



Family Nursing & Home Care

Health and Safety Policy

October 2021

Document Profile

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2021	4	Policy updated and transferred to new template – additional new sections completed Roles and responsibilities amended Hyperlinks added where relevant Covid-19 added Asbestos – amended to reflect the updated Code of Practice (revised 2020)	See document profile

		<p>Ladders and Stepladders edit</p> <p>Drug and alcohol addiction – policy change to prioritise prevention support and rehabilitation over disciplinary action</p> <p>Section about medicinal cannabis use at work added</p> <p>The use of hazardous medicines added</p> <p>Added – products that may be subject to COSHH should not be brought onto any premises by staff</p> <p>New section about remote working added.</p> <p>Driving service-users added including the transportation of medical oxygen</p> <p>Links to relevant manual handling Approved Codes of Practice added.</p> <p>Titles changed where applicable</p>	
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1 INTRODUCTION

1.1 Rationale

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

Family Nursing & Home Care:

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

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

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

1.2 Scope

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

1.3 Role and Responsibilities

1.3.1 The Committee

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

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

1.3.2 Chief Executive Officer (CEO)

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

The CEO has a pivotal role in ensuring high standards of health and safety are being maintained by all employees and is responsible for the implementation and monitoring of Health and Safety Policy.

1.3.3 Director of Governance, Regulation and Care

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

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

1.3.4 Service Leads/Heads of Departments

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

They are responsible for monitoring health and safety and to ensure standards are being maintained by all employees. They should demonstrate high standards of health and safety and develop, implement and monitor safety procedures within their area/s.

1.3.5 Finance Director

The Finance Director is responsible to the CEO for ensuring that the premises of Family Nursing & Home Care are maintained in an efficient, safe and healthy manner. This is in addition to their responsibilities as Service Lead. They are also responsible for ensuring that processes are in place for the maintenance of assets and equipment in a safe and fully functioning condition.

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

1.3.6 Line Managers

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

They should demonstrate high standards of health and safety to all employees, helping to develop, implement and monitor divisional safety procedures.

1.3.7 Health and Safety Group

The Health and Safety Group is accountable to the CEO and is responsible for providing assurance that Family Nursing & Home Care functions in an efficient, safe

and healthy manner. Where assurance cannot be provided, it is responsible for working with relevant others to address issues where concern has been raised.

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

1.3.8 Employees (including volunteers)

Family Nursing & Home Care employees have a duty to take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions at work.

Employees (including volunteers) are responsible for:

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

1.3.11 Health and Safety Advisors

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

Coppolo & Coyde (Jersey) Limited will:

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

2 POLICY

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

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

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

The Association will ensure that sufficient information, instruction, training and supervision are given to employees to enable them to avoid hazards and to contribute positively to their own health and safety at work. FNHC actively supports joint consultation between Association management and employees on matters concerning health and safety at work. Guidance and advice may be sought from appropriate external bodies.

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

3 PROCEDURE

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

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

3.1 Accidents, Incidents & Near Misses

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

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

This procedure must be followed in the event of accidents, incidents or near misses* which have occurred in the course of staff carrying out their duties. FNHC encourages the reporting of all incidents.

This includes:

- incidents that staff have been involved in
- incidents that staff may have witnessed
- incidents that caused no harm or minimal harm
- incidents with a more serious outcome
- prevented incidents (known as 'near misses*').

This list is not exhaustive

Follow the adapted National Patient Safety Agency (NPSA) incident types, categories and sub categories information when identifying the type of incident/near miss. Staff are asked to categorise the incident to enable the Quality and Governance Lead to monitor the types of incidents happening, identify trends and measure FNHC against national audit figures. <https://www.fnhc.org.je/media/43475/incident-reporting-sop-final.pdf>

The Association seeks to encourage a 'just culture' working with staff to learn from issues that arise around reported incidents and near misses.

<https://www.fnhc.org.je/media/43473/investigations-sop-learning-events-final-9421.pdf>

Definitions

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

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

Patient Safety Incident

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

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

Near Miss

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

Non-Clinical incidents

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

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

Serious Incident (SI)

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

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

Dangerous Occurrence

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

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

Actions to take following an accident

- record the accident using the appropriate reporting system
<http://sheassure.net/fnhc>
- notify Line Manager / On Call Manager if outside normal office hours and if necessary a member of the Senior Management Team

All accidents, near misses and Dangerous Occurrences will be suitably investigated by the Organisation with the aim of preventing a recurrence.

Periodic reviews of reported incidents will be conducted by the Director of Governance, Regulation and Care to identify any workplace trends that can be actioned on.

General points about incident reporting

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

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

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

Datix Forms

FNHC Staff members can access the Health and Community Services (HCS) incident reporting system database 'Datix'. Datix should be used to report incidents that are in relation to HCS premises/staff/clients e.g. a poor patient discharge from hospital.

To access Datix forms go to the [Apps](#) screen and select Datix web. The Datix forms can be accessed directly under the 'Governance' heading.

Submitting & Printing Datix Forms

When completing the Datix forms please ensure the following steps are taken:

- complete the form fully, completing all the essential fields
- press the 'Submit' button at the bottom of the form
- an email will be sent with the Datix reference number
- Datix reference number to be added to the Assure incident report
- the outcome report, when received, should be attached to the corresponding Assure incident report

Incidents Involving External Agencies

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

Legal Implications for Staff

In the event of an incident leading to a court case, staff may wish to seek legal advice from their staff side representative body or another source and in some circumstances staff may be advised to retain their own independent legal advice. Staff injured as a result of an incident may be entitled to make a claim for compensation under FNHC's employer's liability injury insurance. The member of staff should seek advice in the first instance from the Human Resources Department. Staff may wish to seek advice from their union representative / staff association regarding a claim.

3.2. Alcohol & Drugs

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

If undergoing a course of medical treatment which includes prescribed drugs, the doctor will determine whether or not the staff member is fit to return to work and undertake normal duties. Staff are expected to comply with this medical advice. However, individuals must acknowledge when they are experiencing side effects from prescribed drugs that could impair their ability work safely and take appropriate action. The Discrimination (Jersey) Law includes disability as a protected characteristic therefore Family Nursing & Home Care must make reasonable adjustments for any employee with a disability (Edmond, 2021). It is essential that staff who are taking prescribed medication that may affect their ability to work safely at all times:

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

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

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

3.2.1 Medicinal Cannabis at Work

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

The use of cannabis can impair an individual's:

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

(Edmond 2021)

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

3.3 Asbestos

Asbestos containing materials (ACM's) have been widely used throughout the world for a wide variety of applications particularly in building and fireproofing products.

There are a number of very harmful (and fatal) asbestos related diseases associated with breathing in airborne asbestos fibres of microscopic size. These fibres become dispersed in the air as a result of any work on ACM's.

To combat these risks legislation has been introduced which sets out strict controls for the management of asbestos in buildings and also on work on asbestos products.

Under the [Approved Code of Practice: Management of Exposure to Asbestos in Workplace Buildings and Structures: Revised 2020'](#), employers have a duty to have an asbestos management plan (AMP) in place where they have responsibility for the maintenance and repair of premises that they occupy. Where others, such as the building owner, managing agent or landlord, have responsibility for all or part of the premises, they also have a duty to ensure that the AMP is prepared in respect of areas under their control.

The asbestos management plan should be prepared with full consultation, involvement and information sharing between all parties having responsibility for the workplace and be communicated to all employees or self-employed persons, including contractors and maintenance workers, who use the premises as a workplace. A copy of the asbestos management plan must be readily available at all times.

It is the Association's policy to consult with all parties having responsibility for their workplaces to locate ACM's within the workplace and to manage the risk they present in an asbestos management plan.

Depending on the building lease it is normally the landlord's responsibility to hold a register which will be contained within an asbestos management plan. This should be reviewed annually by a competent person.

Employees and contractors must not disturb the fabric of any building unless it has been established that ACM's are not present. Where ACM's are present a specific risk assessment should be requested on how employees and / or contractors will work safely with the product.

Only employees who have received the appropriate level of training are authorised to manage ACM's on site. Any employee who may disturb asbestos as part of their day to day work will undertake asbestos awareness training.

Even where ACM's have been identified by a client it is the Association's policy in conjunction with the premises landlords to make sure an appropriate assessment of the asbestos risk is made whenever disturbing the fabric of a premises.

On discovering a potential ACM, employees/contractors should **STOP** work at once and immediately report their concern to the Finance Director.

The Association in conjunction with the premises landlords will use a competent person to assist in the identification of suspected ACM's and their advice will be sought on what appropriate actions to take.

Family Nursing & Home Care have appointed the Finance Director in conjunction with the Facilities Administration Officer to take managerial responsibility for the implementation of the asbestos management plan.

3.4 Capabilities and Training

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

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

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

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

Divisional Managers / Operational Leads and Line Managers must ensure that only competent personnel undertake the work activities under their control. Where individuals display incompetence in the way the work is being executed, then they must take steps to rectify the situation by:

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

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

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

Line Managers should ensure that where personnel deputise for others that they are sufficiently competent to undertake the changes activities.

Line Managers must ensure that new employees and temporary employees are inducted on the safety standards within Family Nursing & Home Care premises. The following areas must be covered within the induction programme:

Introduction to Family Nursing & Home Care Health and Safety Policy
details of fire and emergency procedures - this must include a walk through tour of the buildings emergency escape routes

- accident, incident & near-miss reporting procedure
- responsibilities of individuals under the law
- details of nominated fire marshals, first aiders and welfare facilities
- procedures for reporting health and safety infringements or concerns

3.5 Contractors

The Association and the landlords of their premises both commission work to be undertaken by contractors.

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

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

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

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

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

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

3.6 Covid-19

Family Nursing & Home Care (FNHC) recognise the risk presented to its employees from SARS-CoV-2, the virus that causes COVID-19. COVID-19 is a respiratory illness that can spread from person to person, especially between persons who are physically near each other. People who are infected but who do not show symptoms can also spread the virus to others.

It is policy at Family Nursing & Home Care to adhere to all current Government of Jersey laws and guidance <https://www.gov.je/health/coronavirus/Pages/Index.aspx> .

Where felt necessary, specific risk assessments will be created and adapted, in order to fully comply with laws and guidelines. This will ensure that FNHC is constantly monitoring and reducing the risk of transmission of Covid-19, to as far as is reasonably practicable. Examples of precautions include encouraging home working, provision of hand sanitizer, provision of personal protective equipment e.g. gloves and masks and ensuring an effective system of collecting and retaining information for contact tracing. All employees and non-employees will be made aware of what is expected of them, and are expected to follow these measures.

3.7 Display Screen Equipment

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

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

Information and training will be provided concerning the use of Visual Display Units (VDUs) such as to enable VDU "Operators" and "Users" to carry out their own workstation risk assessments.

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

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

See Family Nursing & Home Care's [Display Screen Equipment Policy](#)

3.8 Electrical Equipment and Services Safety

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

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

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

Employees should carry out their own simple visual checks of all mains electrical equipment for any obvious faults prior to using it. This check should include the mains cabling and plugs for signs of fraying, loose connections or other damage which might constitute a hazard.

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

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

Employees should not bring their own electrical equipment on to Association premises unless the equipment has been inspected and tested by a competent person.

Persons must not be allowed to work on or near live equipment unless specifically authorised and competent to do so. A risk assessment will determine whether working on or near live equipment is acceptable. In these circumstances suitable special precautions should be identified and complied with by the Finance Director in conjunction with the Premises Officer. Any works should be subject to a safe system of work being established.

3.9 Fire Safety Management

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

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

All personnel should:

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

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

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

Risk Assessment

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

Fire Marshals

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

Fire Marshals will undertake the one day training by the Jersey Fire and Rescue Service. All three modules have to be completed.

Fire Marshals will work with others to develop a:

- Fire Risk Assessment for the premises (see checklist https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/14899/fsra-5-step-checklist.pdf)
- Fire Emergency Evacuation Plan (FEPP) e.g. simple fire action sign

- Personal Emergency Evacuation Plan (PEEP) where this is required

Fire Marshals will also:

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

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

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

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

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

Fire Marshals should be provided with an identifiable marshal jacket.

Fire Plans and Fire Action Notices

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

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

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

Equipment

Fire safety equipment, such as portable fire extinguishers, should be subject to periodic testing by a competent person

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

Fire Drills

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

Training

Employees will receive appropriate fire awareness and where necessary fire marshal training at periodic intervals.

3.10 First Aid

Managers must inform all employees of:

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

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

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

First aid kits (belonging to Family Nursing & Home Care) will be checked on a regular basis by a nominated person (usually a First Aider though this may vary depending on the venue).

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

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

Employees should ensure that suitable provisions for first aid have been made when carrying out activities away from the main Association premises.

3.11 Handling of Suspect Packages

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

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

If a suspicious package is found:

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

Police attendance if a suspicious package is found

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

3.12 Hazardous Substances

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

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

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

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

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

As a provider of health care, clinical staff may be required to administer medicines that have the potential to cause injury or ill-health. All staff administering such medicines must only do so if they understand the risks and action to take to mitigate these risks. The National Institute for Occupational Safety and Health (NIOSH) have developed a list of drugs considered to be hazardous. The most up to date version can be found on the 'Centers for Disease Control and Prevention' website <http://www.cdc.gov/niosh/https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf?id=10.26616/NIOSH PUB2016161>

3.13 Ladders and Stepladders

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

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

Where ladders are used, make sure that:

- the ladder is either Class 1 Industrial or BS EN 131
- the ladder is free from damage or distortion
- the work can be reached without stretching
- the ladder can be fixed to prevent slipping
- a good hand hold is available on the ladder

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

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

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

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

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

The ladder should be angled to minimise slippage. Ideally the angle should be 1 measure out for four measures up.

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

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

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

Step ladders provide a free standing means of access but they require careful use. They are not designed to take any degree of side loading and can easily overturn. Only carry out light work from a step ladder and then only on a firm and level surface and then only where it is safe to do so.

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

3.14 Legionella Management

It is the landlord's responsibility to manage, maintain and treat water systems on their premises properly in order to prevent exposure of persons to Legionella bacteria.

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

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

3.15 Lone Working

Refer to FNHC's Lone Worker Policy [lone-worker-policy-november-14-review-november-17.pdf](https://www.fnhc.org.je/media/43415/lone-worker-policy-november-14-review-november-17.pdf) ([fnhc.org.je](https://www.fnhc.org.je)) and other relevant procedures e.g. <https://www.fnhc.org.je/media/43415/lone-worker-sop-template-2020-final.pdf> found on the Procedural Document Library <https://www.fnhc.org.je/procedural-document-library/>

3.16 Managing Health and Safety in Construction

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

Guidance can be found at:

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

3.17 Manual Handling

Manual handling can be described as lowering, lifting, pulling, pushing, holding, restraining, carrying, throwing or handling. More than a third of all over-three-day injuries reported each year to the Health and Safety Inspectorate are caused by manual handling.

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

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

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

See [Safe Handling Policy](#)

3.18 Medical Equipment and Devices

Family Nursing & Home Care will ensure that employees will receive the appropriate information on safe usage before using medical equipment and devices.

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

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

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

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

See Medical Devices and Equipment Policy (in development at time of ratification of Health and Safety Policy).

3.19 New & Expectant Mothers

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

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

The risk assessment will identify any hazards in the workplace or inherent in existing systems of work that could pose a health and safety risk to a new or expectant mother.

The new or expectant mother is expected to inform Family Nursing & Home Care in writing that she is pregnant or breastfeeding and must accept that she may be asked for written medical evidence to confirm the pregnancy. Any medical advice specific to the pregnancy will be taken into account when the risk assessment is undertaken and during the pregnancy.

Employees should also refer to the [Employee Handbook](#).

3.20 Personal Protective Equipment

To comply with statutory requirements and where risks cannot be controlled in other ways then Personal Protective Equipment (PPE) will be issued in accordance with a risk assessment. The Association will provide the appropriate PPE to the employee free of charge.

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

The Association will make employees aware of why PPE is needed in the workplace, when it is to be used, replaced and how the PPE is to be used.

Employees should immediately report any damage to PPE to their Line Manager. FNHC will replace PPE which is not in good working order.

Line Managers are responsible for enforcing the use of PPE and where employees do not comply with PPE requirements then they will be subject to the appropriate disciplinary action.

See Hand Hygiene and Personal Protective Equipment Policy & Procedures
<https://www.fnhc.org.ie/media/43183/ipac-hand-hygiene-the-use-of-ppe-v2-final-4919.pdf>

3.21 Protecting Members and Visitors

The Association has a duty of care to any persons affected by its work activities including visitors and clients using the Association facilities.

The Association will make an appropriate risk assessment of how its activities could affect third parties before any work is started.

Security is of the utmost importance to Family Nursing & Home Care. Where maintenance work is being conducted in general areas, a clearly marked and secure boundary will be created around it in order protect others.

3.22 Remote Working

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

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

Electronic diaries should be used to record where a member of staff is remote working.

3.23 Risk Assessments

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

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

Managers must assess the risks to health and safety of employees, clients and any others that could be affected by their work activities within the department that they control.

Where the Manager considers the risk to be significant, then this must be recorded in writing on the approved risk assessment form and where relevant, identify those groups of employees, clients or others being especially at risk.

Risk assessments should be reviewed and altered if they are no longer valid or circumstances have changed significantly.

Managers should co-operate fully with other employers where work areas are shared. This may be by exchanging information on protective measures and risk associated with each other's activities. Relevant information should be passed to employees in those areas.

Definitions

- Hazard – this is the potential for harm
- Risk – this is the likelihood that actual harm will occur
- Assessment of risk will take into account the severity of the hazard, the number of people likely to be exposed and the possible consequences

Family Nursing & Home Care employees are expected to adopt the HSE (2014d) ['five steps to risk assessment'](#) approach:

Step one - Identify the hazards within the activity/operation/premises

Step two - Identify those persons at risk

Step three - Evaluate the risks and decide if you require further risk control measures including how you are going to monitor how the precautions are working

Step four - Record the finding in the approved form

Step five - Review the risk assessment if there is an accident, or a complaint or if the equipment/legislation changes.

3.24 Safety Alerts

See the Safety Alerts Procedure [Family Nursing & Home Care Medical Alert Notice Procedure \(fnhc.org.ie\)](https://fnhc.org.ie)

3.25 Sharps / Needle Stick Incidents

Refer to Family Nursing & Home Care's [Sharps Safety Policy](#) and [Sharps Injury and/or Blood/Body Fluid Exposure Procedure](#)

3.26 Slips, Trips and Falls

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

The Association will ensure that appropriate lighting is provided to footpaths and fit handrails to steps where this is deemed appropriate.

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

Twice yearly Internal Health and Safety Reviews will be carried out in addition to an annual inspection of premises by the Association's external Health and Safety advisors. Where identified, slip and trip hazards will be addressed and where an employee comes across this type of hazard, they should remedy the situation. If this is not possible, then they should immediately advise a Health and Safety Group Representative and/or their Line Manager.

Slips, trips and falls should be reported via the Assure system, including any near miss occurrences as per the Standard Operating Procedures for incident reporting <https://www.fnhc.org.ie/media/43475/incident-reporting-sop-final.pdf>

3.27 Stress & Well Being

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

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

Employees are expected to consult with their Line Manager in order to advise them if they are suffering from work related stress so that the appropriate steps can be taken. Family Nursing & Home Care uses a peer support programme (Sustaining Resilience at Work - StRaW) to help employees experiencing signs or symptoms of stress. This can be accessed through self-referral or through a line manager and is not a mandatory or Human Resources process.

3.28 Vehicle Management

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

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

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

FNHC expects all employees that require a car to carry out their duties to have a valid driving license and ensure that their vehicle is legal, safe and fit for purpose.

Vehicles must be regularly serviced and have valid insurance. Drivers who use their own vehicle for work journeys (excluding commuting) must have cover for business. Staff using their own cars for the performance of their duties are required to ensure they have the appropriate car insurance cover. A copy of the proof of insurance will be required by the Association's Human Resource Department and annually thereafter. See [Employee Handbook](#) pages 47/48.

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

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

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

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

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

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

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

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

Where staff are required to transport a service user, a risk assessment should first be completed/documentated.

3.28.1 Transporting Service Users who Require Oxygen

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

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

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

Staff and service users should follow the safety measures/information found in the attached link <http://www.bcg.co.uk/assets/BCGA%20L%2013%20-%20Revision%203%20-%20For%20Publication.pdf> (at the time of ratification of this policy, liquid oxygen is not in use by patients)

3.29 Violence, Aggression and Unacceptable Behaviour at Work

Refer to the Prevention and Management of Violence, Aggression and Unacceptable Behaviour at Work Policy [violence-aggression-and-unacceptable-behaviour-policy-2019.pdf \(fnhc.org.je\)](#)

3.30 Young Persons

Family Nursing & Home Care will ensure that young person's carrying out work experience are protected from any risks to their health and safety which are a consequence of their lack of experience.

This will specifically include the preparation of risk assessments for issue to the young person or child's parent/guardian.

The Director of Governance, Regulation and Care and Head of Human Resources must be made aware of the intention to allow a young person under the age of eighteen to carry out work experience. They should be informed in good time in order to enable a risk assessment to be made before the work experience commences. The assessment must consider a young person's increased risk of injury arising from, for example, immaturity and lack of understanding about work hazards. Where the young person is aged below 16 (a child in the eyes of the law), the Association should disclose the findings of the risk assessment to the parent (or legal guardian) before the employment commences.

There is nothing to prevent 'work experience' or other vocational training, if all appropriate precautions have been taken and the young person is adequately supervised.

4 CONSULTATION PROCESS

This 2021 policy has been developed by updating the organisation's previous health and safety policy. It incorporates current legislation and Approved Codes of Practice (ACoPs).

Name	Title	Date
Lucy Hogge	Health & Safety Advisor (CopCoy)	April 21 9/06/21
Claire White	Head of Quality Governance and Care	09/06/21
Judy Foglia	Director of Governance, Regulation and Care	16/07/21
Justine Bell	Education and Practice Development Nurse	16/07/21
Angela Stewart	District Nursing Sister	16/07/21
Adriana Place	Physiotherapist	16/07/21
Laura Baker	Premises & Facilities Officer	16/07/21
Teri O' Connor	Registered Manager Home Care	16/07/21
Sarah Wiltshire	Community Nursery Nurse	16/07/21
Amanda de Freitas	Head of Human Resources	16/07/21
Elaine Walsh	Director of Finance	16/07/21

5 IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Develop set of questions	Clinical Effectiveness Facilitator	September 2021
Upload policy and questions to Virtual College and send link to all staff	Education and Development Department	October 2021
Send all user email	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification
Place on the Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	Within 2 weeks following ratification

6 MONITORING COMPLIANCE

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

- audit of systems and processes

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

Reactive monitoring may include:

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

7 EQUALITY IMPACT STATEMENT

A statement to show that the document does not discriminate against disadvantaged or vulnerable people

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

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

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

Always:

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

This policy should be read and implemented with the Organisational Values in mind at all times. An Equality Impact assessment for this policy can be found in Appendix 1.

8 GLOSSARY OF TERMS

ACoP - Approved Code of Practice

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

COSHH – Control of Substances Hazardous to Health

StRaW – Sustaining Resilience at Work

9 REFERENCES

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10 APPENDIX

Appendix 1 Equality Impact Screening Tool

Stage 1 - Screening				
Title of Procedural Document: Health and Safety Policy				
Date of Assessment	27/05/21	Responsible Department	Quality and Governance	
Name of person completing assessment		Elspeth Snowie	Job Title	Clinical Effectiveness Facilitator
Does the policy/function affect one group less or more favourably than another on the basis of :				
	Yes/No	Comments		
• Age	no			
• Disability (Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia)	no			
• Ethnic Origin (including hard to reach groups)	no			
• Gender reassignment	no			
• Pregnancy or Maternity	no			
• Race	no			
• Sex	no			
• Religion and Belief	no			
• Sexual Orientation	no			
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2				
Stage 2 – Full Impact Assessment				
What is the impact	Level of Impact	Mitigating Actions (what needs to be done to minimise / remove the impact)	Responsible Officer	
Monitoring of Actions				
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level				