**  
**INDG 417 Leading health & safety at work**



## 5. Control of Contractors

Contractors are any individuals or organisations that provide a service to CHP, but who are not CHP employees.

Any contractors engaged directly by CHP to undertake works in CHP offices, e.g. IT provider, will be required to demonstrate their health and safety competency and ability to carry out the required works safely by completing and returning a **Health and Safety Assessment Questionnaire**, see **Appendix 3**.

The Office Manager will ensure that any contractors/sub-contractors engaged directly by CHP to undertake work in CHP offices are notified to the Landlord or Managing Agent and are provided with a Site Induction conducted by the relevant Landlord or Managing Agent.

Before any work starts, contractors are required to provide adequate information to the relevant Office Manager, including:

- Adequate risk assessments for all work that they will be carrying out, which include all significant risks to themselves or others and details of how they will be controlling the risks;
- Adequate method statements for any high risk work that they will be carrying out (for example, working at heights, electrical work, etc.);
- Details of any precautions that building users need to take during the contractors' work; and
- Adequate information on the work to be carried out by sub-contractors, including how the contractors select and control them.

The Office Manager will ensure that the information received is forwarded to the Landlord or Managing Agent for review.

Further guidance and technical support is available to the Office Manager from the Head of Property and Facility Management or Head of Corporate Services.

Contractors are required to work safely at all times, manage any sub-contractors satisfactorily and comply with all relevant CHP requirements and health and safety legislation. They must also report (see section 1 for details on reporting incidents) the following to CHP:

- Any problems or hazards that arise during their work;
- Any accidents, incidents (including near misses) and ill health that occurs that may be related to their work for CHP; and
- Any changes in their work that means that the risk assessments and/or method statements are no longer valid.

Contractors must provide and maintain adequate records of all maintenance work, inspections and tests carried out on behalf of CHP.

Any contractor that does not comply with relevant health and safety requirements will be prevented from working for CHP.

Further information on use of contractors can be found in:

**INDG 368 Use of Contractors - a joint responsibility**



## 6. Display Screen Equipment (DSE)

**The Health and Safety (Display Screen Equipment) Regulations 1992** apply to all staff that use Visual Display Units (VDU) for more than 2 hours a day as a significant part of their normal work. The regulations require an assessment to be carried out for each individual.

Training in the safe use of display screen equipment will be provided to all users and must be repeated at least every two years.

CHP operate a process of self-assessment using the **DSE Assessment Form** included at **Appendix 4** of this Manual.

Completed self-assessment forms must be returned to the Head of Corporate Services for review.

DSE Assessments must be reviewed every 2 years or sooner if:

- The workstation has changed, for example new equipment, desks, chair etc;
- The workstation has moved;
- The user has changed workstations;
- The user's DSE workload has significantly increased; or
- The user's capacity has (potentially) decreased, for example return to work, pregnancy, etc.

All Managers who have staff using DSE who report to them are responsible for ensuring that display screen work is planned to include regular breaks or changes of activity in order to prevent intensive periods of DSE use.

### **Eye and Eyesight tests**

All users of DSE are entitled to have an eyesight test by an optician at least once every two years. Requests for eye tests should be made via the Head of Corporate Services who will issue an eye care voucher.

On completion of the eye test, the Head of Corporate Services must be given a copy of the optician's report. If spectacles are required solely for DSE use or for general use including a special prescription for DSE use, a spectacle voucher will be awarded to an agreed value.

**The Health and Safety (Display Screen Equipment) Regulations 1992** restrict CHP's employers liability to the provision of single lens spectacles, or for single vision element of a complex lens (bifocal/multifocal) relating to their VDU work.

Where an eyesight test is required, CHP will cover the monetary value of £19.95 for the eyesight test and up to £55.00 for spectacles required as a result of the eyesight test.

Further information on DSE can be found in:

### **INDG 36 Working with VDUs**

## **7. Electrical Safety**

### **Fixed Electrical Wiring**

In CHP offices the Landlord or Managing Agent will be responsible for the building's fixed electrical wiring and ensuring that it is maintained in a safe condition. If CHP employees observe any defect with the lighting, light switches, sockets or other items of fixed electrical equipment in the office, e.g. loose, cracked or scorched sockets, broken or loose light switches, etc, they must report this to the Office Manager who will liaise with the Landlord or Managing Agent.

The damaged items must be immediately taken out of use and not used again until it has been repaired or replaced.

The Office Manager for each CHP office will liaise with the Landlord or Managing agent to ensure that a Condition Report for the Periodic Inspection and Testing of the fixed electrical wiring is available and was carried out within the last 5 years.

Further guidance and technical support is available to the Office Manager from the Head of Property and Facility Management or Head of Corporate Services.

### **Portable Electrical Equipment**

All portable electrical equipment and appliances provided for use by CHP staff must be suitable, used safely and properly maintained. This can be achieved through the use of PAT Testing.

The Office Manager is responsible for ensuring that all portable electrical appliances owned by CHP are regularly inspected and tested (PAT Testing) as follows.

- High risk equipment (for example kettles, extension leads, laptop leads and any equipment that is moved frequently) at least annually; and
- Lower risk equipment (for example desk top computers, other equipment that is rarely moved) at least once every two years.

A record of all portable electrical appliances and the results of inspections and tests must be kept and recorded by the Office Manager for each CHP office.

### **Disposing of Electrical Equipment**

All waste electrical and electronic equipment (WEEE) must be disposed of via a licensed, registered carrier and disposal agent. Office Managers are responsible for making sure that it is disposed of safely. Depending on when the equipment was purchased, suppliers may collect WEEE free of charge.

Further information on electrical safety can be found in:

### **INDG 231 Electrical safety and you**

## 8. Emergency Procedures

The company will display Emergency Procedures for fire, accidents and emergency contact numbers on the Company Notice Board.

See example included at **Appendix 5** of this Manual.

The Office Manager for each CHP office (North, Midlands and London) are responsible for making sure that the Emergency Procedures are adequate and that they are kept up-to-date and displayed on the premises.

Emergency Procedures are communicated to new employees on their first day of work by their manager.

The fire procedures include:

- Site fire plan;
- Instructions for raising the alarm;
- Instructions for calling the Fire Service; and
- Emergency evacuation procedure;

See Section 9 (Fire Procedures) for further details.

The accident procedures include:

- Arrangements for First Aid provision;
- Location of nearest minor injuries and A&E hospitals;
- Instructions for calling an ambulance;
- Requirement to accurately complete an Accident and Incident Reporting and Investigation Form as a record of the accident (equivalent to Accident Book); and
- Requirement for investigation of the accident to identify immediate and root causes

See **Section 1 (Accident Reporting)** and **Section 10 (First Aid)** for further details.

In the event that employees identify any problem with services in any CHP office, e.g. smell of gas, water leak, scorched electrical socket, etc they must report the problem immediately to the Landlord or Managing Agent who will arrange for the isolating of services and contact emergency services as required.

The Office Manager, in liaison with the Landlord or Managing Agent is responsible for reviewing and updating the Emergency Procedures at least yearly, or sooner:

- If there is reason to suspect that the procedure is no longer valid;
- If there is a change in the environment or change to the workplace;
- Following a fire; or
- If legal standards change.

Legislation: **The Management of Health and Safety at Work Regulations 1999**

## 9. Fire Risk Assessment

The **Regulatory Reform (Fire Safety) Order 2005** requires employers to:

- Carry out a fire risk assessment identifying any possible dangers or risks;
- Consider who may be especially at risk;
- Remove or reduce the risk from fire as far as is reasonably possible and provide general fire precautions to deal with residual risks;
- Take other measures to make sure there is protection if flammable materials are stored;
- Create a plan to deal with any emergency and keep records;
- Inform, instruct and train employees; and
- Review your findings where necessary

The Office Manager is appointed as the 'Responsible Person', as defined in the Fire Order, for each CHP office and is responsible for ensuring a fire risk assessment is undertaken of the office area occupied by CHP, actions are implemented, and emergency fire procedures are put in place. The Responsible Person is identified via the Training Matrix, this will ensure Fire training is adequate and renewed when appropriate.

### Fire Risk Assessment

A Fire Risk Assessment is to be completed by the Office Manager using the **Fire Risk Assessment Form** included at **Appendix 6** of this Manual to identify fire hazards; identify people at risk; evaluate, remove, reduce and protect from risk; record, plan, instruct, inform and train.

If the Office Manager is not technically competent to complete the Fire Risk Assessment, appropriate local arrangements will be made to appoint an external competent person to undertake the assessment.

Further guidance and technical support is available to the Office Manager from the Head of Property and Facility Management or Head of Corporate Services

The Office Manager is responsible for obtaining a copy of the Landlord or Managing Agents Fire Risk Assessment for the building and reviewing the CHP office fire risk assessment at least yearly, or sooner:

- If there is reason to suspect that the assessment is no longer valid;
- If there is a change in the method of operation or change to the workplace;
- Following a fire; or
- If legal standards change.

### Inspection and Testing:

- The fire alarm must be tested every week;
- An annual service/inspection of the fire alarm will be carried out by a competent person;
- The Fire extinguishers are maintained and checked annually;
- Office Managers, Line Managers and all employees are responsible for ensuring escape routes are kept clear at all times;
- Visual inspection of fire extinguishers will be carried out monthly and records of routine tests and annual inspections recorded; and
- CHP employees must take part in fire evacuation drills organised by the Landlord or Managing Agent.

### Fire Emergency Procedure:

CHP has put in place measures to prevent and to respond to fire emergencies. Detailed fire procedures for each office are displayed on notice boards in each office.

**Fire Marshalls**

Fire Marshalls help manage fire evacuations by making sure that no-one is left in the building. There is at least one trained Fire Marshall and appointed deputy in each office and their training requirements are identified in the Training Matrix.

A list of local Fire Marshalls can be found on local office notice boards. In the event of an evacuation, they are identifiable by their yellow jackets.

## 10. First Aid

**The Health and Safety (First-Aid) Regulations 1981** require you to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to your employees if they are injured or become ill at work.

CHP has assessed the risk of injury within our offices to be low and need for First Aid within our offices to be limited to the identification of an Appointed Person to take charge in the event of any injury requiring first aid assistance during normal working hours and at other times.

### **First Aid Notices**

The Office Manager is responsible for displaying First Aid notices in CHP offices on general office notice boards.

Notices will be easily recognisable through use of the standard First Aid symbol (a white cross on a green background) and provide information on:

- The First Aid arrangements, detailing the name of the Appointed Person and any other shared First Aid provision in the building, including how to make contact and where located;
- The location of the nearest accessible First Aid box; and
- Arrangements for obtaining help outside normal hours, if different, for example telephone number for calling an ambulance.

### **Information and Training**

All staff are provided with information at induction, organised by their Manager, on how to obtain First Aid assistance. This information will cover:

- General organisation of First Aid in the office;
- Where to find information on First Aid;
- Emergency phone numbers; and
- Location of First Aid boxes.

Appointed Persons are provided with initial and refresher training (annually, arranged by the Head of Corporate Services) as defined in the Training Matrix.

A suitably stocked First Aid box is provided in each CHP office. The Office Manager is responsible for checking and restocking the First Aid box.

HSE leaflet: **First Aid at work - Your questions answered** provides guidance on what should be put in the First Aid box

HSE leaflet **Basic advice on First Aid at work** contains basic advice on First Aid for use in an emergency, but it is not a substitute for effective training.

Further information on First Aid can be found in:

### **INDG 347 Basic Advice on First Aid at Work**

## 11. Hazardous Substances

The **Control of Substances Hazardous to Health (COSHH) Regulations 2002** require an assessment to be made of all substances that could cause significant harm to human health to identify what control measures must be taken.

The following are examples of the signage found on substance containers.

|   |   |   |   |   |  |   |   |
|---|---|---|---|---|--|---|---|
|  |  |  |  |  |  |  |  |
| Flammable/<br>Highly<br>Flammable   | Oxidiser  | Explosive   | Harmful   | Toxic/ Very<br>Toxic  | Irritant   | Dangerous<br>to the<br>Environment  | Corrosive   |

For the vast majority of commercial chemicals, the presence (or not) of a warning label will indicate whether COSHH is relevant. For example, there is no warning label on ordinary household washing-up liquid, so if it's used at work you do not have to worry about COSHH; but there is a warning label on bleach, and so COSHH does apply to its use in the workplace.

COSHH assessments for any identified hazardous substances used or stored in CHP offices will be undertaken by the Office Manager using the **CoSHH Assessment Form** included at **Appendix 7** of this Manual.

Further guidance and technical support is available to the Office Manager from the Head of Property and Facility Management or Head of Corporate Services

CoSHH assessments will be reviewed every 18 months by the Office Manager, or when the work activity changes, whichever is soonest.

Before using any COSHH labelled substance employees must be provided with instructions regarding its safe use and any precautions they must take.

Further information on COSHH can be found in:

**INDG 136 COSHH a brief guide to Regulations**

## 12. Manual Handling

Manual handling is the transporting or supporting of loads by hand or by bodily force and can involve lifting, pushing, pulling, carrying and lowering. CHP ensures that risks from manual handling at work are minimised.

### **The Manual Handling Operations Regulations 1992 require employers to:**

- Avoid the need for manual handling, so far as is reasonably practicable;
- 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.

### **Employees' duties:**

- Follow appropriate systems of work laid down for their safety;
- Make proper use of equipment provided for their safety;
- Co-operate with their employer on health and safety matters;
- Inform the employer if they identify hazardous handling activities; and
- Take care to ensure that their activities do not put others at risk.

Where a general risk assessment identifies a risk from manual handling operations and where these operations cannot be avoided, then a more specific and detailed manual handling assessment will be carried out by the Office Manager using the **Manual Handling Assessment Form** included at **Appendix 8** of this Manual.

Further guidance and technical support is available to the Office Manager from the Head of Property and Facility Management or Head of Corporate Services.

Manual handling assessments are reviewed every 18 months by the Office Manager.

They will recommend suitable actions to be taken to reduce risks and where necessary seek assistance from the Head of Corporate Services to engage a health and safety specialist to provide additional expertise.

Manual handling training is included as an element of the Health and Safety Induction training provided to all CHP employees. Where specialist training is required to undertake a task that requires manual handling safely, the necessary training will be arranged by the Head of Corporate Services.

Further information on manual handling can be found in:

### **INDG143 Getting to grips to with Manual Handling**



### 13. Risk Assessments

CHP makes sure that all significant risks to staff and anyone else who could be affected by its activities are properly assessed and adequately controlled. The Office Manager will carry out Risk Assessments and document the significant findings and controls using the **Risk Assessment Template** included at **Appendix 9** of this Manual.

Risk assessments identify any significant risks associated with CHP activities that are reasonably foreseeable, in order to decide how to control the risks.

The **5 keys steps** in performing a Risk Assessment are:

Step 1 Identify the hazards

Step 2 Decide who might be harmed and how

Step 3 Evaluate the risks and decide on precautions

Step 4 Record your findings and implement them

Step 5 Review your assessment and update if necessary

The Risk Assessments will be maintained in files by each Office Manager and the findings communicated to the relevant employees through their managers.

Any actions identified that are required to eliminate or reduce risks will be implemented and monitored by line managers to ensure hazards have appropriate control measures in place.

The Risk Assessments will be reviewed by the Office Manager every 18 months or sooner if there is a significant change in the work activities change or if there is an accident or incident.

Further guidance and technical support is available to the Office Manager from the Head of Property and Facility Management or Head of Corporate Services.

Further information on Risk Assessments can be found in:

**INDG 163 5 Steps to Risk Assessment**

#### **14. Slips, Trips and Falls (Housekeeping)**

**The Workplace (Health, Safety and Welfare) Regulations 1992** require floors to be suitable, in good condition and free from obstructions. People must be able to move around safely.

The Company will aim to reduce slip and trip hazards by identifying problem areas, deciding what to do, acting on decisions made and checking that the steps taken have been effective.

The Company will examine slip and trip risks to assess the risks to employees and others who may be affected by their work, e.g. visitors and members of the public using the HSE five step approach to risk assessment;

Employees/ Contractors must not endanger themselves or others and must use any safety equipment provided. They should ensure a 'Clean as you go' procedure is used throughout the office and that all slips, trips and falls hazards are removed to reduce the risk of injury

Further information on slips, trips and falls can be found in:

**INDG 225 Preventing slips and trips at work**

## 15. Stress

Pressure is an integral part of all work and can help keep individuals motivated. However, excessive pressure can lead to stress. Stress has been defined as “the reaction that people have to excessive pressures or other types of demand placed upon them”. People can be subjected to pressures from both inside and outside the workplace. Either or both of these combined can result in harmful levels of stress, and cause a wide range of physical and psychological effects.

Employers have a legal responsibility under **The Health and Safety at Work Act 1974** and **Management of Health and Safety at Work Regulations 1999** to ensure the health safety and welfare at work of their employees. This includes minimising the risk of stress-related illness or injury to employees.

CHP will:

- Monitor factors that might suggest there is a problem with stress-related illness in the business, for example, high rates of absenteeism, staff turnover, poor performance, conflict between staff;
- Ensure effective risk assessments have been carried out, are monitored regularly and any recommendations are being implemented and adequately funded; and
- Plan for stress-related risks when embarking on significant organisational change.

In order to prevent stress related risks to staff, CHP will:

- Train Managers to identify potential workplace stressors and to equip them in finding solutions to control the risks from stress;
- Provide self-nominated training for staff on Health, Stress and Nutrition; and
- Provide confidential counselling for staff affected by stress caused by either work or external factors.

The Head of Corporate Services is responsible for undertaking more detailed assessments should a potential high risk of stress be identified and working with the affected employees Line Manager to find ways of eliminating or effectively controlling the risk. They are also responsible for initiating any corrective action, monitoring progress and ensuring that it is completed on a timely basis.

Employee concerns which are communicated to management, which are possibly causing stress, will be treated confidentially. If the company cannot resolve the problem, an employee may be advised to seek professional help. A confidential record will be kept on any stress-related problems dealt with.

Further information on stress can be found in:

**INDG 406 Tackling stress - The Management Standards approach**

## 16. Training (Information, Instruction & Training)

**The Health and Safety at Work Act 1974** requires employers to provide information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of your employees.

This is expanded by **The Management of Health and Safety at Work Regulations 1999**, which identify situations where health and safety training is particularly important, eg when people start work, on exposure to new or increased risks and where existing skills may have become rusty or need updating.

All new employees will receive induction training from their line manager using the **Office Induction Briefing Checklist and Record**, included at **Appendix 10** of this Manual, which will also identify any training requirements. The completed record of induction must be returned to the Office Manager and PA to CEO who will retain these records.

There are a number of other regulations which include specific health and safety training requirements, e.g. asbestos, use of work equipment, First Aid and use of display screen equipment.

CHP will assess the information and training required by employees to enable them to undertake their work safely. This assessment will help identify the measures needed to comply with health and safety law, including any training and the provision of information. Training needs for employees can also be identified in employee appraisals / independent personal development plan. Future planning from managers may also identify specific training needs for individual team members.

Training needs to undertake identified roles within the organisation safely are identified in the Training Matrix.

Employees will not be permitted to carry out any task, unless they have successfully completed the necessary training.

Training will be reviewed annually or sooner if there are operational procedures or legislation changes.

Further information on health & safety training can be found in:

**INDG 345 Health & safety training - What you need to know**

## 17. Violence and Aggression

CHP have a policy of zero tolerance in relation to violence and aggression in the workplace.

Any instances of violent or aggressive behavior between CHP employees will be dealt with in accordance with the **Disciplinary and Grievance** procedures detailed in the **Employee Handbook**.

CHP encourages employees to report any instances of violence or aggression towards them by a third party, physical or verbal, using the incident reporting process detailed in **Section 1** of this Manual.

All reported instances will be notified to the local Police and other interested agencies.

Further information on violence and aggression can be found in:

### **INDG 69 Violence at work - A guide for employers**

Legislation: **The Health and Safety at Work etc Act 1974 (HSW Act)**  
**The Management of Health and Safety at Work Regulations 1999**  
**The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)**  
**Safety Representatives and Safety Committees Regulations 1977**  
**Health and Safety (Consultation with Employees) Regulations 1996**

## 18. Lone Working

CHP recognises that its activities will inevitably involve some out of hours, lone and off-site working, including attending events and away days. The following procedures are to be adopted to provide a safe system of work for such activities.

Lone workers are those who work by themselves (during office hours and out of hours) without close or direct supervision. This includes:

- People who work in office areas outside of normal working hours; and
- People who carry out a non-office work activity alone, e.g. driving – travelling to an external office/meeting.

Line Managers are responsible for identifying staff who work alone in our offices or who carry out a non-office based activity on behalf of CHP and informing the Office Manager.

The Office Manager will include this hazard in the general work place and work activity risk assessment. Managers, in association with Office Managers and the Head of Corporate Services, are responsible for making sure that any risks identified are adequately controlled.

Before any employee is permitted to undertake lone working they must be briefed by their Line Manager who will use the **Lone Worker Briefing Checklist and Record** included at **Appendix 11** of this Manual. There must be local arrangements in place:

- To identify the hours when employees will be working alone in offices;
- To identify the properties or locations employees will be visiting alone;
- For the lone working employee to contact their Line Manager or office at regular intervals and at the end of their working day;
- For the Line Manager or office to contact the lone working employee if they fail to make contact; and
- For escalation in the event that the lone working employee cannot be contacted.

Further information on lone working can be found in:

### **HSE INGD73 (rev3) Working Alone**

## 19. Workplace Inspections

**The Workplace (Health, Safety and Welfare) Regulations 1992** and **The Health and Safety at Work etc Act 1974** require employers to provide a safe place of work for all employees and anyone else who may have to carry out work activity on premises that the employer controls, e.g. tenants, contractors, etc.

**The Workplace (Health, Safety and Welfare) Regulations 1992** set minimum standards in relation to the following issues:

### 1. Health:

- Ventilation;
- Temperatures in indoor workplaces;
- Work in hot or cold environments;
- Lighting;
- Cleanliness and waste materials;
- Room dimensions and space; and
- Workstations and seating.

### 2. Safety:

- Maintenance;
- Floors and traffic routes;
- Falls;
- Transparent or translucent doors, gates or walls and windows;
- Doors and gates; and
- Escalators and moving walkways.

### 3. Welfare:

- Sanitary conveniences and washing facilities;
- Drinking water;
- Accommodation for clothing and facilities for changing; and
- Facilities for rest and to eat meals.

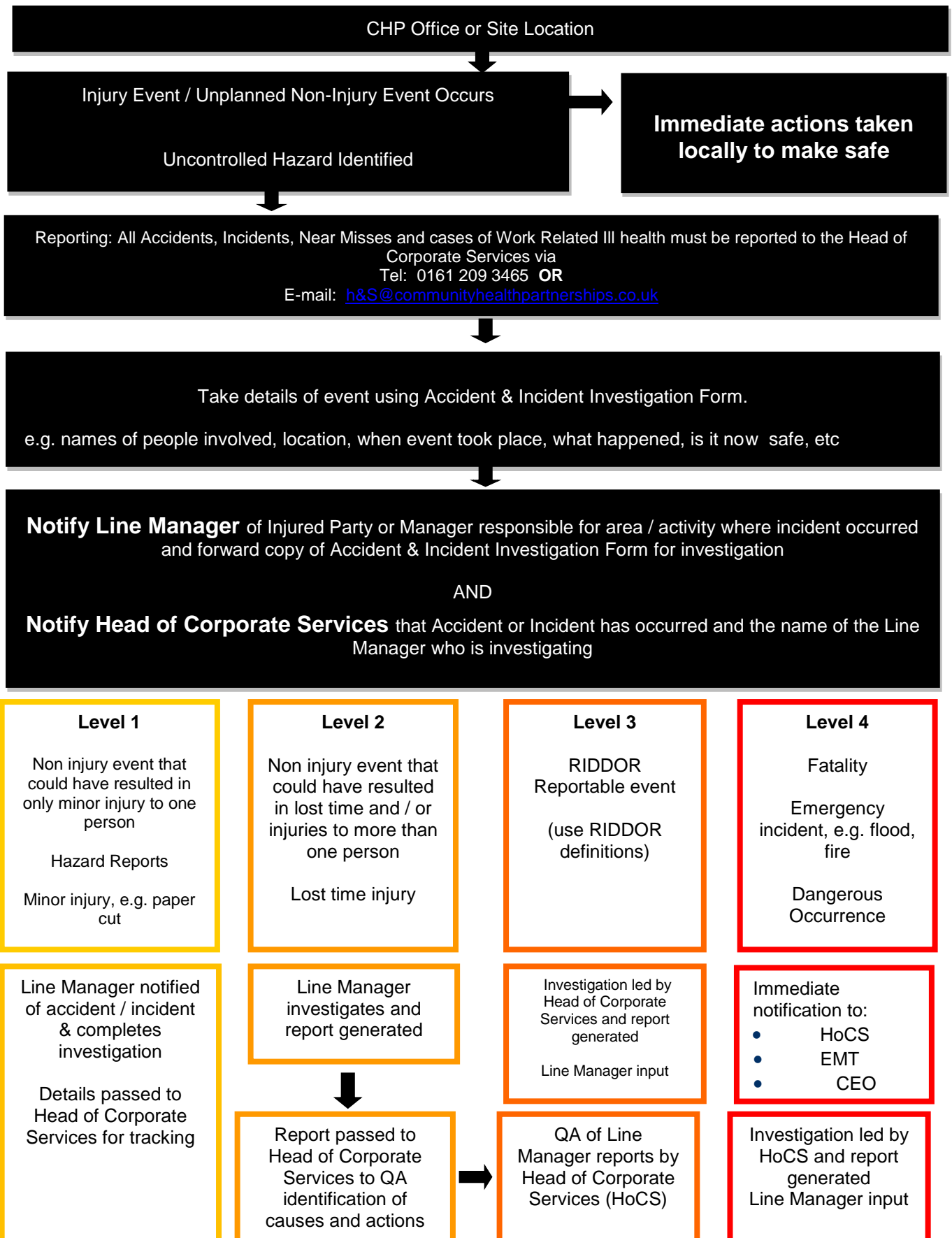
To ensure that CHP continues to comply with the relevant standards appropriate for office facilities an Office Health and Safety Inspection is carried out quarterly by the Office Manager using the **Office Health and Safety Inspection Checklist** included at **Appendix 12** of this Manual.

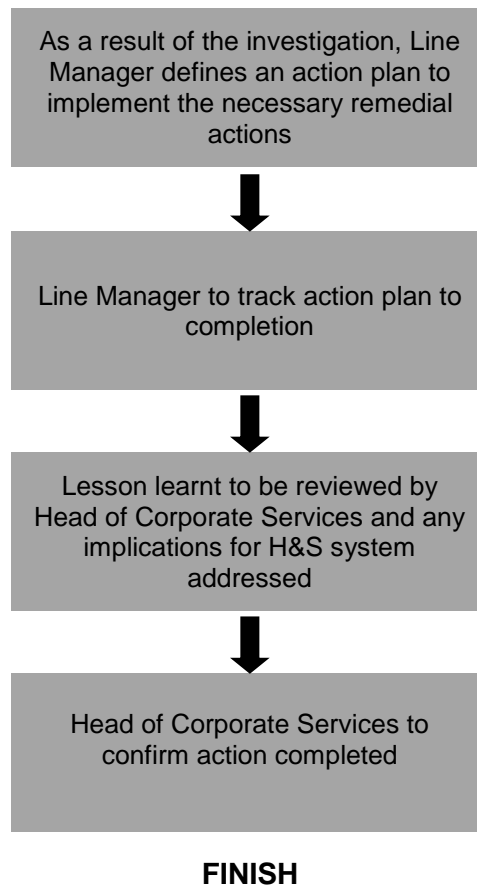
The Inspection also includes consideration of other issues including compliance with first aid, fire, electricity and hazardous substances requirements.

Completed Office Health and Safety Inspections are forwarded to the Head of Corporate Services for review. The Head of Corporate Services will ensure that any items requiring attention identified during the Inspection are addressed in a timely manner by the local office reporting the need for action.

**Appendix 1 – Accident and Incident Notification Reporting and Level of Investigation process Map**







## Appendix 2 – Accident and Incident Reporting and Investigation Form

| Part 1 – INITIAL DETAILS                  |  |                        |
|---|--|------------------------|
| Directorate:                              |  |                        |
| Date and time of incident:                |  | Date reported:         |
| Type of incident (please circle)          | <b>Near miss / Non-injury incident</b> | <b>Injury incident</b> |
| Name & Job Title of person making report: |  |                        |

| Part 2 – NEAR MISS / NON-INJURY INCIDENT DETAILS<br><i>(go to Part 3 if reporting an injury incident)</i> |
|---|
| Location and description of the incident:   |
|   |
| Action taken in the short term to immediately address the incident (to be completed by Line Manager):     |
|   |
| Long term action taken to address the incident (to be completed by Line Manager):                         |
|   |

| Part 3 – INJURY INCIDENT DETAILS        |
|---|
| Address where injury incident occurred: |
|   |
| Name of Responsible manager:            |
|   |

|  |      |
|--|------|
| Name of Injured person:  | Age: |
| Occupation, employers name and address:  |      |
| Full account of the events leading up to the incident:   |      |
| Details of injury sustained:   |      |
| First-aid or follow-up treatment:<br>(Include name of First Aider and details of First Aid provided) |      |

### Part 4 – INJURY INCIDENT INVESTIGATION

(to be completed by the Line Manager supported by Head of Corporate Services as necessary)

|   |                   |  |          |  |
|---|-------------------|--|----------|--|
| Person in direct control of the workplace:  |                   |  |          |  |
| What relevant information, instructions and training was given before the incident? :   |                   |  |          |  |
| Plant and equipment details:  |                   |  |          |  |
| Servicing and maintenance records: (include reference number and attach copies to this report)                                      |                   |  |          |  |
| Details and copies of inspections, thorough examinations, test records: (include reference number and attach copies to this report) |                   |  |          |  |
| Details of protective clothing and equipment:   |                   |  |          |  |
| Statement of witness names and reference numbers:   |                   |  |          |  |
| Photographic reference numbers:   |                   |  |          |  |
| Relevant documentation: (delete as applicable)  |                   |  |          |  |
| Project specific safety plan  | completed         |  | briefed  |  |
|   | available on site |  | followed |  |
| Risk assessment   | completed         |  | briefed  |  |
|   | available on site |  | followed |  |
| Method statement  | completed         |  | briefed  |  |
|   | available on site |  | followed |  |
| Permit-to-Work  | completed         |  | briefed  |  |
|   | available on site |  | followed |  |
| Attachments (delete as applicable)  |                   |  |          |  |
| Risk assessments (RA)   |                   |  |          |  |
| Method statements (MS)  |                   |  |          |  |
| Project specific safety plan (PSSP)   |                   |  |          |  |
| Record of site induction  |                   |  |          |  |
| Record of activity briefing   |                   |  |          |  |
| Photographs   |                   |  |          |  |
| Statement of injured party or witness   |                   |  |          |  |
| Copy of external accident book entry or report form   |                   |  |          |  |

## Part 5 – INCIDENT CAUSATION ANALYSIS

### Injury associated with

|                                |                          |                       |                          |
|--------------------------------|--------------------------|-----------------------|--------------------------|
| Moving object                  | <input type="checkbox"/> | Manual handling       | <input type="checkbox"/> |
| Moving vehicle                 | <input type="checkbox"/> | Exposure to fire      | <input type="checkbox"/> |
| Moving machinery               | <input type="checkbox"/> | Exposure to explosion | <input type="checkbox"/> |
| Fall from height               | <input type="checkbox"/> | Hit fixed object      | <input type="checkbox"/> |
| Fall on the same level         | <input type="checkbox"/> | Injured by an animal  | <input type="checkbox"/> |
| Contact with electricity       | <input type="checkbox"/> | Physical assault      | <input type="checkbox"/> |
| Contact with harmful substance | <input type="checkbox"/> | Use of hand tools     | <input type="checkbox"/> |
| Contact with buried services   | <input type="checkbox"/> | Trapped by collapse   | <input type="checkbox"/> |
| Drowning or asphyxiation       | <input type="checkbox"/> | Other:                | <input type="checkbox"/> |

### Immediate cause

| Unsafe conditions                                      |                          | Unsafe acts                                   |                          |
|--|--------------------------|---|--------------------------|
| Inadequate or inappropriate protective equipment       | <input type="checkbox"/> | Failure to follow procedures                  | <input type="checkbox"/> |
| Hazardous environmental conditions (including weather) | <input type="checkbox"/> | Unsafe or improper use of equipment           | <input type="checkbox"/> |
| Inadequate guards or barriers                          | <input type="checkbox"/> | Operating equipment without authority         | <input type="checkbox"/> |
| Defective tools, materials or equipment                | <input type="checkbox"/> | Operating at improper speed                   | <input type="checkbox"/> |
| Inadequate warning system                              | <input type="checkbox"/> | Overriding safety devices                     | <input type="checkbox"/> |
| Inadequate or excessive illumination                   | <input type="checkbox"/> | Failure to use protective equipment correctly | <input type="checkbox"/> |
| Extremes of temperature                                | <input type="checkbox"/> | Horseplay                                     | <input type="checkbox"/> |
| Inadequate ventilation                                 | <input type="checkbox"/> | Under the influence of alcohol or drugs       | <input type="checkbox"/> |
| Poor access or egress                                  | <input type="checkbox"/> | Undue haste                                   | <input type="checkbox"/> |
| Inadequate visibility                                  | <input type="checkbox"/> | Inattention                                   | <input type="checkbox"/> |
| Unexpected movement                                    | <input type="checkbox"/> | Using hazardous equipment                     | <input type="checkbox"/> |
| Inadequate isolation                                   | <input type="checkbox"/> | Operating with inadequate training            | <input type="checkbox"/> |
| Exposure to noise                                      | <input type="checkbox"/> | Improper physical effort                      | <input type="checkbox"/> |
| Fire and explosion hazard                              | <input type="checkbox"/> | Using hand tools unsafely                     | <input type="checkbox"/> |
| Poor housekeeping                                      | <input type="checkbox"/> | Using defective equipment                     | <input type="checkbox"/> |
| Projection hazard                                      | <input type="checkbox"/> | Failure to warn                               | <input type="checkbox"/> |
| Heavily congested area                                 | <input type="checkbox"/> | Failure to secure                             | <input type="checkbox"/> |
| Exposure to radiation                                  | <input type="checkbox"/> | Improper physical act (violence)              | <input type="checkbox"/> |
| Other (please specify):                                | <input type="checkbox"/> | Other (please specify):                       | <input type="checkbox"/> |

### Root cause analysis

|  |                          |                                   |                          |
|--|--------------------------|-----------------------------------|--------------------------|
| Inadequate management or supervision             | <input type="checkbox"/> | Inadequate training or competence | <input type="checkbox"/> |
| Inadequate resources (including staffing levels) | <input type="checkbox"/> | Inadequate maintenance            | <input type="checkbox"/> |
| Inadequate subcontractor vetting                 | <input type="checkbox"/> | Abuse or misuse by an individual  | <input type="checkbox"/> |
| Inadequate planning (RA / MS / PSSP)             | <input type="checkbox"/> | Lack of commitment or leadership  | <input type="checkbox"/> |
| Inadequate system procedure                      | <input type="checkbox"/> | Inadequate tools or equipment     | <input type="checkbox"/> |
| Poor communications                              | <input type="checkbox"/> | Other (please specify):           | <input type="checkbox"/> |

| Step 6 – ACTION PLAN   |        |            |                 |
|--|--------|------------|-----------------|
| Action required  | By who | By when    | Action sign-off |
|  |        |            |                 |
|  |        |            |                 |
|  |        |            |                 |
|  |        |            |                 |
| <b>Line managers sign off</b> – confirming that the root cause and actions to prevent reoccurrence are suitable and sufficient and the accident has been suitably investigated |        |            |                 |
| Name:  |        | Signature: |                 |

| Head of Corporate Services comments to the investigation and analysis                        |  |
|--|--|
| Has the investigation identified the basic causes of the event?                              |  |
| Are the preventative actions SMART (specific, measurable, achievable, realistic and timely?) |  |
| Comments:  |  |
| Reviewer's signature:  | Print name: <span style="float: right;">Date:</span> |
| Circulation required:  | Date issued:   |



## Appendix 3 – Health and Safety Assessment Questionnaire

### Professional Service Provider’s Health and Safety Questionnaire



#### Health and Safety

This questionnaire has been designed to assist CHP in assessing the health and safety competency of our supply chain / professional service providers.

This questionnaire must be completed in **full**.

#### 1.0 Details of Professional Service Provider

1.1 Name of company.....

Address.....

..... Tel No.....

1.2 Name and designation of point of contact and date questionnaire returned

.....

#### 2.0 Nature of Business

2.1 Briefly summarise the range and type of work / services you provide and for which you wish to be considered:

.....  
.....  
.....  
.....  
.....



**3.0 Health and Safety Policy**

3.1 Please attach a copy of your latest policy, organisation and arrangements as required by the Health and Safety at Work etc Act 1974.

3.2 Please attach a signed copy of your Health and Safety Policy Statement.

3.3 What is the name and title of the most senior person in your organisation responsible for overseeing Health and Safety matters ?

.....  
 .....

**4.0 Safety Advice**

4.1 Do you employ a Health & Safety Advisor? YES / NO

4.2 If NO, do you utilise the services of a H&S Consultant? YES / NO

4.3 If YES to 4.1 or 4.2, please give details (name and Qualifications)

.....

4.4 If NO to 4.1 and 4.2, who advises on H&S matters and please provide brief details of their experience and qualifications

.....  
 .....

4.5 Please describe the role they play in managing H&S within your company

.....

**5.0 Safety Management System**

5.1 Does your company hold certification to a recognised health and safety management system standard e.g. OHSAS 18001? YES / NO

**If the answer is YES please provide a copy of your current certificate**

5.2 If the answer to 5.1 above is NO, does your company have a health and safety Management system in operation? YES/ NO

If YES to 5.2 please provide an outline of your arrangements

.....

.....  
 .....

**6.0 Accident Investigation and Records**

6.1 Do you consider your Health & Safety performance to be:

Poor                                  Average                                  Good                                  Excellent

6.2 Please insert safety statistical details (RIDDOR) for the current year and each of the last 5 Years, together with any enforcement action.

| YEAR                    | 20__ | 20__ | 20__ | 20__ | 20__ | CURRENT YEAR TO DATE |
|-------------------------|------|------|------|------|------|----------------------|
| Fatalities              |      |      |      |      |      |                      |
| Major and over 7 day    |      |      |      |      |      |                      |
| Non-reportable injuries |      |      |      |      |      |                      |
| Improvement Notice      |      |      |      |      |      |                      |
| Prohibition Notice      |      |      |      |      |      |                      |
| Environmental Notices   |      |      |      |      |      |                      |

6.3 For any fatal accidents please provide full summary to include a description of the event, accident causation and action taken to prevent re-occurrence

6.4 For any Major and over 7 day injuries please provide a brief summary to include a description of the event, causation and action taken to prevent re-occurrence (last 5 events).

**Insurance**

Please give details of your insurance cover and provide copies of your current certificates. You must ensure that sufficient insurance cover is provided for the services to be supplied and maintain an adequate level of insurance cover at all times.

| Insurance Type      | Insurer | Policy Number | Level of Cover | Expiry Date |
|---------------------|---------|---------------|----------------|-------------|
| Employers Liability |         |               |                |             |
| Public Liability    |         |               |                |             |

## Declaration

We hereby certify that the foregoing statements are correct and we agree to notify you of any significant changes affecting health, safety, quality or the environment. We understand that CHP reserve the right to visit our premises, to assess our company and verify the above statements, after reasonable notification.

|                                    |                                    |
|------------------------------------|------------------------------------|
| Signed.....                        | Signed.....                        |
| (Senior Management Representative) | (Management Safety Representative) |
| Position.....                      | Position.....                      |
| Date.....                          | Date.....                          |

## Checklist

- |  |                          |
|--|--------------------------|
| 1) Enclose copy of your latest <b>H&amp;S Policy inc Organisation &amp; Arrangements.</b> (Clause 3.1)             | <input type="checkbox"/> |
| 2) Enclose <b>signed</b> copy of your latest <b>H&amp;S Policy Statement.</b> (Clause 3.2)                         | <input type="checkbox"/> |
| 3) Enclose copy of your <b>Health &amp; Safety Management System certification</b> (where applicable) (Clause 5.1) | <input type="checkbox"/> |
| 4) Enclose full <b>summary for any fatal accident</b> (where applicable) (Clause 6.3)                              | <input type="checkbox"/> |
| 5) Enclosed full <b>summary for any Major and over 7 day accidents</b> (where applicable) (Clause 6.4)             | <input type="checkbox"/> |
| 6) Enclose copy of your current <b>Insurance Certificates</b>  | <input type="checkbox"/> |

## Appendix 4 – DSE Assessment Form

### Community Health Partnerships

#### Display Screen Equipment (DSE) - Self Assessment Form

The completion of this form will enable you to carry out a self-assessment of your own workstation. Your views are essential in order to ensure your comfort and safety at work. Please complete the form and return it to Aoife Gibson-Ebsworth, Corporate Services (email: a.gibsonewsworth@communityhealthpartnerships.co.uk)

Please give the answer which best describes your opinion.

| Name | Region/Team | Date |
|------|-------------|------|
|      |             |      |

#### Job Design

1. Approximately what percentage of your day requires of DSE? \_\_\_\_\_%
2. Are you able to take a break from DSE work, or vary your tasks by phoning, filing etc.  
 Yes/  No
3. Please **delete** as appropriate.

| Environment   |     |             |              |
|---|-----|-------------|--------------|
| Describe the amount of space around your work station | OK  | A bit tight | Insufficient |
| Are the lighting levels?                              | OK  | Too Bright  | Too Dark     |
| Can you adjust the lighting levels?                   | All | Some        | None         |
| Are there distracting reflections on your screen?     | No  | Sometimes   | At all times |
| Are you distracted by noisy equipment?                | No  | Sometimes   | At all times |
| Is the temperature at your workstation?               | OK  | Too Cold    | Too Hot      |
| Is the humidity at you workstation?                   | OK  |             | Too Dry      |

4. Please mark **Yes** or **No**.

| Equipment  | Yes | No |
|--|-----|----|
| Is the brightness and contrast adjustable on your screen?              |     |    |
| Is the screen image stable and free from flicker?                      |     |    |
| Is the screen a comfortable height for you?                            |     |    |
| Does the screen tilt and swivel easily if necessary?                   |     |    |
| Is the keyboard separate from the screen?                              |     |    |
| Can you raise or lower the keyboard if necessary?                      |     |    |
| Are the keyboard symbols legible?                                      |     |    |
| Is there sufficient space to rest your hands in front of the keyboard? |     |    |
| Do you require a document holder?                                      |     |    |

| Furniture   | Yes | No |
|---|-----|----|
| Do you have sufficient desk surface for all your equipment?             |     |    |
| Is the height of the desk suitable?                                     |     |    |
| Does the desk have a matt/non reflective surface?                       |     |    |
| Can you adjust the height of your seat?                                 |     |    |
| Can you adjust the height of your backrest?                             |     |    |
| Is the chair stable?  |     |    |
| Does the chair allow movement?  |     |    |
| Can you place your feet flat on the floor whilst keying in information? |     |    |

| Software   | Yes | No |
|--|-----|----|
| Do you know how to use the software?             |     |    |
| Is the format and pace of the system acceptable? |     |    |

| Training   | Yes | No |
|--|-----|----|
| Have you been shown how to work your workstation?                    |     |    |
| Have you been shown how to adjust the furniture and other equipment? |     |    |
| Have you been shown how to use the software?                         |     |    |
| Do you know how to report problems?                                  |     |    |
| Are you aware of the arrangements for eyesight tests?                |     |    |

| Other Comments |
|----------------|
|                |

**Corporate Services use only:**

*To be complete by Head of Corporate Services or H&S Representative*

| Comments                           | Yes | No |
|------------------------------------|-----|----|
|                                    |     |    |
| Risk Acceptable                    |     |    |
| Additional Training Required       |     |    |
| Detailed Risk Assessment Necessary |     |    |

|   |
|---|
| Health and Safety Representative<br>Name:<br>Capacity:<br>Date: |
|---|

# FIRE EVACUATION PROCEDURE

Office Visitors: Staff are responsible for ensuring their guests are familiar with this procedure AND are safely escorted out of the building should there be an evacuation

- When the fire alarm sounds you are to evacuate the building by the nearest exit as quickly as possible.
- **DO NOT RETURN TO THE OFFICE TO COLLECT PERSONAL ITEMS**
- Make your way to the IRON MAN in Victoria Square – **DO NOT** stay close to the building
- At the IRON MAN you will see Regus Team Members wearing Yellow Jackets. They will be holding a FLOOR NUMBER
- Fire Marshall, Karen Brown or deputy (to be advised) will check that all colleagues and guests are accounted for and report to the Regus Team Member holding the number 8, being the floor on which our office is situated. **Only Karen Brown or deputy is to report this information – not individuals.**
- **DO NOT** re-enter the building until instruction is given to do so by the Building Security or Fire Brigade

PLEASE NOTE THAT THE FIRE BELL IS TESTED EACH MONDAY MORNING AT 10.00AM. IF YOU HEAR THE BELL RING AT ANY OTHER TIME PLEASE FOLLOW THE ABOVE PROCEDURES

**Appendix 6 – Office Fire Risk Assessment Form**

**Community Health Partnerships - Office Fire Risk Assessment**

|                       |  |                         |  |
|-----------------------|--|-------------------------|--|
| <b>Assessors Name</b> |  | <b>Job Title</b>        |  |
| <b>Signature</b>      |  |                         |  |
| <b>Date</b>           |  | <b>Next Review Date</b> |  |

|   |  |                 |                 |
|---|--|-----------------|-----------------|
| <b>Property</b>                                       |  |                 |                 |
| <b>Address</b>  |  |                 |                 |
| <b>Usage</b>  |  |                 |                 |
| <b>Landlord / Managing Agent Fire Risk Assessment</b> | Have you obtained a copy of the Landlord / Managing Agents Fire Risk Assessment for the shared and common parts of the building? | <b>YES</b>      | <b>NO</b>       |
|   | Are there any actions that CHP need to take as a result of the Landlord / Managing Agents Fire Risk Assessment?                  | <b>YES</b>      | <b>NO</b>       |
|   | <b>List below actions that CHP need to take from Landlord / Managing Agents Fire Risk Assessment:</b>                            |                 |                 |
| <b>Occupancy Level</b>                                | <b>Staff</b>   | <b>Comments</b> |                 |
| <b>Day</b>  |  |                 |                 |
| <b>Evening</b>  |  |                 |                 |
| <b>Disabled access</b>                                | <b>Yes</b>   | <b>No</b>       | <b>Comments</b> |

|                             |              |  |            |  |            |  |              |  |
|-----------------------------|--------------|--|------------|--|------------|--|--------------|--|
| <b>Age of Building</b>      |              |  |            |  |            |  |              |  |
| <b>Utilities</b>            | <b>Elec.</b> |  | <b>Gas</b> |  | <b>LPG</b> |  | <b>Water</b> |  |
| <b>Nearest Fire Station</b> |              |  |            |  |            |  |              |  |
| <b>Communication</b>        |              |  |            |  |            |  |              |  |



## Community Health Partnerships - Office Fire Risk Assessment

| Hazards   | Controls in place to reduce the chance of a fire starting | Adequate Control<br>Yes or No |
|---|---|-------------------------------|
| <p><b>1. Sources of Ignition</b></p> <ul style="list-style-type: none"> <li>• What types of electrical are used in the building? e.g. computers, printers, kettles, toasters, etc.</li> <li>• Is PAT testing of electrical equipment carried out?</li> <li>• Is the electrical wiring in good condition and a valid Condition Report of periodic Inspection and Testing available?</li> <li>• Is the building classed as 'No smoking'.</li> </ul>           |   |                               |
| <p><b>2. Combustible Materials</b></p> <ul style="list-style-type: none"> <li>• What combustible materials are kept within the office? E.g. paper and other stationery materials, tables, carpet tiles chairs and seats.</li> <li>• How much combustible material is kept within the office?</li> <li>• Where is waste paper and cardboard kept and how often is it collected?</li> </ul>   |   |                               |
| <p><b>3. Structural features</b></p> <ul style="list-style-type: none"> <li>• Are there fire doors fitted to the office entrance?</li> <li>• Is the office fully separated from the corridor and adjoining offices? (check above false ceilings to make sure partition walls go all the way up to the true ceiling)</li> </ul>  |   |                               |
| <p><b>4. Maintenance and Refurbishment</b></p> <ul style="list-style-type: none"> <li>• Is the office and furniture within the office maintained in a good condition?</li> <li>• Are floor surfaces free tripping hazards?</li> <li>• Do doors close fully and are self closers fitted?</li> <li>• Are cupboards containing electric switches and distribution boards kept locked and free from unauthorised items, e.g. cleaning materials, etc</li> </ul> |   |                               |

## Community Health Partnerships - Office Fire Risk Assessment

| Fire Precautions   | Controls in place to reduce the consequences if a fire starts | Adequate Control<br>Yes or No |
|--|---|-------------------------------|
| <b>Fire detection and warning system</b> <ul style="list-style-type: none"> <li>• Is there a fire alarm system installed in the building?</li> <li>• Are there break glass call points in the office or on escape routes?</li> <li>• Are break glass call points kept clear of obstructions?</li> <li>• Are there smoke detectors fitted inside the office and are they maintained?</li> </ul> |   |                               |
| <b>Means of escape in case of fire</b> <ul style="list-style-type: none"> <li>• How many escape routes are there from the office to a safe area outside and where are they?</li> </ul>   |   |                               |
| <b>Escape routes</b> <ul style="list-style-type: none"> <li>• Are escape routes kept clear of obstructions?</li> </ul>   |   |                               |
| <b>Emergency Lighting</b> <ul style="list-style-type: none"> <li>• Is emergency lighting installed in the premises and is it maintained in good working order?</li> </ul>  |   |                               |
| <b>Signs</b> <ul style="list-style-type: none"> <li>• Are fire exit signs displayed in the office and along escape routes and are they easy to follow?</li> <li>• Are Fire Action notices displayed in the office and at break glass call points?</li> </ul>   |   |                               |
| <b>Provision of Fire Fighting Equipment</b> <ul style="list-style-type: none"> <li>• What portable fire fighting equipment is provided in the office, e.g. Water and Co2 fire extinguishers, fire blanket, etc</li> <li>• When was the portable fire fighting equipment last inspected and by who?</li> </ul>  |   |                               |
| <b>Fire Action Plan</b> <ul style="list-style-type: none"> <li>• Have procedures to be followed in the event of a fire been prepared and communicated to all staff in the office?</li> <li>• Are Fire procedures displayed on the office Noticeboard detailing what action should be taken in the event of a fire?</li> </ul>  |   |                               |

| Fire Precautions  | Controls in place to reduce the consequences if a fire starts | Adequate Control<br>Yes or No |
|---|---|-------------------------------|
| <p><b>Training and instruction</b></p> <ul style="list-style-type: none"> <li>• Are all staff made aware of fire evacuation procedures at induction?</li> <li>• Have Fire Wardens been appointed provided with training in relation to their role?</li> </ul> |   |                               |
| <p><b>Maintenance and testing</b></p> <ul style="list-style-type: none"> <li>• When does the weekly testing of the fire alarm take place?</li> <li>• When did the last Fire Drill take place?</li> </ul>  |   |                               |
| <p><b>Visitors</b></p> <p>What are the arrangements to ensure staff members understand they will be responsible for evacuating any visitors they are meeting on the premises in the event of a fire or emergency?</p>   |   |                               |

Community Health Partnerships - Office Fire Risk Assessment

**Fire Risk Reduction Action Plan**

| Ref. No | Action required | Target Date | Action By | Date Completed |
|---------|-----------------|-------------|-----------|----------------|
|         |                 |             |           |                |
|         |                 |             |           |                |
|         |                 |             |           |                |
|         |                 |             |           |                |
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|         |                 |             |           |                |
|         |                 |             |           |                |
|         |                 |             |           |                |

## Appendix 7 – CoSHH Assessment Form

### Control of Substances Hazardous to Health (CoSHH) Risk Assessment

| Directorate  |  | Department/ Division |  |
|--|--|----------------------|--|
|  |  |                      |  |
| Location   |  | Assessment No.       |  |
|  |  |                      |  |
| Name of Substance  |  | Name of Supplier     |  |
|  |  |                      |  |
| What is it used for?   |  | By who?              |  |
|  |  |                      |  |
| How does it cause harm? (Check the label for any warnings, e.g. Toxic, Harmful, Irritant, Corrosive) |  |                      |  |
|  |  |                      |  |
| Quantity held in stock (list total and sizes of individual containers)                               |  |                      |  |
|  |  |                      |  |

|  |  |
|--|--|
|  |  |
| <b>Frequency of use (E.g. daily, weekly, monthly, annually)</b>  | <b>Is it necessary to use this substance?<br/>(If 'No' make sure that the substance is disposed of safely)</b> |
|  |  |
| <b>List existing control measures</b>  |  |
|  |  |
| <b>Have any accidents / incidents / complaints involving this substance occurred during the previous 12 months</b> |  |
|  |  |
| <b>Does it have a work place exposure limit (reference HSE guidance: workplace exposure limits (EH40 2005))</b>    |  |
|  |  |
| <b>Does it require an Exposure Assessment?</b>   |  |
|  |  |
| <b>Details of Additional action required</b>   |  |

|  |                              |                  |
|--|------------------------------|------------------|
|  |                              |                  |
| <b>Level of exposure harm (Low/ Medium/ High)</b>    |                              |                  |
|  |                              |                  |
| <b>Assessor's Name</b>                               | <b>Telephone No.</b>         | <b>Location</b>  |
|  |                              |                  |
| <b>Date by which remedial action should be taken</b> | <b>Date for reassessment</b> | <b>Signature</b> |
|  |                              |                  |

To evaluate and control the risks you must identify what you're already doing to manage the risk, and assess how effective the controls are. The simplest way of doing this is to use the below risk-rating matrix.

| <b>Probability</b> |                    |            |               |            |                   |
|--------------------|--------------------|------------|---------------|------------|-------------------|
| Definite<br>5      | 5                  | 10         | 15            | 20         | 25                |
| Very Likely<br>4   | 4                  | 8          | 12            | 16         | 20                |
| 50:50<br>3         | 3                  | 6          | 9             | 12         | 15                |
| Not Likely<br>2    | 2                  | 4          | 6             | 8          | 10                |
| Not Expected<br>1  | 1                  | 2          | 3             | 4          | 5                 |
| Impact             | Insignificant<br>1 | Minor<br>2 | Moderate<br>3 | Major<br>4 | Catastrophic<br>5 |

In order to use this matrix effectively please refer to the following Impact and Probability definitions

|        |   |               |  |
|--------|---|---------------|--|
| Impact | 1 | Insignificant | Near Miss, no injury sustained or ill-health caused                  |
|        | 2 | Minor         | Accident not necessitating time off work, or minor health effects    |
|        | 3 | Moderate      | Accident necessitating time off work, or chronic or acute ill health |
|        | 4 | Major         | Major accident under RIDDOR, or permanent ill-health reportable      |
|        | 5 | Catastrophic  | Accident involving one or more fatalities                            |



|             |   |              |   |
|-------------|---|--------------|---|
| Probability | 1 | Not Expected | Incident/ injury is highly unlikely during the activity (1 event every 100+ years)        |
|             | 2 | Not Likely   | Incident/ injury will seldom occur during the activity (1 event every 10-100 years)       |
|             | 3 | 50:50        | Incident/ injury will occur during the activity (1 event every 1-10 years)                |
|             | 4 | Very Likely  | Incident/ injury can be expected to occur during the activity (2 to 10 events per year)   |
|             | 5 | Definite     | Incident/ injury will occur frequently during the activity (more than 10 events per year) |

The result highlighted in the above matrix will help you decide if additional control measures are required.

| Risk Category  | Key   | Description                         | Action  |
|----------------|-------|-------------------------------------|---|
| Extremely High | 20-25 | Unacceptable level of risk exposure | Immediate corrective action to be taken                                       |
| High           | 12-16 | Unacceptable level of risk exposure | Constant active monitoring and measures to be put in place to reduce exposure |
| Medium         | 5-10  | Acceptable level of risk exposure   | Regular active monitoring measures  |
| Low            | 3-4   | Acceptable level of risk exposure   | Regular passive monitoring measures   |
| Moderate       | 1-2   | Acceptable level of risk exposure   | Periodic passive monitoring measures  |

**Appendix 8 – Manual Handling Assessment Form**

**MANUAL HANDLING “SCREENING” ASSESSMENT RECORD**

|                     |  |                    |  |
|---------------------|--|--------------------|--|
| <b>TASK:</b>        |  | <b>DEPARTMENT:</b> |  |
| <b>ASSESSOR(S):</b> |  | <b>DATE:</b>       |  |

| <b>ASSESSMENT CRITERIA</b>                 | <b>ONE (1)</b>                           | <b>TWO (2)</b>                              | <b>THREE (3)</b>            | <b>COMMENTS</b> |
|--|--|---|-----------------------------|-----------------|
| Type of Move                               | Push/Pull                                | Lift/Lower                                  | Twist                       |                 |
| Distance Moved                             | Short (less than 5m)                     | Medium                                      | Long (more than 20m)        |                 |
| Duration of Task (How long does job take?) | Up to 1 minute                           | 1 to 5 minutes                              | Up to 15 minutes            |                 |
| Frequency of Task                          | Up to 10 times per Day                   | Up to 50 times per Day                      | All Day                     |                 |
| Weight of Load                             | Less than 5 Kg                           | 5 Kg to 15 Kg                               | More than 15 Kg             |                 |
| Shape of Load                              | Compact and Simple (Easy to get hold of) |   | Complex/Difficult to Handle |                 |
| Operator                                   | Trained/Experienced                      |   | No Training/Experience      |                 |
| Space around lift area                     | Accessible                               | Some Restrictions                           | Cramped                     |                 |
| Injury Potential                           | Negligible                               | Minor                                       | Major                       |                 |
| Handling Equipment                         | Mechanical Process                       | Some Mechanical Aids (eg Trolley, Conveyor) | None                        |                 |

Tick Appropriate Boxes and **ADD** points :- **Overall Risk Rating =**

**Priority on action plans:**

| <b>Risk Rating</b> | <b>Priority</b>   |
|--------------------|-------------------|
| 10                 | No Action         |
| 11 – 14            | Very Low Priority |
| 15 – 18            | Low Priority      |
| 19 – 22            | Medium Priority   |
| 23 – 26            | High Priority     |
| 27 – 30            | Urgent Action     |

Do you consider there to be any categories of employees who would be specifically at risk from the significant hazards which have been identified (eg pregnant women, people with disabilities etc):

HAVE YOU IDENTIFIED ANY ACTIONS REQUIRED WHICH WOULD MINIMISE OR REDUCE THE RISKS? :

DUE BY:

COMPLETED:

ASSESSOR (print name): \_\_\_\_\_

SIGN/DATE: \_\_\_\_\_

## Appendix 9 – Risk Assessment Form

### Risk Assessment

Building Name:

Previous Version Date:

Date:

Version No.:

| Risk No. | Type | Red   | 15-25      | Risk Evaluation - Pre Mitigation |            |            |        | Risk Mitigation | Risk Evaluation - Post Mitigation |            |            |        | Action Plan<br>(Financial Impact) | Direction of travel |
|----------|------|-------|------------|----------------------------------|------------|------------|--------|-----------------|-----------------------------------|------------|------------|--------|-----------------------------------|---------------------|
|          |      | Amber | 6-12       | Likelihood                       | Impact     | Risk Index | Rank   |                 | Likelihood                        | Impact     | Risk Index | Rank   |                                   |                     |
|          |      | Green | 1-5        | 1 - 5 High                       | 1 - 5 High | L x I      | (Max.) |                 | 1 - 5 High                        | 1 - 5 High | L x I      | (Max.) |                                   |                     |
|          |      | Risk  | Risk Owner |                                  |            |            |        |                 |                                   |            |            |        |                                   |                     |
|          |      |       |            |                                  |            |            |        |                 |                                   |            |            |        |                                   |                     |
|          |      |       |            |                                  |            |            |        |                 |                                   |            |            |        |                                   |                     |
|          |      |       |            |                                  |            |            |        |                 |                                   |            |            |        |                                   |                     |
|          |      |       |            |                                  |            |            |        |                 |                                   |            |            |        |                                   |                     |
|          |      |       |            |                                  |            |            |        |                 |                                   |            |            |        |                                   |                     |

## Risk Assessment Scoring Matrix

### LIKELIHOOD - what is the LIKELIHOOD that harm, loss or damage from the identified hazard will occur

| Likelihood Score:                     | 1                               | 2   | 3                   | 4                                   | 5  |
|---------------------------------------|---------------------------------|---|---------------------|-------------------------------------|--|
| Descriptor                            | Rare                            | Unlikely  | Possible            | Likely                              | Almost certain                           |
| Frequency - how often might it happen | This probably will never happen | Do not expect it to happen, but it is possible it may do so | Possibly may happen | Highly probable that it will happen | Likely to occur in the majority of cases |

### IMPACT - what is the severity of the IMPACT

| Impact Score:           | 1   | 2   | 3   | 4  | 5  |
|-------------------------|---|---|---|--|--|
| Descriptor              | Insignificant                               | Slight  | Moderate  | Significant  | Major  |
| Impact should it happen | No or negligible impact on CHP's objectives | Slight impact on the premises and the operational effectiveness of the building; poses no immediate risk to the building and/or its users | Moderate impact the premises and the operational effectiveness of the building; may pose risks to the building and/or its users over a period of time | Significant impact on the premises and the operational effectiveness of the building; poses risks to the building and/or its users over a period of time | Major impact on the premises and the operational effectiveness of the building; poses immediate risks to the building/or its users |

|        |           |            |          |          |        |                |    |
|--------|-----------|------------|----------|----------|--------|----------------|----|
| IMPACT | Very high | 5          | 5        | 10       | 15     | 20             | 25 |
|        | High      | 4          | 4        | 8        | 12     | 16             | 20 |
|        | Medium    | 3          | 3        | 6        | 9      | 12             | 15 |
|        | Low       | 2          | 2        | 4        | 6      | 8              | 10 |
|        | Very low  | 1          | 1        | 2        | 3      | 4              | 5  |
|        |           | 1          | 2        | 3        | 4      | 5              |    |
|        |           | Rare       | Unlikely | Possible | Likely | Almost certain |    |
|        |           | LIKELIHOOD |          |          |        |                |    |

## Appendix 10 – Office Induction Briefing Checklist and Record

### Office Induction Briefing

The following briefing should be used to confirm that all of the topics identified to form part of the Office Induction process have been covered. Sign to confirm that you have received the appropriate information and that you are familiar with the arrangements in your Office.

Once completed please submit a completed copy of this briefing checklist to the Office Manager and PA to CEO.

| Office Induction Briefing                                  |  |
|--|--|
| <b>Name of Staff Member Receiving the Office Induction</b> |  |
| <b>Date of Briefing</b>                                    |  |
| <b>Name and Role of Person Providing the Briefing</b>      |  |

| Office Induction Topic   | Staff member to initial and confirm that topic has been discussed |
|--|---|
| <b>Fire Safety Arrangements:</b> <ul style="list-style-type: none"> <li>• How to Raise the Alarm</li> <li>• Location of Manual Fire Alarm Call Points</li> <li>• Evacuation routes and Location of Emergency Exits</li> <li>• How to Contact Emergency Services</li> <li>• Use and Location of Fire Fighting Equipment</li> <li>• Use of Lifts</li> <li>• Fire Assembly Point</li> <li>• Fire Marshals</li> <li>• Weekly Fire Alarm Testing</li> <li>• Planned Evacuations</li> <li>• Fire Alarm Maintenance</li> <li>• Vulnerable Persons and Personal Emergency Evacuation Plans</li> <li>• How to Raise Concerns</li> </ul> |   |
| <b>First Aid Arrangements:</b> <ul style="list-style-type: none"> <li>• Location and Use of First Aid Box</li> <li>• First Aid Supplies</li> <li>• First Aiders</li> <li>• Arrangements for notifying CCG of Illness/III Health</li> <li>• Location of Hospitals</li> </ul>  |   |
| <b>Incident Reporting Process:</b> <ul style="list-style-type: none"> <li>• How to Identify an Incident</li> <li>• How to Report an Incident</li> <li>• Incident Investigation Process</li> </ul>  |   |

|   |  |
|---|--|
| <b>Display Screen Equipment:</b> <ul style="list-style-type: none"> <li>• Arrangements for setting up a Workstation</li> <li>• How to Complete the Self-Assessment Form</li> <li>• How to Arrange an Eye Test</li> <li>• How to Report Issues/Concerns</li> </ul>   |  |
| <b>Manual Handling:</b> <ul style="list-style-type: none"> <li>• Good Practice Guidelines</li> <li>• How to Request a Manual Handling Assessment</li> </ul>   |  |
| <b>Housekeeping Arrangements:</b> <ul style="list-style-type: none"> <li>• Good Practice Guidelines</li> <li>• Storage of Office Based Equipment and Materials</li> <li>• Local Office Arrangements for Managing Waste</li> <li>• Cleaning Arrangements</li> <li>• Office Filing Systems</li> </ul>   |  |
| <b>Electrical Safety:</b> <ul style="list-style-type: none"> <li>• How to Carry Out a Visual Inspection of Electrical Equipment</li> <li>• Safe Use of Electrical Equipment and Good Practice Guidelines</li> <li>• How to Report Issues</li> <li>• How to Dispose of Electrical Equipment</li> <li>• How to Use and Set-Up IT Equipment (e.g. printers, scanners, telephone systems etc.)</li> </ul> |  |
| <b>Use of Work Equipment:</b> <ul style="list-style-type: none"> <li>• How to Carry Out a Visual Inspection of Equipment</li> <li>• Safe Use of Equipment and Good Practice Guidelines</li> <li>• How to Report Issues</li> </ul>   |  |
| <b>Travel for Work:</b> <ul style="list-style-type: none"> <li>• Use of Personal Vehicles</li> <li>• Car Insurance (Business Use)</li> <li>• Maintenance of Vehicles</li> <li>• Travel Expenses</li> <li>• Arrangements for Transporting Colleagues and Tenants</li> <li>• Use of Public Transport</li> <li>• Green Travel Arrangements</li> </ul>  |  |
| <b>Smoking Arrangements:</b> <ul style="list-style-type: none"> <li>• No Smoking Policy</li> <li>• Location of Smoking Shelter</li> </ul>   |  |
| <b>Security:</b> <ul style="list-style-type: none"> <li>• Office Security Arrangements</li> <li>• Locking Up Procedures</li> <li>• Emergency Contact List</li> <li>• Arrangements for Signing In and Out</li> <li>• Lone Working Arrangements</li> </ul>  |  |
| <b>Visitors:</b> <ul style="list-style-type: none"> <li>• Arrangements for Signing In and Out</li> <li>• Arrangements for Accompanying Visitors</li> <li>• Room Booking Arrangements</li> <li>• Visitor Car Park Arrangements</li> <li>• Fire Safety Arrangements</li> <li>• Arrangements for Managing and Reporting Violence/Aggressive</li> </ul>   |  |

|  |  |
|--|--|
| Behaviour  |  |
| <b>Welfare Arrangements:</b> <ul style="list-style-type: none"> <li>• Location of Welfare Facilities</li> <li>• Arrangements for Eating Food at Work</li> <li>• Arrangements for Drinking Beverages at Desks</li> <li>• Desk Location</li> <li>• Hours of Work</li> <li>• Office Contact Details</li> <li>• Arrangements for Working Out-of-Hours</li> <li>• Site Security</li> <li>• Car Parking Arrangements</li> <li>• Local Amenities</li> </ul> |  |



## Appendix 11 – Lone Worker Briefing Checklist and Record

### Lone Worker Briefing

The following checklist should be used to confirm that any member of staff who is required to work alone has been briefed on all of the topics identified to form part of the Lone Worker process so that CHP are able to control and manage the level of risk to which employees are exposed and staff are able to implement the necessary control measures to protect themselves.

Examples of Lone Working include:

- working alone in an office before or after normal working hours;
- working alone in an office at the weekend;
- lone members of staff travelling to visit sites at any time;

The Line Manager delivering the briefing and individual receiving the briefing must both sign to confirm that the appropriate information has been provided and that it has been understood by the Lone Worker so that they are familiar with the arrangements for lone working.

Please submit a completed copy of this briefing checklist to the Office Manager and PA to CEO.

| <b>Lone Worker Briefing</b>  |  |
|--|--|
| <b>Name of Staff Member Receiving the Briefing</b>   |  |
| <b>Name of Person Providing the Briefing</b>   |  |
| <b>Topic Area</b>  | <b>Staff member to initial and confirm that topic has been discussed</b> |
| Understanding of term 'Lone Worker'  |  |
| Lone Worker Process: <ul style="list-style-type: none"> <li>• Identifying and confirming the person in Local office who will undertake monitoring role</li> <li>• Importance of leaving:               <ul style="list-style-type: none"> <li>• a record of visits or place of working alone in publicly accessible diary</li> <li>• A contact telephone number,</li> <li>• The time of each appointment</li> <li>• The likely or estimated length of each meeting/visit</li> <li>• The time when you are expected to return to the office/base or call in</li> <li>• If not returning to the office, the time and location of your next visit or the time when you are due to arrive home</li> <li>• If driving, car make, model and registration number</li> </ul> </li> </ul> |  |

|  |  |
|--|--|
| <p>Escalation Process:</p> <ul style="list-style-type: none"> <li>• Importance of remaining in regular contact</li> <li>• Importance of making contact at end of day if not returning to office / depot</li> <li>• What will happen if I don't make contact?</li> </ul>  |  |
| <p>Reporting of Incidents:</p> <ul style="list-style-type: none"> <li>• Accident &amp; Incident Reporting Process</li> <li>• Foul Language, Verbal Abuse, Threats of Violence, Physical Violence,</li> <li>• Reporting of instances where staff believe Lone Working is no longer appropriate</li> <li>• Sharing of information</li> </ul> |  |
| <p>Support for Lone Workers:</p> <ul style="list-style-type: none"> <li>• Office Contacts</li> <li>• Local Contacts</li> </ul>   |  |

| <b>CONFIRMATION</b>                                     |  |
|---|--|
| <b>Signature of Staff Member Receiving the Briefing</b> |  |
| <b>Signature of Person Providing the Briefing</b>       |  |
| <b>Date of Briefing</b>                                 |  |

## Appendix 12 – Office Health and Safety Inspection Checklist and Record

# Office Health and Safety Inspection Checklist

|                            |  |
|----------------------------|--|
| <b>Date of Inspection:</b> |  |
| <b>Office Address:</b>     |  |
| <b>Areas Inspected:</b>    |  |

Mark each item as:  Satisfactory / Available     Defective / Missing    **N/A** Not Applicable

Each office must receive a formal visual inspection every quarter using this form to ensure health and safety hazards in the workplace are identified and corrected, avoiding unnecessary incidents, near misses and accidents.

| Item to be Checked  | ✓ / ✗ | Note Defect / Remedial Action Required |
|---|-------|--|
| <b>General Displays / Display Boards</b>  |       |  |
| Current Health and Safety Law Poster on display and completed correctly   |       |  |
| Employers Liability Insurance Certificate on display and in date  |       |  |
| Health & Safety Policy Statement on Display and signed and in date  |       |  |
| First Aid arrangements on display and up to date  |       |  |
| Fire Marshall Listing on display and up to date   |       |  |
| Fire Action notices in place and completed correctly<br>(detailing the nearest exit and assembly point locations) |       |  |
| <b>General Environment</b>  |       |  |
| Suitable space in office and adequate space for work stations   |       |  |
| No obstruction to access routes from furniture or equipment   |       |  |
| Ambient Temperature Thermometer available to measure temperature upon request                                     |       |  |
| Adequate ventilation / air-conditioning   |       |  |
| Air humid enough to avoid dry eyes, skin etc.   |       |  |
| <b>Floor Surfaces</b>   |       |  |
| Worn or missing stair- treads   |       |  |
| Floor covering free from tears or worn areas that could lead to potential trip hazard                             |       |  |

| Item to be Checked  | ✓ / ✗ | Note Defect / Remedial Action Required |
|---|-------|--|
| Floor surfaces free from contaminants, spillages or water that could cause slips  |       |  |
| Floors free from trailing cables<br>(this includes underneath work stations)  |       |  |
| Free from obstructions including boxes, coat stands etc.  |       |  |
| Non-slip surface with enough traction to reduce slip risk   |       |  |
| <b>Furniture</b>  |       |  |
| Furniture free from sharp corners or edges  |       |  |
| Filing cabinets in good repair, doors / drawers closed when not in use, locked where able   |       |  |
| All cupboards and shelving stable and in good repair  |       |  |
| No storage of heavy / awkward items above shoulder height   |       |  |
| Steps / kick stools in safe condition   |       |  |
| <b>Fire</b>   |       |  |
| Fire Risk Assessment available and up to date for CHP office space and Landlords areas  |       |  |
| Fire doors in good repair, not wedged open or obstructed  |       |  |
| Fire exits / stairwells clear from obstructions and combustible items   |       |  |
| Office and storage areas free from large amounts of combustible items, items stored away from heaters, electrical points etc.               |       |  |
| Office areas free from build-up of dusts  |       |  |
| Fire extinguishers in place: wall - hung or on stand  |       |  |
| Fire extinguishers' service in date and pins in place<br>(serviced annually, refer to service record on fire extinguisher)                  |       |  |
| Fire signage in place and not obstructed or damaged   |       |  |
| <b>Hazardous Substances</b>   |       |  |
| All hazardous substances stored in fire rated areas and locked<br>(concrete clad cleaning cupboard with fire door, metal lockable cabinets) |       |  |
| All hazardous substances appropriately labelled   |       |  |
| CoSHH Assessments and Material Safety Data Sheets Available for all hazardous substances  |       |  |

| Item to be Checked   | ✓ / ✗ | Note Defect / Remedial Action Required                |
|--|-------|---|
| Hazardous substances that may react with other substances stored away from each other                                    |       |   |
| First Aid / Emergency Instructions available   |       |   |
| <b>Electrical Equipment</b>  |       |   |
| Current Electrical Installation Condition Report available for fixed electrical wiring (Carried out within last 5 years) |       |   |
| No visibly damaged electrical equipment in use   |       |   |
| No visible damaged electrical cables, plugs or adapters  |       |   |
| Portable Appliance Test labels found in date for equipment   |       |   |
| Sockets not overloaded   |       |   |
| Floor electrical / communication pods / boxes in good order  |       |   |
| <b>First Aid</b>   |       |   |
| First Aid Boxes properly stocked, no items out of date   |       |   |
| <b>Welfare Facilities</b>  |       |   |
| Toilets in good working order and in reasonable state of hygiene   |       | (If NO – report issue to Landlord and record details) |
| <b>Kitchen / Tea Areas</b>   |       |   |
| Kitchen / Tea Area in clean condition  |       | (If NO – report issue to Landlord and record details) |
| Hot and cold water available   |       | (If NO – report issue to Landlord and record details) |
| <b>External Area</b>   |       |   |
| Reasonable perimeter lighting in place   |       | (If NO – report issue to Landlord and record details) |
| Access paths / steps free from trip/slip hazards (eg. Moss, grit etc.)   |       | (If NO – report issue to Landlord and record details) |
| Disabled access provisions provided where appropriate  |       | (If NO – report issue to Landlord and record details) |
| Walkways gritted in icy / snowy conditions   |       | (If NO – report issue to Landlord and record details) |
| <b>Waste</b>   |       |   |
| Waste stored in waste receptacles in designated storage area   |       |   |
| Are waste bins being used correctly and not overfilled?  |       |   |
| Are all waste bins correctly labelled, covered or closed?  |       |   |

| Item to be Checked   | ✓ / ✗ | Note Defect / Remedial Action Required |
|--|-------|--|
| Are wastes segregated in different bins?   |       |  |
| Is the site generally clean and tidy, with no waste left outside bins?                         |       |  |
| Is all hazardous & electrical waste stored in secure containers, segregated from other wastes? |       |  |

|   |  |
|---|--|
| <b>Signature of person completing inspection</b>  |  |
| <b>PRINT Name of person completing inspection</b> |  |

**Once completed please return to the Head of Corporate Services Manager**

| <b>For Head of Corporate Services Use Only</b>                                      |  |  |
|---|--|--|
| Form Completed Correctly  |  |  |
| Any action required   |  |  |
| Actions completed<br><small>(confirm what action was taken in box opposite)</small> |  |  |

**Head of Corporate Services Signature**

**Once any required actions have been completed and the Inspection record has been signed by the Head of Corporate Services, please scan and file electronically in the appropriate section of the Office Health and Safety Evidence folder.**