



Workplace health and safety standards

Updated May 2022

**Working in
partnership**



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Introduction

The Health, Safety and Wellbeing in Healthcare Partnership Group (HSWPG) has developed these set of standards with the support of the Health and Safety Executive. This is the third update of the standards. They pull together legal requirements and guidance to help organisations comply with 'goal setting' legislation. They provide practical pointers and signposting for meeting appropriate standards in key areas in workforce health and safety.

HSWPG is the workplace health, safety, and wellbeing sub-group of the NHS Staff Council. It consists of management representatives from NHS organisations and staff side representatives from most major healthcare associated trade unions. The Health and Safety Executive (HSE), NHS Resolution and the Institute of Occupational Safety and Health, Health and Social care group are advisory members of HSWPG. By working in partnership, the group produces guidance to promote health, safety, and wellbeing for the NHS workforce.

Why have we done this?

The moral and legal case for effective workplace health, safety and wellbeing in NHS organisations has been well made over a number of years. From the removal of all crown immunity in 1990, National Audit Office reports in the late 1990s to the Boorman Review of 2009, it is that NHS staff have a right to work within a healthy and safe workplace and an environment in which the employer has taken all practical steps to ensure the workplace is free from verbal or physical violence from patients, the public or staff.

There is also strong evidence linking patient safety, patient experiences and the quality of care with the safety, health, and wellbeing of the workforce. It makes sense that if you have a safe environment for staff and a positive safety culture it will impact positively on patient outcomes.

How will this help NHS organisations?

NHS staff are its most important resource. No one should be made ill by work. The health, safety and welfare of staff directly contributes to organisational success as workplace injuries and poor workforce health has a high cost. The standards provide a checklist, which if fully implemented, will help NHS organisations meet their legal duties under health and safety legislation and help them achieve the staff health and safety aspects of other regulatory or insurance-based schemes within the NHS.

How can the standards be used?

The standards are aimed at directors, managers with health and safety responsibilities, health and safety professionals and trade union safety representatives. They describe the principles, which provide the basis of effective health and safety management; set out the issues, which need to be addressed; provide links to the relevant guidance; and can be used for developing improvement programmes, self-audit, or self-assessment.

By working through each of the standards, NHS health and social care and independent providers of health and care organisations will be able to assess levels of compliance. This will inform a gap analysis of any work requiring to be done. The standards can be used by boards to scrutinise compliance with health and safety legislation.

Are all the standards and criteria legal requirements?

Many of the standards and criteria represent specific legal requirements, while others provide guidance on how organisations can comply with 'goal setting' legislation. Whilst some of the criteria in the standards may not always be specifically required by the legal references, by following them you will normally be doing enough to comply with the law. You are free to take other action to meet these legal requirements.



A. The management of health and safety

Organisations have a legal duty to put in place suitable arrangements to manage for health and safety. It should be part of the everyday process of running a business and an integral part of workplace behaviours and attitudes. It doesn't matter what the size, industry or nature of your organisation, key to effectively managing for health and safety is:

- leadership and management (including sound business processes)
- a trained/skilled workforce operating in an environment where people are trusted and involved.

It is your decision whether to use a formal management system or framework to integrate health and safety as a core business function. Examples include national and international standards, in-house standards, procedures or codes and sector-specific frameworks. Whatever management approach is used, it needs to be sustained and systematic and should contain the steps:

- **Plan:** say what you want to happen
- **Do:** make sure there are systems in place to provide the tools and equipment to do the job
- **Check:** make sure the work is being done safely
- **Act and learn:** listen to problems and successes and make improvements.



A. The management of health and safety

Plan – Determining your policy and planning for implementation		
Standard	Employers have effective health and safety policies in place that set a clear direction for the organisation to follow, and the organisation should have planned how to implement these policies.	
Rationale	An important part of achieving health and safety outcomes is having a strategy and having clear plans. The policy sets a clear direction, whilst planning enables you to successfully implement the objectives of the policies.	
Legal Reference	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work Regulations 1999	
Criteria	Evidence	Legal References
The organisation has securing compliance with health and safety legislation as a core requirement of their strategy led by the board.	Strategy document	Management of Health and Safety at Work Regulations 1999, Regulation 5
There is a health and safety policy which is discussed and ratified by the board.	Policy document	Management of Health and Safety at Work Regulations 1999, Regulation 5
The board sets priorities and develops performance standards to comply with legislation and improve standards.	Internal and external audit reports Annual reports Incident statistics and analysis	Management of Health and Safety at Work Regulations 1999, Regulation 5
The board can provide evidence that priorities and performance standards are based on risk assessment, audit findings and appropriate data.	Risk registers Internal and external audit reports Annual reports Incident statistics and analysis	Management of Health and Safety at Work Regulations 1999, Regulation 5



Plan — Further guidance

Regulations, Approved Code of Practice and Guidance

[Health and Safety at Work etc Act 1974](#)

[Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE. For more information, visit HSE's website on managing for health and safety – www.hse.gov.uk/managing/index.htm

- [Health and Safety Policy Statement](#)
- [Successful health and safety management](#) – HSG 65
- [Managing H&S Five Steps to success](#) – INDG275
- [Leading Health and Safety at Work: Leadership Actions for Directors and Board Members](#) – INDG417 – Institute of Directors and Health & Safety Commission



A. The management of health and safety

Do – the employer needs to organise for health and safety, profile risks and implement control measures. Organising for health and safety is the collective label given to activities in four areas that together promote positive health and safety outcomes. They are:

- **Control** within the organisation through leadership, management, supervision, performance standards, instruction, motivation, accountability, rewards, and sanctions.
- **Cooperation** between workers, their representatives and managers through active consultation and communication.
- **Communication** throughout the organisation via visible behaviour, written material, and face-to-face discussion.
- **Competence** of individuals through recruitment, selection, training, coaching, specialist advice and avoiding complacency.

Do – Control		
Standard	Employers ensure that responsibilities are clarified at all levels of the organisation and that the activities of everyone involved in managing health and safety services are clear and well-coordinated.	
Rationale	A comprehensive and robust system should be in place for the identification, evaluation, and control of all risks within the organisation.	
Legal Reference	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work Regulations 1999	
Criteria	Evidence	Legal References
Board-level responsibility for health and safety is defined and organisational accountabilities are clear.	Corporate health and safety strategy corporate health and safety policy Job descriptions Performance agreements board minutes Scheme of delegation	Management of Health and Safety at Work Regulations 1999, Regulation 5 Health and Safety at Work Etc Act 1974, Section 37



A. The management of health and safety

Do – Control		
Criteria	Evidence	Legal References
The board has appointed an executive director as the Board champion for health and safety. A non-executive director is appointed to scrutinise health and safety performance.	Corporate health and safety policy Job descriptions Performance agreements Board minutes	Management of Health and Safety at Work Regulations 1999, Regulation 5 Health and Safety at Work Etc Act 1974, Section 37
Health and safety are a standing item at board meetings.	Board minutes Health and safety committee minutes and updates	Management of Health and Safety at Work Regulations 1999, Regulation 5 Health and Safety at Work Etc Act 1974, Section 37
The board receives, discusses, and scrutinises regular reports and updates on the management of health and safety risks.	Board minutes Trust annual report Health and safety committee minutes and updates Published monthly incident data	Management of Health and Safety at Work Regulations 1999, Regulation 5 Health and Safety at Work Etc Act 1974, Section 37
The board ensures health and safety issues are integrated into the business planning processes and appropriately actioned.	Board minutes Trust annual report Health and safety committee minutes and updates Published monthly incident data	Management of Health and Safety at Work Regulations 1999, Regulation 5



Do – Control		
Criteria	Evidence	Legal References
The health and safety, and risk management policies clearly define roles and responsibilities at all levels throughout the organisation.	Board minutes Health and safety policy	Management of Health and Safety at Work Regulations 1999, Regulation 5 and 13
Roles and responsibilities for health and safety are set out in job descriptions.	Job descriptions Health and safety policies KSF outline Core Dimension 3	Management of Health and Safety at Work Regulations 1999, Regulation 5 and 13
Everyone must clearly understand their responsibilities and have the appropriate time and resources to discharge them effectively.	Induction & ongoing training needs analysis Job descriptions Organisation charts	Management of Health and Safety at Work Regulations 1999, Regulation 5
Everyone is held accountable for their health and safety performance.	Annual appraisal and performance objectives include specific health and safety objectives	Management of Health and Safety at Work Regulations 1999, Regulation 5
The organisation has procedures in place for dealing with failure to adhere to health and safety policies and procedures.	Reports	Management of Health and Safety at Work Regulations 1999, Regulation 5



Control — Further guidance

Regulations, Approved Code of Practice and Guidance

[Health and Safety at Work etc Act 1974](#)

[Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE, for more information visit HSE's website on managing for health and safety – www.hse.gov.uk/managing/index.htm

- [Workplace HSW Short Guide for Managers](#) – INDG244
- [Successful health and safety management](#) - HSG 65
- [Managing H&S Five Steps to success](#) – INDG275
- [Leading Health and Safety at Work: Leadership Actions for Directors and Board Members](#) – INDG417 – Institute of Directors and Health & Safety Commission.



A. The management of health and safety

Do – Cooperation and communication		
Standard	Employers establish effective means of communication and consultation with their employees in which a positive approach to health and safety is visible.	
Rationale	The organisation should be able to demonstrate how it communicates and consults on health and safety.	
Legal Reference	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work Regulations 1999 Safety Representative & Safety Committee Regulations 1996 Health and Safety (Consultation with Employees) Regulations 1996	
Criteria	Evidence	Legal References
The board and senior managers take the lead in ensuring the consultation and communication of health and safety duties and benefits throughout the organisation.	Involvement in trust induction Staff engagement / board visibility H&S included in board communications e.g. newsletters Involved in H&S inspections	Management of Health and Safety at Work Regulations 1999, Regulation 5
The organisation communicates and consults with employees on health and safety issues i.e., has an active health and safety committee in place with suitable management membership to implement actions.	Terms of reference and membership Meeting minutes	Safety Representatives & Safety Committee Regulations 1977, regulation 9 (2) (a)



Do – Cooperation & communication		
Criteria	Evidence	Legal References
Communication and consultation are effective in providing sufficient information to manage the risks in the workplace.	Evidence of communication process Copies of policies and procedures available to all, i.e., paper or intranet. Health and safety committees Role of safety representatives Newsletters Evidence of meetings – team meetings, toolbox talks, away days, etc Formal training Risk assessments and audit reports	Management of Health & Safety at Work Regulations 1999, regulation 5 Safety Representative & Safety Committee Regulations 1996, Regulation 4A Health & Safety (Consultation with Employees) Regulations 1996

Cooperation & Communication — Further guidance

Regulations, Approved Code of Practice and Guidance

[Health and Safety at Work etc Act 1974](#)

[Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE, for more information visit HSE's website on managing for health and safety

www.hse.gov.uk/managing/index.htm and Worker involvement www.hse.gov.uk/involvement/index.htm

- [Consulting employees on health and safety – A brief guide to the law](#) – INDG232
- [Involving your workforce in health and safety: good practice for all workplaces](#) – HSG263
- [Workplace HSW Short Guide for Managers](#) – INDG244
- [Successful health and safety management](#) – HSG 65
- [Managing H&S Five Steps to success](#) – INDG275
- [Leading Health and Safety at Work: Leadership Actions for Directors and Board Members](#) – INDG417 – Institute of Directors and Health & Safety Commission.

Other guidance and links

- [NHS Employers Staff Experience, culture and change](#)



A. The management of health and safety

Do – Cooperation and Communication – Safety Committee		
Standard	Employers have effective health and safety committees that instigate, develop, and carry out measures to ensure the health, safety, and welfare at work of staff.	
Rationale	In recognition of partnership working with recognised trade unions organisations are able to demonstrate they run effective health and safety committees as prescribed under the Safety Representative & Safety Committee Regulations 1977.	
Legal Reference	Safety Representatives & Safety Committee Regulations 1977.	
Criteria	Evidence	Legal References
A safety committee is set up by the organisation if requested by two safety representatives and established no later than three months after that request is made.	Evidence of communication process between recognised trade unions and the organisation.	Safety Representatives & Safety Committee Regulations 1977, Regulation 9 (1) and (2)(c)
Effective consultation regarding the establishment of a new safety committee is held with all recognised trade union safety representatives who represent members employed by the organisation.	Evidence of communication held between recognised trade unions and the organisation. Evidence of set objectives or terms of reference of the committee.	Safety Representatives & Safety Committee Regulations 1977, Regulation 9 (2) (a)
The health and safety committee promotes cooperation between employers and employees in instigating, developing, and carrying out measures to ensure health, safety, and welfare at work of the employees.	Meeting agenda and minutes	Safety Representatives & Safety Committee Regulations 1977, Guidance note 9.



Do – Cooperation and Communication – Safety Committee		
Criteria	Evidence	Legal References
The number of management reps should not exceed the number of employees' reps. Total size of the committee should be reasonably compact as possible and compatible to the principle of ensuring adequate representation of management and employees.	Terms of reference	Safety Representatives & Safety Committee Regulations 1977, Guidance notes 9
The organisation posts a notice stating the composition of the committee and the workplaces to be covered by it. This notice will be accessible to all employees.	Notice of the composition of the health and safety committee available to all employees.	Safety Representatives & Safety Committee Regulations 1977, regulation 9 (2)(b)
Management representatives have adequate authority & necessary knowledge and expertise to give accurate information to the committee on policy and service needs and to ensure that agreed actions are implemented. Specialists may be co-opted for particular meetings when there is discussion on subjects for which their expertise is required.	Terms of reference	Safety Representatives & Safety Committee Regulations 1977, guidance note 9



Do – Cooperation and Communication – Safety Committee		
Criteria	Evidence	Legal References
Occupational health, infection control, risk management, Local Security Management Specialist and if applicable the Health and Safety officer/adviser should be ex-officio members of the safety committee.	Terms of reference	Safety Representatives & Safety Committee Regulations 1977, guidance note 9
Union safety representatives attend safety committee meetings as part of their normal work.	Terms of reference	Safety Representatives & Safety Committee Regulations 1977, guidance note 47
The committee meets as required and as agreed within the committee. Sufficient time is provided to enable full discussion of business.	Meeting minutes	Safety Representatives & Safety Committee Regulations 1977, guidance note 9



Do – Cooperation and Communication – Safety Committee		
Criteria	Evidence	Legal References
<p>The committee's business includes:</p> <ul style="list-style-type: none">• progress against strategy and action plans, results of H&S monitoring and audits and a study of accidents and notifiable disease statistics and trends, so that reports may be made on unsafe and unhealthy conditions and practices and include recommendations for remedial action• review of reports/information provided by the HSE inspectors• effectiveness of health and safety training and communication on health and safety matters with employees/contractors.	<p>Evidence of minutes of safety committee meetings and reports dealing with relevant health and safety issues affecting staff.</p>	<p>Safety Representatives & Safety Committee Regulations 1977, guidance note 41</p>

Cooperation & Communication – Safety Committee – Further guidance

Regulations, Approved Code of Practice and Guidance

[Health and Safety at Work etc Act 1974](#)

[Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

[TUC Safety representatives and safety committees, 2015](#)

HSE guidance

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- [Involving your workforce in health and safety: good practice for all workplaces – HSG263](#)
- [Workplace HSW Short Guide for Managers – INDG244](#)
- [Successful health and safety management – HSG 65](#)
- [Leading Health and Safety at Work: Leadership Actions for Directors and Board Members – INDG417](#) – Institute of Directors and Health & Safety Commission.

Other guidance and links

- The Health, Safety and Wellbeing Partnership Group's [The importance of effective partnership working on health, safety and wellbeing](#) (pdf)
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A. The management of health and safety

Do – Cooperation and Communication – The Role and Rights of the Safety Rep		
Standard	Employers ensure accredited safety reps have access to training and paid time off to undertake regular workplace inspections and participate in health and safety committees.	
Rationale	In recognition of partnership working with recognised trade union organisations are able to demonstrate how it supports accredited Safety Representatives when undertaking their functions as prescribed under the Safety Representative & Safety Committee Regulations 1977.	
Legal Reference	Safety Representatives & Safety Committee Regulations 1977.	
Criteria	Evidence	Legal References
Paid time off is provided to safety reps to undertake inspections in their workplace.	Inspections are timetabled in advance within the safety rep's work area.	Safety Representatives & Safety Committee Regulations 1977, Regulation 5
Paid time is provided to safety reps when carrying out an inspection following a notifiable accident, occurrence, or disease.	Employer ensures relevant safety reps are notified when such situation occurs & facilitates safety rep's ability to undertake this function.	Safety Representatives & Safety Committee Regulations 1977, Regulation 6
Paid time off is provided to ensure safety rep undertakes training in their role.	Training records	Safety Representatives & Safety Committee Regulations 1977, Regulation 4(2)
Paid time off is provided to safety reps to attend safety committee meetings and/or participate in health and safety staff side meetings.	Organisation arranges regular safety committee meetings, which ensures good attendances of the safety reps accredited in that workplace.	Management of Health and Safety at Work Regulations 1999, Regulation 4
Safety reps are provided with information, which will enable them to fulfil their functions.	Employer provides accredited safety reps with relevant documentation.	Safety Representatives & Safety Committee Regulations 1977, Regulation 7



Do – Cooperation and Communication – The Role and Rights of the Safety Rep		
Criteria	Evidence	Legal References
Safety reps are consulted in good time of any measure, which may affect the health, and safety of the employees that they represent.	Meeting minutes	Safety Representatives & Safety Committee Regulations 1977, Regulation 4A
Safety reps are consulted at all stages of risk assessment planning and implementation process.	Policies and procedures Risk assessments	Management of Health and Safety at Work Regulations 1999, Regulation 3 and 7
Safety reps are invited to meet HSE Inspectors & any other enforcing authority dealing with health and safety matters when they visit the workplace.	Meeting minutes and reports	Management of Health and Safety at Work Regulations 1999, Regulation 4



Cooperation & Communication – Role of the Safety Rep – Further guidance

Regulations, Approved Code of Practice and Guidance.

[Health and Safety at Work etc Act 1974](#)

[Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE. For more information visit HSE's website on managing for health and safety www.hse.gov.uk/managing/index.htm and worker involvement www.hse.gov.uk/involvement

- [Safety Representatives: Inspection Forms](#)
- [Safety Representatives: Report Forms](#)
- [Consulting employees on health and safety – A brief guide to the law – INDG232](#)
- [Involving your workforce in health and safety: good practice for all workplaces – HSG263](#)
- [Workplace HSW Short Guide for Managers – INDG244](#)
- [Successful health and safety management – HSG 65](#)
- [Managing H&S Five Steps to success – INDG275](#)
- [Leading Health and Safety at Work: Leadership Actions for Directors and Board Members – INDG417](#) – Institute of Directors and Health & Safety Commission.

Other guidance and links

- The Health, Safety and Wellbeing Partnership Group's [The importance of effective partnership working on health, safety and wellbeing](#) (pdf)



A. The management of health and safety

Do – Competence		
Standard	Employers ensure they have systems and arrangements in place to secure the competence of all staff.	
Rationale	Duty holders need competent staff to identify and manage risks. Competence is required at all levels throughout the organisation, from board level downwards.	
Legal Reference	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work Regulations 1999	
Criteria	Evidence	Legal References
There are sufficient “competent persons” to provide health and safety assistance to the organisation.	Evidence of qualifications Evidence of CPD	Management of Health and Safety at Work Regulations 1999, Regulation 7
The organisation has arrangements to assess the level of competence required and ensure that it is in place.	Induction training Training needs analysis Training programme/schedule Personal development plans Records of attendance	Management of Health and Safety at Work Regulations 1999, Regulation 3, 5, 10 and 13
Board members and senior managers are sufficiently trained to ensure their competence with respect to their health and safety responsibilities.	IOSH Directing Safely Cert or equivalent standard of training provision.	Management of Health and Safety at Work Regulations 1999, Regulation 5 and 13
Employees receive appropriate information and training in health and safety.	Policies and procedures Training records	Management of Health and Safety at Work Regulations 1999, Regulation 5, 10 and 13
Health and safety competence or an ability to require it, is considered when appointing senior managers, managers, and supervisors.	Evidence of qualifications Evidence of CPD	Management of Health and Safety at Work Regulations 1999, Regulation 13



Competence – Further guidance

Regulations, Approved Code of Practice and Guidance.

[Health and Safety at Work etc Act 1974](#)

[Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE. For more information visit HSE's website on managing for health and safety
www.hse.gov.uk/managing/index.htm

- [Health and Safety Training what you need to know](#) – INDG345
- [Getting specialist help with health and safety](#) – INDG420
- [Workplace HSW Short Guide for Managers](#) – INDG244
- [Successful health and safety management](#) – HSG 65
- [Managing H&S Five Steps to success](#) – INDG275
- [Leading Health and Safety at Work: Leadership Actions for Directors and Board Members](#) – INDG417 – Institute of Directors and Health & Safety Commission.



A. The management of health and safety

Do – Risk profiling and assessment		
Standard	Employers set up an effective health and safety management system to implement their health and safety policy which is proportionate to the hazards and risks.	
Rationale	Risk management involves the organisation carrying out a suitable and sufficient assessment of the risks to which employees and others might be exposed. Employers must then put reasonably practicable measures in place to control significant risks.	
Legal Reference	Health and Safety at Work etc Act 1974. Management of Health and Safety at Work Regulations 1999, Regulation 3.	
Criteria	Evidence	Legal References
The organisation has a policy on risk assessment and there is a systematic approach to the completion of risk assessments.	Policy document Risk assessments	Management of Health and Safety at Work Regulations 1999 Regulation 3
Risk assessments are completed by competent persons who involve and consult with relevant people e.g., safety reps, staff involved in task etc.	Risk assessments Training records	Management of Health and Safety at Work Regulations 1999, Regulation 3
The risk assessments are suitable and sufficient to secure compliance with legislation. i.e., identify the hazards who, might be harmed and how, evaluate the risks and decide on reasonably practicable precautions.	Risk assessments Internal / external audit reports	Management of Health and Safety at Work Regulations 1999, Regulation 3



Do – Risk profiling and assessment		
Criteria	Evidence	Legal References
Risk hierarchies are used to eliminate or control the risk.	Risk assessments Procedures / systems of work Risk registers Training Internal / external audit reports	Management of Health and Safety at Work Regulations 1999, Regulation 4 Regulations requiring assessment e.g., COSHH, Manual Handling etc
Preventative and protective measures are implemented. This involves securing necessary action at an appropriate level.	Risk assessments Risk registers Action plans Board minutes	Management of Health and Safety at Work Regulations 1999, Regulation 3 & 4
Safe systems of work, protocols or procedures are developed where needed to control the risks.	Risk assessments Procedures / systems of work Risk registers Training Internal / external audit reports	Management of Health and Safety at Work Regulations 1999, Regulation 4 Health and Safety at Work Etc Act 1973, Section 2, and 3
Risk assessments are reviewed as necessary, e.g., if there are changes affecting the activity, or new standards.	Risk assessments Procedures / systems of work Risk registers Internal / external audit reports	Management of Health and Safety at Work Regulations 1999, Regulation 3
Risk assessments are recorded, and the outcomes shared with all appropriate staff.	Risk assessments	Management of Health and Safety at Work Regulations 1999, Regulation 3 Health and Safety (Consultation with Employees) Regulations 1996 Safety Representatives & Safety Committee Regulations 1977

Risk profiling and assessment – Further guidance

Regulations, Approved Code of Practice and Guidance.

[Health and Safety at Work etc Act 1974](#)

[Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE, for more information visit HSE's website on managing for health and safety www.hse.gov.uk/managing/index.htm and risk management www.hse.gov.uk/risk/index.htm

- [5 steps to risk assessment](#) – INDG163
- [Risk assessment and Policy Template](#)
- [Workplace HSW Short Guide for Managers](#) – INDG244
- [Successful health and safety management](#) – HSG 65
- [Managing H&S Five Steps to success](#) – INDG275



A. The management of health and safety

Check – Measuring performance, monitor before events and investigate post events		
Standard	Employer's measure what they are doing to implement their health and safety policy, to assess how effectively they are controlling risks, and how well they are developing a positive health and safety culture.	
Rationale	Checking that you are effectively managing risks in your organisation is vital, but often overlooked. It will help confirm that the organisation is doing enough to manage health and safety and may show you how to improve.	
Legal Reference	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work Regulations 1999 Safety Representatives and Safety Committees Regulations 1977	
Criteria	Evidence	Legal References
The board is committed to the monitoring process and regularly receives both specific and routine reports on health and safety performance.	Board minutes Reports	Management of Health and Safety at Work Regulations 1999, Regulation 5
Monitoring is in place to ensure that risk control measures are implemented. Methods include checks, inspection, and investigation.	Risk register Health and safety policy Inspection reports	Management of Health and Safety at Work Regulations 1999, Regulation 5
The organisation has documented arrangements for monitoring performance.	Health and safety policy Monitoring documentation	Management of Health and Safety at Work Regulations 1999, Regulation 5
The organisation investigates accidents to identify the immediate and underlying causes to ensure lessons are learnt and action taken.	Investigation reports	Management of Health and Safety at Work Regulations 1999, Regulation 5



Check – Measuring performance, monitor before events and investigate post events		
Criteria	Evidence	Legal References
The organisation collects and analyses key data to inform the board about performance.	Minimum data set Board reports / minutes	Management of Health and Safety at Work Regulations 1999, Regulation 5
The organisation consults and involves staff and safety representatives in setting and monitoring health and safety performance.	Risk assessments Ward meeting minutes Safety reps' documentation	Management of Health and Safety at Work Regulations 1999, Regulation 5 Safety Representatives & Safety Committee Regulations 1977
Results from monitoring performance help inform priorities for improving health and safety standards.	Board reports / minutes Monitoring reports Accident and investigation reports Risk registers	Management of Health and Safety at Work Regulations 1999, Regulation 5



Measuring performance and monitoring – Further guidance

Regulations, Approved Code of Practice and Guidance.

[Health and Safety at Work etc Act 1974](#)

[Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE. For more information visit HSE's website on managing for health and safety

www.hse.gov.uk/managing/index.htm

- [Measuring health and safety performance – A guide](#)
- [Workplace HSW Short Guide for Managers – INDG244](#)
- [Successful health and safety management – HSG 65](#)
- [Leading Health and Safety at Work: Leadership Actions for Directors and& Board Members – INDG417](#)



A. The management of health and safety

Act – Reviewing performance and act on lessons learnt		
Standard	Employers ensure that it has a documented process to audit and review the health and safety management system.	
Rationale	Carrying out reviews will confirm whether your health and safety arrangements still make sense. This process will validate systems in place to manage health and safety, enable you to stop doing things that are no longer necessary, promote successes and improve the system as part of the quality management cycle.	
Legal Reference	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work Regulations 1999 Safety Representatives and Safety Committees Regulations 1977	
Criteria	Evidence	Legal References
The organisation has an adequate review process in place.	Audit policies Audit documentation	Management of Health and Safety at Work Regulations 1999, Regulation 5
The board is committed to reviewing health and safety performance. The review should: <ul style="list-style-type: none">• examine whether the health and safety policy reflect the organisation's current priorities, plans and targets• examine whether risk management and other health and safety systems have been reported to the board	Board minutes Audit documentation	Management of Health and Safety at Work Regulations 1999, Regulation 5



Act – Reviewing performance and act on lessons learnt		
Criteria	Evidence	Legal References
<ul style="list-style-type: none">• report health and safety shortcomings, and the effect of all relevant board and management decisions• decide actions to address any weaknesses and a system to monitor their implementation• consider immediate reviews in the light of major shortcomings or events.		
Reviewers are competent to assess health and safety standards.	Job descriptions Appraisal Audit documentation	Management of Health and Safety at Work Regulations 1999, Regulation 5
The organisation uses the review process to establish priorities for improving health and safety performance.	Reports Accident and investigation reports Risk register	Management of Health and Safety at Work Regulations 1999, Regulation 5
The organisation has controls in place to ensure the quality of the reviewing process.	Quality control procedures	Management of Health and Safety at Work Regulations 1999, Regulation 5
The organisation includes health and safety performance in their annual report.	Published report	



Managing – Audit and Review – Further guidance

Regulations, Approved Code of Practice and Guidance.

[Health and Safety at Work etc Act 1974](#)

[Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE, for more information visit HSE's website on managing for health and safety

www.hse.gov.uk/managing/index.htm

- [Measuring health and safety performance – A guide](#)
- [Workplace HSW Short Guide for Managers – INDG244](#)
- [Successful health and safety management – HSG 65](#)
- [Managing H&S Five Steps to success – INDG275](#)
- [Leading Health and Safety at Work: Leadership Actions for Directors and Board Members – INDG417](#) – Institute of Directors and Health & Safety Commission.



B. Incident reporting

Standard	Employers, the self-employed and those in control of premises must report specified workplace incidents.	
Rationale	If you are an employer or in control of a premise, you must report any work-related deaths, injuries, cases of disease, or near misses involving your employees or members of the public and the self-employed.	
Legal Reference	Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	
Criteria	Evidence	Legal References
The organisation has an incident reporting procedure, which sets out the requirements of accident and incident reporting under RIDDOR.	Policy and procedures	Management of Health and Safety at Work Regulations 1999, Regulations 5
The procedure identifies the roles and responsibilities of individuals, for example: <ul style="list-style-type: none">• who identifies whether an incident is RIDDOR reportable• who is responsible for reporting reportable incidents to HSE.	Policy and procedures	Management of Health and Safety at Work Regulations 1999, Regulations 5 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, Regulations 3, 4, 5, and 6
The procedure identifies the differences of incident reporting for staff, patients, and members of the public.	Policy and procedures	Management of Health and Safety at Work Regulations 1999, Regulations 5 and 10 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, Regulations 3, 4, 5, & 6



Criteria	Evidence	Legal References
The organisation communicates procedures on RIDDOR clearly to staff.	Policy and procedures Flow diagrams	Management of Health and Safety at Work Regulations 1999, Regulation 5, and 10
Staff are encouraged to report near misses.	Policy and procedures Staff surveys	
Staff surveys include questions on under reporting of incidents.	Staff surveys Focus groups	
The organisation has systems in place to ensure appropriate records are kept.	Policy and procedures	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, Regulation 7
The organisation shares relevant RIDDOR information with safety representatives as required by the under the Safety Representatives and Safety Committees Regulations 1977.	Committee meetings and minutes	Safety Representatives and Safety Committees Regulations 1977



Incident Reporting – Further guidance

Regulations, Approved Code of Practice and Guidance

[Health and Safety at Work etc Act 1974](#)

[Management of Health and Safety at Work Regulations 1999, ACOP & Guidance.](#)

[Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE, for more information visit HSE's website on RIDDOR in health and social care –

www.hse.gov.uk/healthservices/riddor.htm

- [Measuring health and safety performance](#) – A guide



C. Provision of an occupational health service (OHS)

Standard	Employers ensure all employees have access to competent, comprehensive, and confidential occupational health services.	
Rationale	The provision of competent occupational health advice and services is necessary to ensure the health of employees. There is good evidence to show the economic benefits of a comprehensive OHS, which goes beyond legal requirements.	
Legal Reference	Management of Health and Safety at Work Regulations 1999 Safety Representatives and Safety Committees Regulations 1977 Control of Substances Hazardous to Health Regulations 2002 Control of Noise at Work Regulations 2005	
Criteria	Evidence	Legal References
The organisation provides access to a comprehensive OH service.	Occupational health policy Service level agreements	Control of Substances Hazardous to Health Regulations 2002, Regulation 11 Management of Health and Safety at Work Regulations 1999, Regulations 6 & 7
There are policies and procedures setting out the occupational health service, including the services provided. The documents set out the roles, responsibilities, and lines of communication and confidentiality of the OH service	Occupational health policy Service level agreements Policies and procedures	Control of Substances Hazardous to Health Regulations 2002, Regulation 11 Management of Health and Safety at Work Regulations 1999, Regulations 6 and 7 GDPR
Occupational Health is represented on the Health and Safety committee of the organisation	Notes of meetings Organisation charts	Management of Health and Safety at Work Regulations 1999 Safety Representatives and Safety Committees Regulations 1977

Criteria	Evidence	Legal References
<p>Staff can access the service in a timely manner as laid down by a service level agreement.</p> <p>They are provided with equal access as far as is practical with regard to location, shift patterns and the availability of trained staff.</p>	Service level agreement Occupational health policy	<p>Control of Substances Hazardous to Health Regulations 2002, Regulation 11</p> <p>Management of Health and Safety at Work Regulations 1999, Regulation 6 & 7</p>
OH, services are provided by competent staff with appropriate training and qualifications.	SEQOHS accreditation Professional membership Appropriate qualifications / CPD	Management of Health and Safety at Work Regulations 1999, Regulation 7
<p>The service is adequately staffed and resourced to carry out the functions it is contracted to provide based on an organisational needs analysis.</p> <p>The qualifications and responsibilities for the following staff should be specified:</p> <ul style="list-style-type: none"> • Medical • Nursing • Other professions • Contract staff. 	Occupational health operational policy Service level agreement Job descriptions Evidence of qualifications	Management of Health and Safety at Work Regulations 1999, Regulation 5
All occupational health services which are not led by a qualified consultant in occupational medicine should have in place arrangements to receive advice from one in the same ICS / regional collaborative.	Contract Service level agreement	Management of Health and Safety at Work Regulations 1999, Regulation 7



Criteria	Evidence	Legal References
The OH service works with line managers and HR/Personnel to provide advice and assistance in the rehabilitation and redeployment of staff where necessary.	Occupational health operational policy Minutes of case conferences	
Services provided to external organisations, does not adversely impact on the quality of service to staff within the organisation.	Occupational health operational policy Service level agreement	Management of Health and Safety at Work Regulations 1999, Regulation 5

Occupational Health Service – Further guidance

Regulations, Approved Code of Practice and Guidance.

Health and Safety at Work etc Act 1974

Management of Health and Safety at Work Regulations 1999, ACOP & Guidance.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, Guidance

HSE guidance

This is a short list of some of the guidance available from HSE. For more information visit HSE's website on – www.hse.gov.uk/healthservices

Other guidance and links

- Access to Medical Reports Act 1988 http://www.opsi.gov.uk/acts/acts1988/Ukpga_19880028_en_1.htm
- Data Protection Act 1998 http://www.opsi.gov.uk/acts/acts1998/ukpga_19980029_en_1
- Access to Health Records Act 1990 http://www.opsi.gov.uk/acts/acts1990/Ukpga_19900023_en_1.htm
- General Medical Council <http://www.gmc-uk.org/>
- Nursing and Midwifery Council <http://www.nmc-uk.org/>
- Faculty of Medicine: Occupational Health Service 'Standards for Accreditation' January 2010



D. Slips and trips

Standard	Employers have effective arrangements in place to manage slip and trips risks.	
Rationale	Slips and trips to employees in healthcare account for more major injuries than any other cause. They can also affect members of the public.	
Legal Reference	Health and Safety at Work Etc Act 1974 Management of Health and Safety at Work Regulations 1999 Workplace (Health, Safety and Welfare) Regulations 1992 Personal Protective Equipment at Work Regulations 1992	
Criteria	Evidence	Legal References
The organisation has a current slips and trips policy and associated procedures.	Policy Procedures	Management of Health and Safety at Work Regulations 1999, Regulation 5 Workplace (Health, Safety and Welfare) Regulations 1992, Regulation 9, and 12
Suitable and sufficient risk assessments have been carried out to assess the risks from slips, and trips and reasonably practicable control measures have been identified. The risks are reflected in the corporate and local risk register.	Risk assessments Risk register Local procedures and arrangements	Management of Health and Safety at Work Regulations 1999, Regulation 3,4 and 5 Workplace (Health, Safety and Welfare) Regulations 1992, Regulation 9, and 12
Risk assessments consider environmental conditions such as lighting, glare, and shadows.	Risk management policy Accident reports Near miss reports	Management of Health and Safety at Work Regulations 1999, Regulation 3 Workplace (Health, Safety and Welfare) Regulations 1992, Regulation 12



Criteria	Evidence	Legal References
Risk assessments consider preventing contamination to floors by designing out problems and reviewing work activities.	Accident reports Near miss reports Maintenance reports Risk management policy	Management of Health and Safety at Work Regulations 1999, Regulation 3 Workplace (Health, Safety and Welfare) Regulations 1992, Regulation 9, and 12
Where contamination cannot be eliminated and may lead to risk, adequate procedures are in place to remove it as soon as possible.	Risk assessments Local procedures and arrangements	Management of Health and Safety at Work Regulations 1999, Regulation 3 Workplace (Health, Safety and Welfare) Regulations 1992, Regulation 9, and 12
Cleaning of floors is done in a safe manner to reduce the risk of staff, patient / visitor slips and trips. Cleaning procedures are in place which consider: <ul style="list-style-type: none">• cleaning methods• measures to restrict access to the floors when wet (based on risk)• provision of appropriate footwear for cleaning staff• appropriate times for cleaning in different areas• monitoring arrangements.	Cleaning procedures arrangements	Workplace (Health, Safety and Welfare) Regulations 1992, Regulation 9, and 12



Criteria	Evidence	Legal References
Slip resistance has been taken into account when assessing risks and / or selecting new floors.	Housekeeping policy Risk register Risk management policy Accident reports Near miss reports	Management of Health and Safety at Work Regulations 1999, Regulation 3 and 4 Workplace (Health, Safety and Welfare) Regulations 1992, Regulation 12
Slip-resistant floors are maintained, and appropriate cleaning methods are used.	Policy and procedures	Management of Health and Safety at Work Regulations 1999, Regulation 3 Workplace (Health, Safety and Welfare) Regulations 1992, Regulation 9, and 12
If assessment identifies the need for appropriate footwear, slip resistance has been taken into account in its selection.	Purchasing policy Staff training	Management of Health and Safety at Work Regulations 1999, Regulation 3 and 4 Personal Protective Equipment at Work Regulations 1992. Regulation 6.
The organisation has good housekeeping arrangements in place to manage the risks from trip hazards, for example, maintaining floors, removing obstructions in public walkways.	Housekeeping policy Risk register Risk management policy	Management of Health and Safety at Work] Regulations 1999, Regulation 3,4 and 5 Workplace (Health, Safety and Welfare) Regulations 1992, Regulation 12
Arrangements are in place to assess the competence of staff and provide any necessary information or training.	Written instructions	Management of Health and Safety at Work Regulations 1999, Regulation 13



Criteria	Evidence	Legal References
The organisation consults and involves staff and safety representatives at all stages of risk assessment, planning and implementation.	Documentation of consultation with safety reps	Safety Representatives and Safety Committees Regulations 1977
There is regular monitoring of compliance with the slips and trips policy and procedures.	Reports to appropriate committees' Accident/incident/sickness absence data	Management of Health and Safety at Work Regulations 1999, Regulation 5

Slips and trips – Further guidance

Regulations, Approved Code of Practice and Guidance.

[Health and Safety at Work etc Act 1974](#)

[Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

[Workplace \(Health, Safety and Welfare\) Regulations 1992, ACOP](#)

HSE guidance

This is a short list of some of the guidance available from HSE, for more information visit HSE's website on slips, trips and falls in health and social care – www.hse.gov.uk/healthservices/slips/index.htm

- [Slips and trips: the importance of floor cleaning](#) – Slips and Trips Information Sheet No 2
- [HSE slips and Trips eLearning package](#) – STEP is an eLearning package developed by the HSE, providing slips and trips guidance through interactive learning.
- [HSE Slips assessment tool](#) – The Slips assessment tool (SAT) is a freely downloadable computer package that allows an operator to assess the slip potential of pedestrian walkway surfaces.
- HSL / HSE Research report – hygienic cleaning of floors
- [Lighting at work](#) – HSG38 – guidance explains how lighting contributes to the health and safety of people at work
- [Workplace health, safety, and welfare: a short guide for managers](#) – INDG224(rev2)
- [Slips and trips workshops for NHS Staff](#) – A survey and case study evaluation
- [Cleaning activities and slip and trip accidents in NHS Acute Trusts - a scoping study - HSL/2006/80](#)

Other guidance and links

- [Department of Health: Health Building Note 00-10 Part A: Flooring](#)



E. Musculoskeletal disorders/manual handling

Standard	Employers have effective arrangements in place to manage manual handling risks.	
Rationale	Manual handling is a key part of the working day for most employees; from moving of equipment, laundry, catering, supplies or waste to assisting patients in moving. Manual handling injuries account for a significant proportion of injuries in healthcare.	
Legal Reference	Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999 Manual Handling Operation Regulations 1992 Provision and Use of Work Equipment Regulations 1998 Lifting Operations and Lifting Equipment Regulations 1998	
Criteria	Evidence	Legal References
The organisation has a current manual handling policy and associated procedures.	Manual handling policy Procedures	Manual Handling Operation Regulations 1992, Regulation 4 Management of Health and Safety at Work Regulations 1999, Regulation 5
Suitable and sufficient generic risk assessments are undertaken which include the type and frequency of high-risk manual handling tasks, overall equipment needs, staffing, and the environment. These risks are reflected in the corporate and local risk register.	Generic manual handling assessments Inanimate load assessments Risk registers	Manual Handling Operations Regulations 1992, Regulation 4 Management of Health and Safety at Work Regulations 1999, Regulation 3 and 4.



Where appropriate, suitable, and sufficient individual patient risk assessments are undertaken which assess individual needs and identify appropriate handling techniques, equipment, and accessories.	Individual handling assessments / plans which clearly identify handling procedures to be followed, number of staff required, type and size of equipment to be used.	Management of Health and Safety at Work Regulations 1999, Regulation 3 Manual Handling Operations Regulations 1992, Regulation 4
Where handling equipment has been identified as a reasonably practicable control measure, it has been provided, for example, Electric Profiling Beds (EPB), and bariatric equipment.	Equipment assessments Equipment contracts	Management of Health and Safety at Work Regulations 1999, Regulation 3 Manual Handling Operations Regulations 1992, Regulation 4
Where patients need to be handled, appropriate equipment is provided and maintained / examined. Assessment should consider: <ul style="list-style-type: none"> adequate supply & accessible storage of manual handling equipment for the range of patients (including bariatric) likely to be cared for provision of adequate space & access to treat patients safely. staffing requirements for safe care of patients; and safe transport of patients. 	Risk register Policy and procedures Risk assessments	Management of Health and Safety at Work Regulations 1999, Regulation 3 Manual Handling Operations Regulations 1992, Regulation 4 Provision and Use of Work Equipment Regulations 1998, Regulations 4, 5 and 6 Lifting Operations and Lifting Equipment Regulations 1998, Regulation 5, 6, 7, 8 and 9
Arrangements are in place to assess the competence of staff and deliver any necessary training.	Training needs analysis Training Schedule Passport template Competency assessments and programme	Management of Health and Safety at Work Regulations 1999, Regulation 13 Manual Handling Operation Regulations 1992, Regulation 4 Provision and Use of Work Equipment Regulations 1998, Regulation 8, and 9



Criteria	Evidence	Legal References
A record is kept of manual handling training provided to staff.	Training register and records	Manual Handling Operation Regulations 1992, Regulation 4 Management of Health and Safety at Work Regulations 1999
Staff have access to competent handling advice.	Qualified back care advisor and trainers	Management of Health and Safety at Work Regulations 1999, Regulation 7
The organisation consults and involves staff and safety representatives at all stages of risk assessment, planning and implementation.	Documentation of consultation with safety reps	Management Health and Safety at Work Regulations 1999 Safety Representatives and Safety Committees Regulations 1977
There is regular monitoring of compliance with the manual handling policy, procedures, and individual handling plans.	Equipment investment/replacement programme Achievement against training schedule Incident data / sickness absence	Management of Health and Safety at Work Regulations 1999, Regulation 5



Manual Handling – Further guidance

Regulations, Approved Code of Practice and Guidance.

Health and Safety at Work etc Act 1974

Management of Health and Safety at Work Regulations 1999, ACOP & Guidance

Manual Handling Operation Regulations 1992, Guidance on Regulations

Provision and Use of Work Equipment Regulations 1998 ACOP & Guidance

Lifting Operations and Lifting Equipment Regulations 1998 ACOP & Guidance

HSE guidance

This is a short list of some of the guidance available from HSE. For more information visit HSE's website on manual handling in health and social care–
www.hse.gov.uk/healthservices/moving-handling.htm

- [Getting to grips with handling problems](#)
- [HSE Moving and Handling in health and social care](#)
- [Manual Handling Assessment Chart Tool \(MAC\)](#)
- [Getting to grips with hoisting people \(HSIS3\)](#)
- [HSE research report RR573 “Risk Assessment and Process Planning for Bariatric Patient Handling Pathways”](#).

Other guidance

- [The Guide to the Handling of People 6th edition](#)
- [Guidance on Manual Handling in Physiotherapy](#)
- [Wales Manual Handling Training Passport and Information Scheme](#)
- [The Scottish Manual Handling Passport Scheme](#)



F. Electric profiling beds

Standard	Where patients need moving and handling assistance for repositioning in bed, or a significant amount of care is delivered to them in bed, electric profiling beds (EPBs) should be considered together with appropriate handling equipment, as part of the risk assessment and moving and handling care plan.	
Rationale	Ergonomic comparison between moving patients on standard beds and EPBs confirm the significant reduction in risk of injury to staff. EPBs are an appropriate measure where the patients are dependent, and handling takes place frequently. Examples of areas where EPBs are usually required include orthopaedic, care of the elderly, stroke rehabilitation and critical care wards, as well as for individual patients in other area.	
Legal Reference	Health & Safety at Work Act 1974 Management of Health & Safety at Work Regulations 1999 Manual Handling Operations Regulations 1992 Provision and Use of Work Equipment Regulations 1998	
Criteria	Evidence	Legal References
Generic assessment of wards/units is undertaken by a 'competent person' to consider whether EPBs are required.	Written report of the assessment undertaken by competent person. Provision of policy setting out the protocol for use of EPBs.	Management of Health & Safety at Work Regulations 1999. Regulation 3 Manual Handling Operations Regulations 1992, Regulation 4 Provision and use of work equipment Regulations 1998, Regulations 4, 5, 6
In wards/units where other beds (non EPB) are provided, the individual patient moving and handling assessment considers whether an EPB is needed for individual patients to reduce moving and handling risks.	Patient moving and handling assessments and care plans.	Management of Health & Safety at Work Regulations 1999. Regulation 3 Manual Handling Operations Regulations 1992, Regulation 4 Provision and use of work equipment Regulations 1998, Regulations 4, 5, 6



Criteria	Evidence	Legal References
The knowledge and training needs of staff using EPBs is assessed, and appropriate instruction and training delivered by a competent person.	Written record of individual staff's induction & training for EPBs. Annual training to update employee is recorded on individual staff's training records.	Management of Health and Safety at Work Regulations 1999 Regulation 13 Manual Handling Operations Regulations 1992, Regulation 4 Provision and Use of Work Equipment Regulations 1998, Regulation 8, and 9
Risks associated with using EPBs are assessed, and measures put in place to reduce the risks. These risks may include: <ul style="list-style-type: none">• moving of EPBs• electrical safety• trip hazards (cables)• bed rails• entrapment (vulnerable patients/ visitors).	Written risk assessments	Management of Health & Safety at Work Regulations, Regulation 3 Manual Handling Operations Regulations 1992, Regulation 4



Electric Profiling Beds – Further guidance

Regulations, Approved Code of Practice and Guidance.

[Manual Handling Operations Regulations 1992](#) (as amended)

HSE guidance

- [Electric profiling beds in health care](#)
- [Electric profiling beds in hospitals: case studies](#)
- [RR764 Electric profiling beds in residential and nursing homes](#)
- [HSE & Bro Morgannwg NHS Trust: An evaluation of electric profiling beds in the acute hospital setting: benefits to patient care and manual handling.](#)



G. Violence and aggression/challenging behaviour

Standard	Employers have effective arrangements are in place to manage violence and aggression risks. (
Rationale	Healthcare workers have a right to expect a safe and secure working environment. Reports indicate that they can be up to four times more likely to experience work related violence and aggression than other workers. Workers should not accept incidents of aggression or violent behaviour as a normal part of the job. Employers and workers should work together to establish systems to prevent or reduce aggressive behaviour.	
Legal Reference	Health and Safety At work Etc Act 1974. Management of Health and Safety at Work Regulations 1999 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).	
Criteria	Evidence	Legal References
The organisation has current policies and procedures to manage the risks from challenging behaviour.	Policies and procedures, including, lone working, dealing with violent person, security procedures, supporting arrangements and liaison arrangements with others, particularly the police.	Management of Health and Safety at Work Regulations 1999, Regulation 5
Suitable and sufficient risk assessments have been carried out considering, staff groups and activities, patients and visitors and the environment they operate in. These risks are reflected in the corporate and local risk register.	Risk assessments Risk register Care plans Local procedures	Management of Health and Safety at Work Regulations 1999, Regulation 3



Criteria	Evidence	Legal References
<p>Risk assessments identify appropriate control measures, which are implemented. Measures may include:</p> <ul style="list-style-type: none">• avoiding the risk, i.e., changing the way people work• physical controls, building design and layout, CCTV, and alarm / communication systems• training• response strategies and security• local arrangements and procedures, particularly for lone workers.	<p>Risk assessments Local monitoring and inspections Audit reports</p>	<p>Management of Health and Safety at Work Regulations 1999, Regulation 3, 4, 5, 10 and 13</p>
<p>Equipment used as a control measure, for example alarm systems and lone working devices, is regularly tested and maintained.</p>	<p>Maintenance records Local recording systems</p>	<p>Management of Health and Safety at Work Regulations 1999, Regulation 3 Provision and Use of Work Equipment Regulations 1998, Regulation 5</p>



Criteria	Evidence	Legal References
<p>Where individual persons pose a risk of challenging behaviour, individual assessment is completed and regularly reviewed as part of the care planning process. The assessment should consider:</p> <ul style="list-style-type: none">• the mental, emotional, and physical condition of the person• the effect of medical conditions or ingestion of drugs, alcohol, or medicines• their stress levels• whether they have a history of challenging, violent or aggressive behaviour• whether they consider others a threat.	<p>Risk assessments Risk register Care plans Local procedures</p>	<p>Management of Health and Safety at Work Regulations 1999, Regulation 3</p>
<p>Where needed, safe systems of work, protocols or procedures are developed to control the risks, for example local lone working arrangement for community workers, or arrangements for responding to incidents in patient areas.</p>	<p>Risk assessments Procedures / systems of work Risk registers Training Internal / external audit Reports</p>	<p>Management of Health and Safety at Work Regulations 1999, Regulation 3, 4, and 5</p>



Criteria	Evidence	Legal References
<p>A training needs analysis is completed, and a schedule is in place to deliver the training identified.</p> <p>The level of training provided reflects the specific needs of the work activities.</p> <p>All staff for example, cleaners, maintenance, and temporary or agency workers must be considered.</p>	<p>Risk assessments Training needs analysis</p> <p>Training plans and syllabus</p>	<p>Management of Health and Safety at Work Regulations 1999, Regulation 10, and 13</p>
<p>Training is provided to staff, including refresher training, when appropriate.</p>	<p>Induction training</p> <p>Local and central training records</p>	<p>Management of Health and Safety at Work Regulations 1999, Regulation 10 and 13</p>
<p>Training records are kept.</p>	<p>Local and central training records</p>	<p>Management of Health and Safety at Work Regulations 1999, Regulation 10 and 13</p>
<p>The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.</p>	<p>Risk assessments</p> <p>Ward meeting minutes Safety reps' documentation</p>	<p>Safety Representatives & Safety Committee Regulations 1977</p>
<p>There is regular monitoring of compliance with the challenging behaviour policies and procedures.</p>	<p>Inspection reports Staff meetings</p>	<p>Management of Health and Safety at Work Regulations 1999, Regulation 5</p>



Violence and aggression – Further guidance

Regulations, Approved Code of Practice and Guidance.

[Health and Safety at Work etc Act 1974](#)

[Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

[NHS England Violence prevention and reduction standard](#)

HSE guidance


This is a short list of some of the guidance available from HSE

- [Violence at work: A guide for employers](#) – HSE leaflet INDG69 (rev)
- [Working alone in safety; controlling the risks of solitary working](#) – HSE leaflet INDG73 (rev2)
- [Violence and aggression to staff in health services - Guidance on assessment and management](#) (Health Services Advisory Committee)

HSE case studies

These case studies were developed by the Health and Safety Laboratory (HSL). They show real examples of how employers have tackled the problem of violence to lone workers

- [Health Centre](#)
- [Drop-in Centre](#)
- [Community midwives](#)
- [Community mental health staff](#)
- [Social workers / personal care assistants](#)



Violence and aggression – Further guidance

Other guidance

- [Improving safety for lone workers – A guide for managers](#) – HSWPG Guidance
- [Improving safety for lone workers – A guide for lone workers](#) – HSWPG Guidance
- [Preventing Workplace Harassment and Violence](#) – joint guidance implementing a European social partners’ agreement.
- [Violence – The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments](#) – Clinical Practice guidelines commissioned by National Institute for Health and Clinical Excellence (NICE)
- [NHS Violence and protection reduction Standard \(England\)](#)
- NHS Wales Obligatory Responses



H. Lone working

*Please note that this standard should be read in conjunction with the violence standard and associated references and material published by the NHS Protect.

Standard	Arrangements are in place to effectively manage the risks to lone workers. *	
Rationale	Lone workers are those who work by themselves without close or direct supervision. Lone workers face particular problems but should not be put at more risk than other employees. A number of activities carried out in the health sector such as manual handling, working at heights, driving, or working in confined spaces present risks to lone workers.	
Legal Reference	Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999	
Criteria	Evidence	Legal References
The organisation has suitable lone working policies and procedures in place.	Lone worker policy	Management of Health and Safety at Work Regulations 1999, Regulation 3, and 5
Suitable and sufficient risk assessments have been carried out considering all lone working staff, including those that work in premises not owned by the trust (e.g., other NHS employers/ local authorities/private companies).	Risk assessment Lone worker policy	Management of Health and Safety at Work Regulations 1999, Regulation 3, and 5
Risk assessments identify appropriate control measures, which are implemented. Measures may include: <ul style="list-style-type: none"> • avoiding the risk, i.e., changing the way people work • physical controls, building design and layout, CCTV, and alarm / communication systems • training • response strategies and security • local arrangements, safe systems of work and procedures. 	Risk assessments Local monitoring and inspections Procedures / systems of work Audit reports	Management of Health and Safety at Work Regulations 1999, Regulation 3, 4,5,10 and 13



Criteria	Evidence	Legal References
Training is provided to staff, including refresher training, when appropriate.	Induction training Local and central training records	Management of Health and Safety at Work Regulations 1999, Regulation 10 and 13
Training records are kept.	Local and central training records	Management of Health and Safety at Work Regulations 1999, Regulation 10 and 13
The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Risk assessments Ward meeting minutes Safety reps' documentation	Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with the lone working policies and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5

Lone Working – Further guidance
<p>HSE guidance</p> <ul style="list-style-type: none">• INDG73 Working alone in safety; controlling the risks of solitary working <p>Other guidance</p> <ul style="list-style-type: none">• TUC Lone Working Resources• HSWPG Improving safety for lone workers: A guide for managers• HSWPG Improving the personal safety for lone workers: A guide for staff who work alone



I. Work-related stress

Standard	Employers have effective arrangements in place to manage risks related to work-related stress.	
Rationale	The potential for stress is at all levels of the NHS. Demands of both work and home-life may result in employees being unable to work effectively and place their health at risk. Organisations should concentrate on identifying and tackling the causes of stress (preventative measures), as well as providing secondary and tertiary interventions.	
Legal Reference	Management of Health and Safety at Work Regulations 1999 Health and Safety at Work etc Act 1974	
Criteria	Evidence	Legal References
The organisation has suitable work-related stress policies and procedures in place.	Stress policy Evidence of consultation such as health and safety committee minutes or other partnership forums.	Management of Health and Safety at Work Regulations 1999, Regulation 3, and 5
Roles and responsibilities of managers, staff, and support services such as occupational health service/ suitable counsellors, are clearly defined.	Job description Organisation charts Stress policy	Management of Health and Safety at Work Regulations 1999, Regulation 3, and 5
Suitable and sufficient risk assessments have been completed using the HSE Stress Management Standards approach, or the organisation can demonstrate equally effective measures have been taken.	Risk register Risk assessments Policies and procedures	Management of Health and Safety at Work Regulations 1999, Regulation 3
The risk assessment process helps the organisation identify the underlying causes of work-related stress (the stressors).	Risk assessments Policies and procedures	Management of Health and Safety at Work Regulations 1999, Regulation 3, and 4



Criteria	Evidence	Legal References
The organisation works with staff to develop and implement solutions to manage the stressors in the workplace to reduce, as far as is possible, their effect on staff.	Risk assessments Policies and procedures	Management of Health and Safety at Work Regulations 1999, Regulation 3, and 4
The organisation records the findings of the risk assessment. Action plans should: <ul style="list-style-type: none">• prioritise actions to reduce stress• address employee concerns• allow for evaluation and review.	Risk assessments Policies and procedures Action plan	Management of Health and Safety at Work Regulations 1999, Regulation 3, and 4
Managers and staff are competent to manage the risks from work related stress.	Training plan Appraisal objectives	Management of Health and Safety at Work Regulations 1999, Regulation 13
Staff have access to and are aware of support services such as occupational health service/ counsellors. Any counselling service contracted by the organisation needs to have suitable confidentiality and clinical governance procedures in place.	Occupational health policy Service level agreement	Management of Health and Safety at Work Regulations 1999, Regulation 3,4 and 5
The organisation consults and involves staff and safety representatives at all stages of risk assessment, planning and implementation.	Risk assessments Ward meeting minutes Safety reps' documentation	Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with work related stress policies and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5

Work-related stress – Further guidance

Regulations, Approved Code of Practice and Guidance

- [Health and Safety at Work etc Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE, for more information visit HSE's website on – www.hse.gov.uk/stress/index.htm

- [HSE Stress Management Standards](#) – The Management Standards define characteristics, or culture, of an organisation where the risks from work related stress are being effectively managed and controlled.
- [Managing the causes of work-related stress – A step by step approach using the Management Standards – HSG218](#)
- [How to tackle work-related stress: A guide for employers on making the management standards work – INDG430](#)
- [Working together to reduce stress at work: A guide for employers – INDG424](#)

Other guidance and links

- [TUC resources on workplace stress](#)
- [SPF Compassionate and respectful workplace cultures](#)
- [MIND mental health at work campaign](#)
- [NHS Employers Mental health in the workplace](#)
- [TUC Bullying resources](#)
- [The Health, Safety and Wellbeing Partnership Group Tackling Bullying and Harassment](#)
- [ACAS employment advice bureau](#)



J. Bullying and harassment

Standard	Employers have effective arrangements to manage the risks to staff from being bullied or harassed by patients, other staff, or their managers.	
Rationale	Research indicates that bullying and harassment can have the same negative impact on observers as it does on the people being bullied, to the extent that employees may choose to leave the employer. The costs of bullying and harassment include increased sickness absence, low productivity, high staff turnover, potential litigation costs and damage to the reputation of the organisation.	
Legal Reference	Protection from Harassment Act 1997 The Equality Act 2010	
Criteria	Evidence	Legal References
The organisation has policies and procedures in place for managing incidents of bullying and harassment.	Policy Board papers	The Equality Act 2010
Bullying and harassment are clearly defined, and the definition has been communicated to and understood by all staff.	Policy Definition	The Equality Act 2010
Formal and informal confidential complaints procedures are in place and staff are aware of and understand them.	Policy Evidence of meetings Communications plan	The Equality Act 2010
Managers are competent in managing bullying and harassment complaints.	Training plans Evidence of who has received training	The Equality Act 2010
Support and guidance are made available to those complaining of bullying or harassment including access to mediation, conciliation, and counselling services.	Evidence of referral to counselling or other support	The Equality Act 2010



Criteria	Evidence	Legal References
Patients and their family and friends are made fully aware of the standards of conduct expected of them and of the sanctions that may follow unacceptable behaviour.	Trust policy Posters/leaflets for patients	The Equality Act 2010
Data on complaints is collated centrally to allow for the identification of any patterns of bullying or “hot spots”.	Data Details of interventions	The Equality Act 2010
The board receive regular updates on bullying and harassment and any trends that have been noted.	Board papers	The Equality Act 2010



Bullying and harassment – Further guidance

Regulations, Approved Code of Practice and Guidance

- [Health and Safety at Work etc Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE, for more information visit HSE's website on – www.hse.gov.uk/stress/index.htm

- [HSE Stress Management Standards](#) – The Management Standards define characteristics, or culture, of an organisation where the risks from work related stress are being effectively managed and controlled.
- [How to tackle work-related stress: A guide for employers on making the management standards work](#) – INDG430
- [Working together to reduce stress at work: A guide for employers](#) – INDG424

Other guidance and links

- [TUC resources on workplace stress](#)
- [SPF Compassionate and respectful workplace cultures](#)
- [MIND mental health at work campaign](#)
- [NHS Employers Mental Health and Stress](#)
- [TUC Bullying resources](#)
- [The Health, Safety and Wellbeing Partnership Group Tackling Bullying in the NHS](#)
- [ACAS Discrimination, bullying and harassment](#)



K. Hazardous substances

Standard	Employers have effective arrangements in place to manage the risks from substances hazardous to health.	
Rationale	<p>Hazardous substances include both chemical and biological agents. These can cause significant ill health to employees, patients, and others. Examples include:</p> <ul style="list-style-type: none">• Exposure to blood borne viruses, such as HIV, Hep B and C, from handling bloods• Exposure to wet work, causing skin diseases such as dermatitis• Handling of chemicals such as formaldehyde and cytotoxic drugs• Handling of cleaning and maintenance products.• Exposure to infectious diseases such as SARs	
Legal Reference	<p>Health and Safety at Work Etc Act 1974 Control of Substances Hazardous to Health Regulations 2002 Management of Health and Safety at Work Regulations 1999 Personal Protective Equipment at Work Regulations 1992 RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013</p>	
Criteria	Evidence	Legal References
The organisation has current policies and procedures for the control of chemical and biological hazards.	Policies and procedures	Management of Health and Safety at work Regulation 1999, Regulation 10
Where employees are likely to be exposed to substances hazardous to health, suitable and sufficient risk assessments have been completed.	Risk register Risk management policy COSHH assessments	Control of Substances Hazardous to Health Regulations 2002, Regulation 6 Management of Health and Safety at work Regulation 1999, Regulation 3
The organisation has taken steps to prevent or adequately control exposure to substances hazardous to health using risk hierarchies.	COSHH assessments Policies and procedures	Control of Substances Hazardous to Health Regulations 2002, Regulation 7



Criteria	Evidence	Legal References
<p>The organisation has safe systems of work and procedures to ensure that control measures are properly used or applied.</p> <p>The procedures should include:</p> <ul style="list-style-type: none">• visual checks and observations at appropriate intervals• ensuring that where more than one item of PPE is being worn, the different items are compatible with each other• supervising employees to ensure that the defined methods of work are being followed• prompt remedial action where necessary.	<p>COSHH assessments</p> <p>Inspection reports</p> <p>Maintenance records</p>	<p>Control of Substances Hazardous to Health Regulations 2002, Regulation 8</p> <p>Personal Protective Equipment at Work Regulations 1992, Regulation 4, 5 and 10</p>



<p>The organisation has an effective Respiratory Protection Equipment (RPE) Programme which ensures safe RPE is provided and used properly when required. It should include the following:</p> <ul style="list-style-type: none">• Clear oversight of and definition of duties within the programme• Suitable and sufficient risk assessment process that justifies use of RPE• Correct RPE selection and use• Effective cleaning, maintenance, and storage of RPE• Monitoring and review of programme to ensure it remains effective.	<p>COSHH assessments</p> <p>RPE assessments</p>	<p>Control of Substances Hazardous to Health Regulations 2002, Regulations 6, 7, 8 and 9</p>
<p>The organisation has an effective fit testing programme to ensure tight fitting respirators selected are suitable for the wearer.</p> <p>This should include:</p> <ul style="list-style-type: none">• Clear responsibility within organisation for fit testing programme oversight, monitoring and review• Sufficient resources provided to carry out fit testing (e.g., accommodation, equipment, materials, personnel)• Competency of those providing fit testing• Fit testing Record keeping compliant with requirements of INDG479• Effective RPE storage arrangements	<p>COSHH assessments</p> <p>RPE assessments</p> <p>Fit testing records</p> <p>Fit2Fit accreditation of fit testers (NB Fit2Fit accreditation is not mandatory but is recognized by HSE as way to demonstrate competency)</p>	<p>Control of Substances Hazardous to Health Regulations 2002, Regulation 7</p>



<p>Where appropriate, the organisation has systems in place to ensure control measures are maintained, tested, and examined.</p> <p>Control measures should be observed regularly to check that they are being followed. They should be reviewed periodically to ensure that they remain appropriate.</p>	<p>COSHH assessments Inspection reports Maintenance records</p>	<p>Control of Substances Hazardous to Health Regulations 2002, Regulation 9 Personal Protective Equipment at Work Regulations 1992, Regulation 7</p>
<p>Where required, the organisation has arrangements in place to monitor exposure to hazardous substances.</p>	<p>COSHH assessments Exposure monitoring records</p>	<p>Control of Substances Hazardous to Health Regulations 2002, Regulation 10</p>
<p>Where required, the organisation undertakes suitable health surveillance.</p>	<p>COSHH assessments Occupational health policy and procedures Health Surveillance Policy (separate from a generic OH policy and may be jointly owned by Health and Safety and OH)</p>	<p>Control of Substances Hazardous to Health Regulations 2002, Regulation 11</p>
<p>Information, instruction, and training is provided for employees and others (including contractors) on the hazards and preventative measures.</p>	<p>Induction training Training records</p>	<p>Control of Substances Hazardous to Health Regulations 2002, Regulation 12</p> <p>Personal Protective Equipment at Work Regulations 1992, Regulation 9</p> <p>Management of Health and Safety at Work Regulations 1999, Regulation 10, and 13</p>
<p>The organisation has plans and procedures to deal with accidents, incidents and emergencies involving hazardous substances.</p>	<p>Emergency plan Spillage policy</p>	<p>Control of Substances Hazardous to Health Regulations 2002, Regulation 13</p>



Criteria	Evidence	Legal References
The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Ward meeting minutes Safety Reps documentation	Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with the hazardous substances policies and procedures. There is awareness about the procedure for RIDDOR reporting	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5 RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Hazardous substances – Further guidance

Regulations, Approved Code of Practice and Guidance

- [The Control of Substances Hazardous to Health Regulations 2002 \(as amended\)](#)
- [Health and Safety at Work Etc Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)
- [Personal Protective Equipment at Work Regulations 1992](#)
- RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

HSE guidance

This is a short list of some of the guidance available from HSE, for more information visit HSE's website on COSHH – <https://www.hse.gov.uk/coshh/>



General guidance

- [A step-by-step guide to COSHH assessment – HSG97](#)
- [Working with substances hazardous to health – What you need to know about COSHH – INDG136](#)
- [Workplace Exposure Limits: Containing the list of workplace exposure limits for use with the Control of Substances Hazardous to Health Regulations 2005 \(as amended\) – EH40](#)



Hazardous substances – Further guidance

Skin at work

This is a short list of some of the guidance available from HSE, for more information visit HSE's website on skin at work

<https://www.hse.gov.uk/healthservices/dermatitis.htm>

- [Selecting latex gloves](#)
- [Skin at Work](#)
- [Preventing contact dermatitis at work](#) – INDG233
- [Medical aspects of occupational skin disease](#) – MS24
- [Managing risks from skin exposure at work](#) – HSG262

COSHH – Miscellaneous

- [Safe Handling of Cytotoxic Drugs](#)
- [Safe working and the prevention of infection in clinical laboratories and similar facilities](#)
- [Managing infection risks when handling the deceased](#)



Hazardous substances – Further guidance

Other guidance and links

General COSHH

- [TUC resources on dusts](#)

Skin at work

- [It's in your hands](#)
- [HSE latex sensitization healthcare](#)
- [Royal College of Physicians Latex allergy occupational aspects of management](#)
- [Health Act \(2006\): Code of practice for the prevention and control of healthcare associated infections](#)

Communicable diseases

- [Hepatitis B infected health care workers: Guidance in implementation of Health Service Circular 2000/020](#)
- [HSC 2002/10 Hepatitis C Infected Health Care Workers](#)
- [Hepatitis Clearance for TB, Hepatitis B, Hepatitis C and HIV, New Healthcare Workers 2007](#)



K. Management of sharps

Management of sharps		
Standard	Employers have effective arrangements in place to manage the risks from sharps injuries. This should be read in conjunction with the hazardous substances' standard.	
Rationale	Sharps injuries are a well-known risk in the health and social care sector. Sharps contaminated with an infected patient's blood can transmit more than 20 diseases, including hepatitis B, C, and human immunodeficiency virus (HIV). Because of this transmission risk, sharps injuries can cause worry and stress to the many thousands who receive them.	
Legal Reference	The Health and Safety at Work etc Act 1974 The Management of Health and Safety at Work Regulations 1999 Control of Substances Hazardous to Health Regulations 2002 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 (Sharp Regulations)	
Criteria	Evidence	Legal References
The organisation has suitable sharps management policies and procedures in place.	Policies and procedures	Management of Health and Safety at work Regulation 1999, Regulation 10
Suitable and sufficient risk assessments have been completed. These risks are reflected in the corporate and local risk register.	Risk register Generic and local risk assessments Local procedures	Control of Substances Hazardous to Health Regulations 2002, Regulation 6 Management of Health and Safety at work Regulation 1999, Regulation 3



Management of sharps		
Criteria	Evidence	Legal References
<p>The organisation has taken steps to prevent or adequately control exposure to substances hazardous to health using risk hierarchies.</p> <p>Specific consideration is given to the additional risk controls including:</p> <ul style="list-style-type: none">• when sharps are used at work, safer sharps are used so far as is reasonably practicable• needles must not be recapped unless risk assessment has identified risks of not recapping are greater than recapping• if recapping is assessed as necessary the risk of injury is effectively controlled by use of a suitable appliance, tool, or other equipment• clearly marked and secure containers are placed close to where sharps are used.	<p>Risk assessments Procedures / systems of work Risk registers Training Internal / external audit reports</p>	<p>Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulation 4</p> <p>Control of Substances Hazardous to Health Regulations 2002 Regulation 7</p> <p>Management of Health and Safety at Work Regulations 1999, Regulation 3,4, and 5</p>



Management of sharps		
Criteria	Evidence	Legal References
Information, instruction, and training is provided to those likely to be exposed to a risk of injury from a sharps instrument. Schedule 1 & 2 of the Sharps Regulations must be followed.	Policies and procedures Training syllabus Training records	Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulations 4(d)(1) 5(1) Management of Health and Safety at Work Regulations 1999, Regulation 10, and 13
There is a sufficiently robust system in place to allow employees to report incidents. Employee training includes the requirement for them to report all sharps injuries as soon as reasonably practicable.	Reporting systems Monitoring of incidents	Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulation 7
When informed of a sharps injury the organisations have arrangements in place to: <ul style="list-style-type: none">• record the incident• investigate the circumstances and cause• take any necessary steps to prevent recurrence.	Recording documents Investigation reports Review of assessments	Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulation 6(1)



Management of sharps		
Criteria	Evidence	Legal References
The organisation provides appropriate treatment and follow-up after a sharp's injury. This includes: <ul style="list-style-type: none">• immediate access to medical advice• offered post-exposure prophylaxis• considering providing counselling.	Policies and procedures Monitoring of incidents	Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulation 6(2)
Procedures to control the risks are reviewed at suitable intervals to ensure their continuing effectiveness	Staff meetings Health and safety committee	Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulation 4(2)
The organisation consults and involves staff and safety representatives at all stages of risk assessment, planning and implementation.	Risk assessments meeting minutes Safety Reps documentation	Health and Safety (Sharps Instruments in Healthcare) Regulations 2013, Regulations 5(2) & 5(3) Management Health and Safety at Work Regulations 1999 Safety Representatives and Safety Committees Regulations 1977
There is regular monitoring of compliance with the sharps policy and procedures. There is awareness about the procedure for RIDDOR reporting	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5 RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013



Management of sharps – Further guidance

Regulations, Approved Code of Practice and Guidance

- [The Control of Substances Hazardous to Health Regulations 2002 \(as amended\)](#) – Approved Code of Practice and guidance
- [Health and Safety at Work etc Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999](#)
- [Health and Safety \(Sharps Instruments in Healthcare\) Regulations 2013](#)

Sharps and needlesticks

- [Guidance for Clinical Health Care Workers: Protection Against Infection with Blood-borne Viruses](#)
- [The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance.](#)
- [EU Directive Council Directive 2010/32/EU \(2010\) Implementing the Framework Agreement on Prevention from Sharps Injuries in the Hospital and Healthcare Sector Concluded by HOSPEEM and EPSU. Official Journal of European Union](#)
- [Gov.uk guidance – bloodborne viruses in healthcare](#)

HSE guidance

This is a short list of some of the guidance available from HSE, for more information visit HSE's website on Management of sharps

- [Health and Safety \(Sharps Instruments in Healthcare\) Regulations 2013 – Guidance for employers and employees](#)
- [Blood-borne viruses in the workplace - Guidance for employers and employees.](#)
- [Biological Agents: Managing the risks in laboratories and healthcare premises: Advisory Committee on Dangerous Pathogens.](#)
- [Safety in Health Services Laboratories: Safe working and prevention of infection in clinical laboratories](#)

General guidance

- [The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance](#)
- [EU Directive Council Directive 2010/32/EU \(2010\) Implementing the Framework Agreement on Prevention from Sharps Injuries in the Hospital and Healthcare Sector Concluded by HOSPEEM and EPSU. Official Journal of European Union](#)
- [European Bio Safety Network Toolkit](#)



L. Work equipment

Provision and use of work and lifting equipment		
Standard	Employers ensure work equipment (including medical devices) is suitable for the purpose for which it is used.	
Rationale	There are numerous accidents to employees, carers, and service users from using work equipment in healthcare. Many are serious and some are fatal. Using the right, well-maintained equipment operated by trained staff can help prevent accidents and reduce the personal and financial costs.	
Legal Reference	Health and Safety at Work Act 1974 Management of Health and Safety at Work Regulations 1999 Provision and Use of Work Equipment Regulations 1998 Lifting Operations and Lifting Equipment Regulations 1998	
Criteria	Evidence	Legal References
The organisation has current policies and procedures for the selection and safe use of work equipment.	Policies and procedures	Management of Health and Safety at Work Regulations 1999, Regulation 5 Provision and Use of Work Equipment Regulations 1998, Regulation 8
The policy includes arrangements to ensure work equipment and medical devices purchased by the organisation are suitable and fit for purpose.	Manufacturer's instructions Medical devices policy Risk assessments or safe systems	Provision and Use of Work Equipment Regulations 1998, Regulation 4
Arrangements are in place to ensure work equipment is maintained in an efficient state, in efficient working order and in good repair". Organisation should have a maintenance schedule and register for all work equipment that requires inspection. e.g., under LOLER.	Manufacturer's instructions Maintenance, service, and inspection logs/records Cleaning and disinfection logs/records Installation or decommissioning inspection records Portable appliance testing records	Provision and Use of Work Equipment Regulations 1998, Regulations 5 and 6 Lifting Operations and Lifting Equipment Regulations 1998 Regulations 8 and 9



Criteria	Evidence	Legal References
Employees who use work equipment have adequate health and safety information, and where appropriate, written instructions for its safe use.	Risk assessments, policies, and procedures Manufacturer's instructions Training records	Management of Health and Safety at Work Regulations 1999, Regulation 10 Provision and Use of Work Equipment Regulations 1998, Regulation 8
Employees who use work equipment are competent in its safe use.	Training records	Management of Health and Safety at Work Regulations 1999, Regulation 13 Provision and Use of Work Equipment Regulations 1998, Regulation 9 Lifting Operations and Lifting Equipment Regulations 1998, Regulation 8
The organisation has appropriate arrangements in place to identify and take out of action defective equipment.	Maintenance records Defect log	Lifting Operations and Lifting Equipment Regulations 1998, Regulation 10
There is regular monitoring of compliance with the work equipment policy and procedures.	Monitoring inspections. Audit reports	Management of Health and Safety at Work Regulations 1999, Regulation 5



Provision and use of work equipment – Further guidance

Regulations, Approved Code of Practice and Guidance

- [Health and Safety at Work etc Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)
- [Provision and Use of Work Equipment Regulations 1998 ACOP & Guidance](#)
- [Lifting Operations and Lifting Equipment Regulations 1998 ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE. For more information visit HSE's website on [work equipment](#)

- [Safe use of lifting equipment. Lifting Operations and Lifting Equipment Regulations 1998 Approved Code of Practice and Guidance – L113](#)
- [LOLER 98: Lifting Operations and Lifting Equipment Regulations \(LOLER\) 1998: Open Learning Guidance HSE Books 1999](#)
- [Simple Guide to the Lifting Operations and Lifting Equipment Regulations 1998 – INDG290](#)
- [Thorough examination of lifting equipment – INDG422](#)

Other guidance and links

- [MHRA – Safety warnings, alerts and recalls](#)
-



L. Work equipment

Display screen equipment		
Standard	Employers have effective arrangements in place to manage the risks from the use of display screen equipment.	
Rationale	To minimise the risk of eye injury, repetitive strain injury, other musculoskeletal disorders, and stress among employees.	
Legal Reference	The Health and Safety (Display Screen Equipment) Regulations 1992 Health and Safety at Work etc Act 1974 The Management of Health and Safety at Work Regulations 1999 Workplace (Health, Safety and Welfare) Regulations 1992 Provision and Use of Work Equipment Regulations 1998	
Criteria	Evidence	Legal References
The organisation has current policies and procedures for the safe use of display screen equipment.	Policies and procedures	Management of Health and Safety at Work Regulations 1999, Regulation 5
The organisation should perform a suitable and sufficient assessments of all workstations which are: <ul style="list-style-type: none"> used for their purpose by “users” provided by them and used for their purpose by “operators”. An assessment should be reviewed if there is reason to suspect it is no longer valid or there have been significant changes.	Individual electronic or written assessments. It is important to note home workers are also subject to these regulations, whether or not their workstation is provided by their employer.	The Health and Safety (Display Screen Equipment) Regulations 1992, Regulation 2 The Management of Health and Safety at Work Regulations 1999, Regulation 3



Display screen equipment		
Criteria	Evidence	Legal References
<p>All workstations should meet the requirements laid down in the schedule to the Regulations. Employers need to look at:</p> <ul style="list-style-type: none">• the whole workstation including equipment, furniture, and the work environment• the job being done• any special needs of individual staff.	<p>Individual electronic or written assessments.</p> <p>Written evidence of consultation with safety reps, users, and operators regarding employer's risk assessment.</p> <p>Provision of suitable equipment and training for disabled users (e.g., visually impaired, dyslexic users).</p>	<p>The Health and Safety (Display Screen Equipment) Regulations 1992, Regulation 3</p> <p>Safety Representatives & Safety Committee Regulations 1977, regulations 4(a) & 7</p> <p>Disability Discrimination Act 1995 (requirement to make reasonable adjustments)</p>
<p>Organisations should plan the activities of "users" so that they are able to take frequent breaks or changes in activity.</p>	<p>Policy and procedures</p> <p>Individual electronic or written assessments</p>	<p>The Health and Safety (Display Screen Equipment) Regulations 1992, Regulation 5</p>
<p>If appropriate, "users" have access to (at their employer's expense), an eye and eyesight test by a competent person and at regular intervals thereafter.</p>	<p>Policy and procedures</p> <p>Individual electronic or written assessments</p> <p>Terms and conditions of service</p>	<p>The Health and Safety (Display Screen Equipment) Regulations 1992, Regulation 5</p>
<p>Any spectacles found to be necessary for DSE work (other than the "users" normal spectacles) should be provided by the employer.</p>	<p>Policy and procedures</p> <p>Individual electronic or written assessments</p> <p>Terms and conditions of service</p>	<p>The Health and Safety (Display Screen Equipment) Regulations 1992, Regulation 5</p>



Display screen equipment		
Criteria	Evidence	Legal References
The organisation should provide “operators” and “users” with adequate health and safety training in the use of any workstation where they are required to work.	Policy and procedures Individual electronic or written assessments	The Health and Safety (Display Screen Equipment) Regulations 1992, Regulations 6 (1) and 6 (2) Safety Representatives & Safety Committee Regulations 1977, Regulation 4A 1(d)
The organisation should provide “operators” and “users” with adequate information to ensure their safety whilst using their workstations.	Individual electronic or written assessments	The Health and Safety (Display Screen Equipment) Regulations 1992, Regulation 7
The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Risk assessments Ward meeting minutes Safety Reps documentation	Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with the DSE policies and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5



Display screen equipment – Further guidance

Regulations, Approved Code of Practice and Guidance

- [The Health and Safety \(Display Screen Equipment\) Regulations 1992 \(as amended 2002\)](#)
- [Health and Safety at Work etc Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999](#)

HSE guidance

This is a short list of some of the guidance available from HSE. For more information visit HSE's website on display screen equipment – www.hse.gov.uk/msd/dse/index.htm

- [Working with VDU's – INDG36](#)
-



M. The workplace

Legionella		
Standard	Employers have effective arrangements in place to manage the risks from Legionella.	
Rationale	Many healthcare employees may be vulnerable to the risks from Legionella bacteria. A high percentage of patients are likely to be vulnerable. Failure to manage the risks will put these people at risk of contracting Legionnaire's disease.	
Legal Reference	Control of Substances Hazardous to Health Regulations 2002 Health and Safety at Work etc Act 1974 Management of Health and Safety at Work Regulations 1999	
Criteria	Evidence	Legal References
The organisation has policies and procedures in place for managing the risk from legionella.	Policies and procedures	Management of Health and Safety at Work Regulations 1999 Regulation 5
A competent person who leads on managing the risk from Legionella is identified and receives adequate training.	Training records	Management of Health and Safety at Work Regulations 1999, Regulation 5 Control of Substances Hazardous to Health Regulations 2002, Regulation 8
Suitable and sufficient assessments are in place to assess the risk of bacterial growth.	Risk assessments Risk register	Management of Health and Safety at Work Regulations 1999, Regulation 3 Control of Substances Hazardous to Health Regulations 1999, Regulation 6
Reasonably practicable control measures for reducing bacterial growth are implemented for all cooling towers, hot and cold-water systems or any other equipment which may pose a risk.	Policies and procedures	Control of Substances Hazardous to Health Regulations 2002, Regulation 7, and 9



Legionella		
Criteria	Evidence	Legal References
Maintenance of systems, services and equipment is in place to ensure that the controls measures remain effective. Any actions or remedial work identified to reduce the risk is carried out in a timely manner.	Maintenance records	Control of Substances Hazardous to Health Regulations 2002, Regulation 7, and 9
Records of the assessment and precautionary measures and treatments are kept.	Risk assessments Maintenance records	Management of Health and Safety at Work Regulations 1999, Regulation 3 and 5 Control of Substances Hazardous to Health Regulations 1999, Regulations 6, and 9
The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Risk assessments Safety Reps documentation	Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with the Legionella policies and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5



Legionnaires Disease – Further guidance

Regulations, Approved Code of Practice and Guidance

- [Control of Substances Hazardous to Health Regulations 2002](#)
- [Health and Safety at Work etc Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE. For more information visit HSE's website on Legionnaires Disease in health and social care – www.hse.gov.uk/healthservices/legionella.htm

- [Legionnaire's disease – The control of legionella bacteria in water systems Approved Code of Practice and guidance – L8](#)



M. The workplace

Asbestos Containing Materials (ACMs)		
Standard	Employers ensure all ACMs have been identified and an asbestos management plan and corporate policies are in place to protect employers and visitors.	
Rationale	Asbestos is the single greatest cause of work-related deaths in the UK. Any building built before 2000 can contain asbestos. Healthcare buildings may well contain ACMs. These are safe unless asbestos fibres become airborne, which happens when materials are damaged, in poor condition or disturbed. Exposure puts people at risk of developing a fatal occupational disease.	
Legal Reference	Control of Asbestos Regulations 2012 CDM Regulation 10(2) Health and Safety at Work etc Act 1974 Management of Health and Safety at Work Regulations 1999	
Criteria	Evidence	Legal References
The organisation has policies and procedures in place for managing the risks from Asbestos.	Policies and procedures	The Management of Health and Safety at Work Regulations 1999, Regulation 5
A relevant asbestos survey identifies the location, condition, and type of asbestos.	Survey results	Control of Asbestos Regulations 2012, Regulation 4
Relevant checks have been made to ensure surveyor competence.	Documentation provided by surveyor	The Management of Health and Safety at Work Regulations 1999, Regulation 7



Asbestos Containing Materials (ACMs)		
Criteria	Evidence	Legal References
<p>The asbestos management plan is maintained and up to date</p> <p>The plan should include:</p> <ul style="list-style-type: none">• who is responsible for managing asbestos• the asbestos register which should contain information about all ACMs including their location, condition etc• a schedule of what action is to be taken, by when and by whom• a communications plan identifying how and by whom asbestos information is to be communicated to staff/contractors• emergency contact points and procedures to follow in the event of accidental disturbance and/or exposure.	<p>The asbestos management plan</p>	<p>Control of Asbestos Regulations 2012, Regulation 4</p>
<p>Key staff, e.g., estates management are identified and competent in the risks from asbestos and how it should be managed.</p> <p>Awareness training should also be provided for staff who may have a role in preventing disturbance (e.g., unit / ward managers).</p>	<p>Training records</p> <p>Roles and responsibilities</p>	<p>Control of Asbestos Regulations 2012, Regulation 10</p>



Asbestos Containing Materials (ACMs)		
Criteria	Evidence	Legal References
Adequate asbestos information is available to contractors, maintenance staff and their representatives.	Written instructions.	Control of Asbestos Regulations 2012, Regulations 10 and 11 CDM Regulations, Regulation 10 L127 Regulation 4 ACOP Paragraph 112 (Guidance)
Processes and procedures are in place to control contractor's work.	Asbestos information is part of the tendering specifications for potential contractors. Contractor training records and method statements.	
The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Risk assessments Ward meeting minutes Safety Reps documentation	Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with the asbestos policies and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5

Asbestos – Further guidance

Regulations, Approved Code of Practice and Guidance

- [Control of Asbestos Regulations 2006 \(CAR 2006\)](#)
- [Control of Substances Hazardous to Health Regulations 2002](#)
- [Health and Safety at Work etc Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE. For more information visit HSE's website on asbestos – www.hse.gov.uk/asbestos/index.htm

- [The Management of asbestos in non-domestic premises](#) – L127
 - [A comprehensive guide to managing asbestos in premises](#) – HSG227
 - [A short guide to managing asbestos in premises](#) – INDG223
 - [Manage buildings? You must manage asbestos](#)
 - [Asbestos: The survey guide](#) – HSG264
 - [Asbestos: The licensed contractors guide](#) – HSG247
 - [Asbestos Essentials task manual: Task guidance sheets for the building maintenance and allied trades](#) – HSG210
 - [Methods for the Determination of Hazardous Substances \(MDHS\) guidance](#)
-



M. The workplace

Temperature		
Standard	Employers have effective arrangements in place to ensure a reasonable temperature is maintained inside buildings during working hours.	
Rationale	To provide a comfortable working environment for staff.	
Legal Reference	Workplace (Health, Safety & Welfare) Regulations 1992 Health and Safety at Work etc Act 1974 Management of Health and Safety at Work Regulations 1999	
Criteria	Evidence	Legal References
The organisation has policies and procedures in place for managing reasonable temperatures in indoor workplaces.	Policies and procedures	Management of Health and Safety at Work Regulations 1999, Regulation 5
The temperature in workplaces should provide reasonable comfort without the need for special clothing. (The temperature in workplaces should normally be at least 16 degrees Celsius – or 13 degrees Celsius if much of the work indoors involves severe physical effort.)	Risk assessment. Maintenance reports	Workplace (Health, Safety & Welfare) Regulations 1992, Regulation 7(1) Management of Health and Safety at Work Regulations 1999, Regulation 3
A sufficient number of thermometers are provided to enable staff to determine the temperature in any work area inside a building.	Presence of thermometers	Workplace (Health, Safety & Welfare) Regulations 1992, Regulation 7(3)
Methods of heating and cooling should not result in the release of injurious or offensive fumes, gas, or vapour.	Risk assessment. Maintenance records	Workplace (Health, Safety & Welfare) Regulations 1992, Regulation 7(2)



Temperature		
Criteria	Evidence	Legal References
The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Risk assessments Ward meeting minutes Safety Reps documentation	Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with the workplace policies and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5

Temperature – Further guidance
<p>Regulations, Approved Code of Practice and Guidance</p> <ul style="list-style-type: none">• Workplace (Health, Safety and Welfare) Regulations 1992• Health and Safety at Work Etc Act 1974• Management of Health and Safety at Work Regulations 1999, ACOP & Guidance <p>HSE guidance</p> <p>This is a short list of some of the guidance available from HSE. For more information visit HSE's website on temperatures – www.hse.gov.uk/temperatures/index.htm</p> <ul style="list-style-type: none">• Measuring thermal comfort checklist• Heat Stress in the workplace. What you need to know as an employer – General Information Sheet 1



M. The workplace

Workplace transport		
Standard	Employers have effective arrangements in place to manage the risks from vehicle movements on site.	
Rationale	The movement of vehicles at work is a major cause of fatal and major injuries, and this risk is often overlooked at healthcare premises.	
Legal Reference	Health and Safety at Work etc. Act 1974 Management of Health and Safety at Work Regulations 1999 Workplace (Health, Safety and Welfare) Regulations 1992 Provision and Use of Work Equipment Regulations 1998	
Criteria	Evidence	Legal References
The organisation has policies and procedures in place for managing the risks from workplace transport.	Policies and procedures	Management of Health and Safety at Work Regulations 1999, Regulations 5 and 10
The organisation appoints a competent person to manage workplace transport safety.	Policies and procedures	Management of Health and Safety at Work Regulations 1999, Regulation 7



<p>Risk assessments are completed and are suitable and sufficient considering the following areas:</p> <ul style="list-style-type: none">• safe site• safe vehicle• safe driver. <p>Site rules and procedures relating to workplace transport are documented and distributed to staff, contractors and, where appropriate, members of the public.</p>	<p>Risk assessments Risk register Policies and procedures action plans Risk assessments Rules and procedures</p>	<p>Workplace (Health, Safety and Welfare) Regulations 1992, Regulations 12 and 17</p> <p>Management of Health and Safety at Work Regulations 1999, Regulations 3</p> <p>Workplace (Health, Safety and Welfare) Regulations 1992, Regulations 12 and 17</p> <p>Management of Health and Safety at Work Regulations 1999, Regulations 10, and 13</p>
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Workplace transport		
Criteria	Evidence	Legal References
Adherence to site rules and procedures is monitored and appropriately enforced.	Enforcement records	Management of Health and Safety at Work Regulations 1999, Regulations 5
The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Risk assessments Ward meeting minutes Safety reps' documentation	Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with the workplace transport policies and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5



Workplace transport – Further guidance

Regulations, Approved Code of Practice and Guidance

- Health and Safety at Work etc Act 1974
- [Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)
- Workplace (Health, Safety and Welfare) Regulations 1992, ACOP
- Provision and Use of Work Equipment Regulations 1998 ACOP & Guidance
- Lifting Operations and Lifting Equipment Regulations 1998 ACOP & Guidance

HSE guidance

This is a short list of some of the guidance available from HSE. For more information visit HSE's website on workplace transport – www.hse.gov.uk/workplacetransport/index.htm

- Workplace Transport Safety – An employer's guide – HSG136
 - Lighting at work – HSG38
 - Workplace Transport site safety
 - Site Inspection – Workplace Transport Checklist
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M. The workplace

Electricity		
Standard	Employers have effective arrangements in place to manage and control the risks from electricity in the workplace.	
Rationale	Electrical injuries can be caused by a wide range of circumstances and can have fatal consequences.	
Legal Reference	Electricity at Work Regulations 1989 Health and Safety at Work Act 1974 Management of Health and Safety at Work 1999	
Criteria	Evidence	Legal References
The organisation has policies and procedures in place for managing the risks from electricity.	Policies and procedures	Management of Health and Safety at Work 1999, Regulation 5
Employees and contractors are competent to work on electrical systems and equipment.	Policies Competence assessment Training records	Electricity at Work Regulations 1989, Regulation 16
The organisation can demonstrate that all electrical systems are adequately constructed. For example, cables and switchgear are correctly power and fault rated.	Documentation to indicate the electrical system has been suitably installed and/or maintained.	Electricity at Work Regulations 1989, Regulation 4(1) BS 7671 - Requirements for Electrical Installations



Electricity		
Criteria	Evidence	Legal References
<p>The organisation has suitable safe working practices for electrical systems and equipment. The following may be relevant depending on level of risk:</p> <ul style="list-style-type: none">• task specific risk assessments• written safe systems of work which may include 'Permit to Work' procedures• authorisation of personnel to perform certain safety related tasks• Procedures for live testing/work.	<p>Policies and procedures Risk assessments</p> <p>Safe systems of work and associated documentation</p>	<p>Electricity at Work Regulations 1989, Regulation 4(3),12, 13 & 14</p> <p>Management of Health & Safety at Work Regulations 1999, Regulation 3, and 5</p>
<p>Where emergency back-up power supplies are necessary, suitable testing of back up facilities should be undertaken.</p>	<p>Policies</p> <p>Emergency procedures.</p>	<p>Management of Health and Safety at Work Regulations 1999, Regulation 5 Health and Safety at Work Etc Act 1974, Section 37</p>
<p>The organisation has suitable procedures that specify appropriate maintenance requirements for electrical systems and equipment.</p>	<p>Policies and procedures Maintenance records Defect / action reports</p>	<p>Electricity at Work Regulations 1989, Regulation 4(2)</p> <p>BS 6423 Code of practice for maintenance of electrical switchgear and control gear for voltages up to and including 1 kV</p>



Electricity		
Criteria	Evidence	Legal References
Where there is a responsibility for high voltage supplies in the electrical system, the construction, operation, and maintenance of such equipment will require a higher level of competence than fixed, low voltage installations.	Policies Risk assessments Selection of competent personnel	Electricity at Work Regulations 1989 BS6626 - Maintenance of electrical switchgear and control gear for voltages above 1 kV and up to and including 36 kV. Code of practice
The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Safety committee meetings Ward meeting Safety reps' documentation	Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with the electricity policies and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5



Electricity – Further guidance

Regulations, Approved Code of Practice and Guidance

- [Electricity at Work Regulations 1989](#)
- [Health and Safety at Work etc Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

HSE guidance

This is a short list of some of the guidance available from HSE. For more information visit HSE's website on electricity at work – www.hse.gov.uk/electricity/index.htm

- [Memorandum of guidance on the Electricity at Work Regulation 1989 - Guidance on Regulations](#) – HSR25
- [Electrical safety and you](#) – INDG231
- [Electricity at work – Safe working practices](#) – HSG85
- [Maintaining portable and transportable electrical equipment](#) – HSG107
- [Keeping electrical switchgear safe](#) – HSG230

Other guidance and links

- [Electrical Safety Council – Guidance on the management of electrical safety and safe isolation procedures for low voltage installations \(Best Practice Guide 2\)](#)
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M. The workplace

Noise and vibration		
Standard	Employers have effective arrangements in place to manage the risks from noise at work.	
Rationale	Some 17,000 people in the UK suffer deafness, ringing in the ears or other ear conditions caused by excessive noise at work. In healthcare, there are a number of activities that may present a risk of excessive noise and these need to be managed.	
Legal Reference	The Control of Noise at Work Regulations 2005 Control of Vibration at Work Regulations 2005 Management of Health and Safety at Work Regulations 1999 Personal Protective Equipment at Work Regulations 1992	
Criteria	Evidence	Legal References
The organisation has policies and procedures in place for managing the risk from noise and vibration at work.	Policies and procedures	Management of Health and Safety at Work Regulations 1999, Regulation 5
Suitable and sufficient risk assessments for noise and vibration at work are undertaken. These should: <ul style="list-style-type: none">• identify where there may be a risk from noise and/or and who is likely to be affected• reliably estimate exposures and compare these with the action and limit values• identify actions to comply with the law.	Noise at work policy Vibration at work policy Risk assessments Local procedures and arrangements	The Control of Noise at Work Regulations 2005, Regulations 4 and 5 Control of Vibration at Work Regulations 2005 Management of Health and Safety at Work Regulations 1999, Regulation 3



Noise and vibration		
Criteria	Evidence	Legal References
<p>The organisation implements appropriate control measures identified by the risk assessment, i.e.:</p> <ul style="list-style-type: none">• reducing the noise and vibration at source• providing suitable hearing protection for staff and affected visitors• if appropriate, providing warning signs• implementing a programme of health surveillance and audiometric testing / hand arm vibration syndrome assessments for those identified as regularly exposed at or above the upper exposure action level.	<p>Risk assessment and site</p> <p>Health records. (This is a term used in H&S regulation and is different from medical records). HSE record keeping</p>	<p>The Control of Noise at Work Regulations 2005, Regulations 6,7,8 and 9</p> <p>Control of Vibration at Work Regulations 2005</p> <p>Management of Health and Safety at Work Regulations 1999, Regulations 3 and 4</p> <p>Personal Protective Equipment at Work Regulations 1992, Regulations 4, and 6</p>
<p>The organisation provides information, instruction and training for employees regularly exposed above the lower exposure action value level.</p>	<p>Policies and procedures</p> <p>Training records</p>	<p>The Control of Noise at Work Regulations 2005, Regulation 10</p> <p>Control of Vibration at Work Regulations 2005</p> <p>Management of Health and Safety at Work Regulations 1999, Regulation 10 and 13</p> <p>Personal Protective Equipment at Work Regulations 1992, Regulation 9</p>



Noise and vibration		
Criteria	Evidence	Legal References
The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Risk assessments Ward meeting minutes Safety reps' documentation	Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with the noise and vibration policies and procedures. There is awareness about the procedure for RIDDOR reporting	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5 RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Noise – Further guidance
<p>Regulations, Approved Code of Practice and Guidance</p> <ul style="list-style-type: none">• The Control of Noise at Work Regulations 2005• Health and Safety at Work Etc Act 1974• Management of Health and Safety at Work Regulations 1999, ACOP & Guidance <p>HSE guidance</p> <p>This is a short list of some of the guidance available from HSE. For more information visit HSE's website on noise at work – www.hse.gov.uk/noise/index.htm</p> <ul style="list-style-type: none">• Controlling noise at work; guidance on the Control of Noise at work Regulations 2005 – L108• Noise at Work – Advice for employers – INDG363 (rev1)

Noise and Vibration – Further guidance
Control of Vibration at Work Regulations 2005



M. The workplace

Contractors and subcontractors		
Standard	Employers have effective arrangements in place to manage and coordinate contractors working on site.	
Rationale	Poorly managed contractor activities in healthcare premises can result in major injuries and ill health to employees, patients, and visitors.	
Legal Reference	Health and Safety at Work etc. Act 1974, Section 2 and 3 Management of Health and Safety at Work Regulations 1999 Construction (Design and Management) Regulations 2007 (CDM)	
Criteria	Evidence	Legal References
The organisation has policies and procedures in place for managing contractors on site.	Policies and procedures	Management of Health and Safety at Work Regulations 1999, Regulation 5
Policies and procedures include arrangements for choosing competent contractors.	Policies and procedures Contractors' policies and procedures, risk assessments and method statements	Management of Health and Safety at Work Regulations 1999, Regulation 7 Construction (Design and Management) Regulations 2007
Suitable and sufficient risk assessments are undertaken to assess the risks of contractors working on site.	Policies and procedures Risk assessments Risk register	Management of Health and Safety at Work Regulations 1999, Regulation 3 and 11
Health & safety information is provided to contractors and their employees, for example, asbestos surveys and plans.	Health and safety information provided Service level agreement	Management of Health and Safety at Work Regulations 1999, Regulation 11
Contractor health and safety performance is monitored.	Records of monitoring	Management of Health and Safety at Work Regulations 1999, Regulation 5



Contractors and subcontractors		
Criteria	Evidence	Legal References
The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Risk assessments Ward meeting minutes Safety reps' documentation	Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with policies and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5

Contractors and subcontractors – Further guidance
<p>Regulations, Approved Code of Practice and Guidance</p> <ul style="list-style-type: none">• Health and Safety at Work etc Act 1974• Management of Health and Safety at Work Regulations 1999, ACOP & Guidance <p>HSE guidance</p> <ul style="list-style-type: none">• Use of Contactors: A joint Responsibility – INDG368• Managing contractors: A guide for employers – HSG159• Contractors and subcontractors – vehicles at work – HSE guidance



N. Radiation

Standard	Employers have effective arrangements in place to manage the risks from radiation (ionising and non-ionising) to employees, patients, and other persons.	
Rationale	Failure to control the risks from radiation can lead to serious ill health and injury.	
Legal Reference	See further guidance section below	
Criteria	Evidence	Legal References
The organisation has policies and procedures in place for managing the risks from radiation.	Policies and Procedures Management responsibilities	Ionising Radiation Regulations 2017, EPR10/RSA93 and more specific legal requirements as detailed below.
The organisation has access to appropriately qualified experts on radiation safety. (E.g., Radiation protection adviser, medical physics expert, radioactive waste adviser, laser protection adviser.)	RPA certificate of competence by a HSE approved assessing body Reports of experts	Management of Health and Safety at Work Regulations 1999 and more specific legal requirements as detailed below.
The organisation has appointed radiation protection supervisors (RPSs) and laser protection supervisors (LPSs) and satisfied itself that it has: <ul style="list-style-type: none"> appointed an appropriate number of competent staff with the authority to supervise the work provided appropriate information and instruction, including what to do in an emergency and where to seek more information. 	Letters of appointment and scope of duties Training records	Management of Health and Safety at Work Regulations 1999 and more specific legal requirements as detailed below. Ionising Radiation Regulations 2017, Regulation 14



Criteria	Evidence	Legal References
Suitable and sufficient risk assessments have been completed for all ionising and non-ionising (including EMF and optical) radiation hazards.	Risk assessments Risk register	Management of Health and Safety at Work Regulations 1999, Regulation 3, and more specific legal requirements as detailed below.
Action has been taken to ensure the risks are controlled so far as is reasonably practicable.	Designated areas Maintenance schedules	Management of Health and Safety at Work Regulations 1999, Regulation 4 and more specific legal requirements as detailed below.
The employer has provided appropriate, suitable, and sufficient training.	Training plans Training Records	Management of Health and Safety at Work Regulations 1999 and more specific legal requirements as detailed below.
Staff are designated as classified radiation workers where necessary.	Register of designated staff	Ionising Radiation Regulations 2017, Regulation 2021
Classified radiation workers are subject to continuous personal dosimetry and annual medical surveillance.	Dose records and dose record reviews Surveillance records Medical records	Ionising Radiation Regulations 2017, Regulations 20-27
Incidents of lost or damaged dosimeters and possible over exposure are investigated.	Investigation reports	Ionising Radiation Regulations 2017, Regulations 20-27
Doses for non-classified staff working with ionising radiations are appropriately assessed.	Assessments Dose records and dose record reviews	Ionising Radiation Regulations 2017 Health and Safety at Work etc Act 1974, Section 7
Arrangements are in place for appropriate monitoring, recording and review of ionising radiation dose rates and contamination in and around radiation and transport facilities.	Radiation monitoring records Monitoring instrument calibration certificates	Ionising Radiation Regulations 2017, Regulations 8 & 19



Criteria	Evidence	Legal References
All radioactive materials and radioactive wastes are securely and safely transported, stored and details recorded.	Records and audits Total activity records	IRR2017, Regulations 28 and 29 EPR10 and RSA93(Scotland)
A suitable maintenance programme for equipment is in place.	Quality assurance records Maintenance contracts	Management of Health and Safety at Work Regulations 1999 and more specific legal requirements as detailed below.
Suitable notification, licensing and reporting arrangements are in place.	Investigation and notification reports Licence records	Specific legal requirements as detailed below.
Plans are in place for reasonably foreseeable radiation incidents and accidents.	Plans	Management of Health and Safety at Work Regulations 1999 and more specific legal requirements as detailed below.
The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Risk assessments Ward meeting minutes Safety reps' documentation	Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with the radiation policies and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5



Radiation – Further guidance

Regulations, Approved Code of Practice and Guidance

- [Health and Safety at Work etc Act 1974](#)
- [Management of Health and Safety at Work Regulations 1999, ACOP & Guidance](#)

Relevant to occupational exposures:

- [2017](#)
- [Radiation \(Emergency Preparedness and Public Information\) Regulations 2000](#)
- [The European Commission Physical Agents \(EMF\) Directive](#)
- [Public Health England - Lasers](#)

Relevant to patient exposures:

- [Medical Devices Regulations](#)

Relevant to environmental protection:

- [Environmental Permitting Regulations \(England & Wales\) 2010 \(EPR10\)](#)
- [The Radioactive Substances Act 1993 Amendment \(Scotland\) Regulations 2011](#)

Relevant to transport of radioactive materials:

- [The Carriage of Dangerous Goods etc. Regulations 2009](#)



Radiation – Further guidance

HSE guidance

This is a short list of some of the guidance available from HSE. For more information visit HSE's website on radiation – www.hse.gov.uk/radiation/index.htm

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- [HSE Guidance Note PM77](#) 2nd & 3rd Editions (Equipment used in connection with medical exposure)



O. First aid

Standard	Employers have effective arrangements in place to provide adequate and appropriate equipment, facilities, and personnel to ensure that employees receive immediate attention if they are injured or taken ill at work.	
Rationale	In the event of injury or sudden illness, failure to provide first aid could result in a casualty's death.	
Legal Reference	The Health and Safety (First Aid) Regulations 1981 Health and Safety at Work etc. Act 1974	
Criteria	Evidence	Legal References
The organisation has policies and procedures in place for first aid arrangements.	Policies and procedures	Management of Health and Safety at Work Regulations 1999, Regulations 5
The organisation has carried out an assessment of first aid needs. This involves consideration of workplace hazards and risks, the size of the organisation and other relevant factors, to determine what first aid equipment, facilities and personnel should be provided.	Risk assessment Policies and procedures	The Health and Safety (First Aid) Regulations 1981, Regulation 3
Employees are advised of the arrangements for the provision of first aid. The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Training records Policies and procedures. Risk assessments Ward meeting minutes Safety reps' documentation	The Health and Safety (First Aid) Regulations 1981, Regulation 4 Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with first aid policies and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5



First aid – Further guidance

Regulations, Approved Code of Practice and Guidance

The Health and Safety (First-Aid) Regulations 1981 ACOP and guidance
[Health and Safety at Work etc Act 1974](#)

HSE guidance

This is a short list of some of the guidance available from HSE. For more information visit HSE's website on first aid – www.hse.gov.uk/firstaid/index.htm

- [First aid at work – Your questions answered](#) – INDG214




P. Working Time Directive (including night workers)

Standard	Employers have effective arrangements in place to ensure the organisation and its employees comply with the legislation on working time.	
Rationale	It is important that all employees are protected from working too many hours at work and that young people and night workers who may be more at risk receive additional protection.	
Legal Reference	The Working Time Regulations 1998 The Working Time (Amendment) Regulations 2003	
Criteria	Evidence	Legal References
All employees have been made aware of their rights under the Working Time Regulations, including: <ul style="list-style-type: none">• maximum working week and agreement to exclude the maximum• patterns of work• rest breaks, daily and weekly rest• entitlement to annual leave; and,• young workers.	Induction training Policies and procedures	The Working Time Regulations 1998
Arrangements are in place for recording and reviewing the working hours of employees.	Time sheets Work records	The Working Time Regulations 1998, Regulation 9
Arrangements are in place for reviewing the health and safety of night workers.	Night workers risk assessments and monitoring	The Working Time Regulations 1998, Regulation 7
OHS should be involved in the recruitment of night workers, so the applicant's fitness for night work can be assessed (as well as any post specific health factors).	Recruitment policy Occupational health policy	The Working Time Regulations 1998



Criteria	Evidence	Legal References
Where possible, arrangements are in place for night workers to be assessed by occupational health on a regular basis if wanted.	Occupational health SLA Occupational health records	The Working Time Regulations 1998, Regulation 7
Arrangements exist to allow for transfer of employees from night work to day work at the advice of occupational health if their health is at risk from the night work.	Policy Case conference notes	The Working Time Regulations 1998, Regulation 7
The organisation consults and involves staff and safety representatives at all stages of risk assessment planning and implementation.	Risk assessments Ward meeting minutes Safety reps' documentation	Safety Representatives & Safety Committee Regulations 1977
There is regular monitoring of compliance with working time policies and procedures.	Inspection reports Staff meetings	Management of Health and Safety at Work Regulations 1999, Regulation 5



Working Time Directive – Further guidance

Regulations, Approved Code of Practice and Guidance

[The Working Time Regulations 1998](#)

[The Working Time \(Amendment\) Regulations 2003](#)

HSE guidance

For more information visit HSE's FAQ web page – www.hse.gov.uk/contact/faqs/workingtimedirective.htm

- [Managing shift work: Health and safety guidance](#) – HSG256

Other guidance and links

- [HSWPG Supporting the wellbeing of shift workers in healthcare](#)
- [Agenda for Change](#) (Section 27)



Q. New and expectant mothers

Standard	Employers have effective arrangements in place to manage the risks to new and expectant mothers at work.	
Rationale	Employers have a legal and moral duty to protect women of childbearing age from hazards and risks in the workplace.	
Legal Reference	The Management of Health and Safety at Work Regulations 1999 Workplace (Health, Safety & Welfare) Regulations 1992 Health and Safety at Work etc Act 1974 The Employment Rights Act 1996 Equality Act 2010 The Maternity and Parental Leave etc. and the Paternity and Adoption Leave (Amendment) Regulations 2006	
Criteria	Evidence	Legal References
The organisation has policies and procedures in place for managing the risks to new and expectant mothers.	Policy and procedures	The Management of Health and Safety at Work Regulations 1999, Regulation 5, and 10
Risk assessments are carried out to assess the risks to new or expectant mothers.	Risk register Risk assessments	The Management of Health and Safety at Work Regulations 1999, Regulation 3, and 16
Suitable facilities are provided for new and expectant mothers to rest.	Facilities	Workplace (Health, Safety and Welfare) Regulations 1992, Regulation 25
Where a pregnant employee produces a certificate from her GP or midwife showing that it is necessary for her health and safety not to work nights the employer should seek to offer suitable alternative work on the same terms and conditions.	Certificate from a registered medical practitioner or a registered midwife Risk assessment report	Employment Rights Acts 1996, section 67 The Maternity and Parental Leave etc. and the Paternity and Adoption Leave (Amendment) Regulations 2006, Regulation 17



New and expectant mothers – Further guidance

Regulations, Approved Code of Practice and Guidance

Health and Safety at Work etc Act 1974

Management of Health and Safety at Work Regulations 1999, ACOP & Guidance

Workplace (Health, Safety and Welfare) Regulations 1992, ACOP

HSE guidance

This is a short list of some of the guidance available from HSE* For more information visit HSE's website on pregnant workers – www.hse.gov.uk/mothers

- [Infection risks to new and expectant mothers in the workplace](#) – Advisory Committee on Dangerous Pathogens

Other guidance and links

- [Agenda for Change \(Section 15\)](#)
 - [NHS Employers risk assessments for staff](#)
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R – Pandemic and Worker Health and Safety

Pandemic and Worker Health and Safety		
Standard	Employers must adhere to their legal obligations and duties under relevant health and safety legislation to protect the health, safety, and welfare of all their employees, during a pandemic whilst they are at work.	
Rationale	Taking steps to protect staff from work related exposure to pandemic infections is a legal requirement under health and safety legislation. While Public Health and Infection Prevention and Control Guidance can mitigate against the risks of nosocomial and community infections, employers will need to ensure that they are assessing any additional risks to workers from workplace exposures and put in place adequate measures to reduce those risks so far as is reasonably practicable.	
Legal Reference	Health and Safety at Work etc Act 1974 Management of Health and Safety at Work Regulations 1999 Control of Substances Hazardous to Health Regulations 2002 Personal Protective Equipment Regulations 1992 Workplace (Health, Safety and Welfare) Regulations 1992 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 Safety Representatives and Safety Committee Regulations 1977	
Criteria	Evidence	Legal References
The organisation has carried out, and recorded, suitable and sufficient risk assessments of work environments and work activities that could expose workers to pandemic infections.	Risk assessments	Management of Health and Safety at Work Regulations 1999, Regulation 3(1) Control of Substances Hazardous to Health Regulations 2002 Regulation 6(1)



From the risk assessments carried out, the organisation has identified who can be harmed and how, from potential exposure to pandemic infections, including individuals who may be more at risk of contracting and becoming unwell with the pandemic infection	Risk assessments	Management of Health and Safety at Work Regulations 1999, Regulation 3(1) Control of Substances Hazardous to Health Regulations 2002 Regulation 6(1)
The organisation has Identified and implemented adequate measures, to reduce potential exposure to pandemic infection, so far as is reasonably practicable, in line with the hierarchy of controls identified in the principles of prevention and principles of good practice.	Risk assessments	Management of Health and Safety at Work Regulations 1999, Regulations 3, 4 (Schedule 1) and 5 Control of Substances Hazardous to Health Regulations 2002 Regulation 7(1), 7(7) and Schedule 2A to the Regulations.
A process is in place to ensure Risk assessments are reviewed regularly and that an immediate review takes place if the risk assessment is no longer valid, or if there have been significant changes, such as changes to guidelines, outbreaks, or deaths of workers.	Corporate health and safety policy Risk assessments	Management of Health and Safety at Work Regulations 1999, Regulation 3(3) Control of Substances Hazardous to Health Regulations 2002 Regulation 6(3)



<p>Where the risk assessment has identified that PPE is required this will be provided by the employer free of charge, in sufficient quantities and will be suitable for use.</p> <p>Where required, as a result of the risk assessment, users of tight-fitting respiratory protection, such as FFP2 and FFP3 facemasks will be face fit tested by a person competent to do so.</p> <p>Information and training in the safe use of PPE, including the need for wearers to fit check tight fitting respiratory protection, is provided.</p> <p>Where individuals fail fit testing, suitable alternative respiratory protection such as a powered filtered hood, should be provided</p>	<p>Risk assessments Fit checking certificates Records of training of fit testers</p>	<p>Personal Protective Equipment Regulations 1992 Regulation 6(1)</p> <p>Personal Protective Equipment Regulations 1992 Regulation 9(1)</p>
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Suitable and Sufficient rest facilities will be readily available and accessible to allow employees to have uninterrupted breaks away from their work area.	Safety inspections	Workplace health, safety, and welfare regulations 1992 Regulation 4(1) by virtue of Regulation 25
An adequate supply of drinking water will be provided at readily accessible places to ensure hydration is maintained	Safety inspections	Workplace Health, Safety and Welfare Regulations 1992 Regulation 4(1) by virtue of Regulation 22
Workplace ventilation is sufficient to mitigate risk of exposure to airborne viruses and mechanical systems are maintained in line with manufacturer's guidelines. Where assessed as insufficient, measures are put in place to reduce the risk to workers.	Risk assessments Maintenance records	Workplace health, safety, and welfare regulations 1992 Regulation 4(1) by virtue of Regulation 6(1)
Other foreseeable risks of working in a pandemic are assessed and reduced so far as is reasonably practicable including: <ul style="list-style-type: none">• Heat stress• Work related dermatitis• Work related stress• Work related violence	Risk assessments	Management of Health and Safety at Work Regulations 1999 Regulation 3(1)



Cases of occupational disease resulting from workplace exposure to pandemic infections are reported to the regulator in line with the RIDDOR regulations	RIDDOR reports and incident data	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 Regulation 5(1)
Mechanisms are in place to ensure union health and safety representatives and occupational health are consulted on risk assessments and measures in place to reduce the risk of harm to staff.	Minutes of meetings e.g., health and safety committee	Safety Representatives and Safety Committee Regulations 1977, 4(1)
<p>Further Information:</p> <p>Control of Substances Hazardous to Health Regulations 2002 Approved Code of Practice L5</p> <p>RIDDOR Guidance leaflet INDG453(rev1)</p> <p>Personal Protective Equipment regulations 1992 Guidance on Regulations L25 (3rd edition)</p> <p>Respiratory Protective Equipment at Work: A practical guide HSG53</p> <p>Guidance on respiratory Protective Equipment (RPE) Fit Testing INDG479 (rev1)</p> <p>Heat Stress HSE web pages</p> <p>Workplace Health, Safety and Wellbeing Regulations 1992: Approved Code of Practice L24 (second edition)</p> <p>Safety Representatives and Safety Committee Regulations 1977 (as amended) and Health and Safety (Consultation with Employees) Regulations 1996 (As amended) Approved Codes of Practice and Guidance L146</p> <p>NHS Staff Council Health, Safety and Wellbeing Partnership Group's Welfare facilities for healthcare staff NHS Employers</p>		



S - Application of the standards across the UK table

The standards can be applied across the UK but as the titles of the regulations in Northern Ireland differ, the table below should be used as a cross reference to the country specific equivalent.

Regulation in England, Wales, and Scotland	Regulation in Northern Ireland (NI)
Health and Safety at Work etc. Act 1974	The Health and Safety at Work (Northern Ireland) Order 1978
Management of Health and Safety at Work Regulations 1999	Management of Health and Safety at Work Regulations (NI) 2000
Workplace (Health, Safety and Welfare) Regulations 1992	Workplace (Health Safety and Welfare) Regulations (NI) 1993
Control of Substances Hazardous to Health Regulations 2002	Control of Substances Hazardous to Health Regulations (NI) 2003
Manual Handling Operation Regulations 1992	Manual Handling Operations Regulations (NI) 1992
Personal Protective Equipment Regulations 1992	Personal Protective Equipment at Work Regulations (NI) 1993
Provision and Use of Work Equipment Regulations 1998	Provision and Use of Work Equipment Regulations (NI) 1999
Health and Safety (Display Screen Equipment) Regulations 1992	Health and Safety (Display Screen Equipment) Regulations (NI) 1992
Control of Asbestos Regulations 2012	Control of Asbestos Regulations (NI) 2012
Electricity at Work Regulations 1989	Electricity at Work Regulations (NI) 1991
Lifting Operations and Lifting Equipment Regulations 1998	Lifting Operations and Lifting Equipment Regulations (NI) 1999
Safety Representatives and Safety Committee Regulations 1977	Safety Representatives and Safety Committee Regulations (NI) 1979
Health and Safety (Consultation of Employees) Regulations 1996	Health and Safety (Consultation of Employees) Regulations (NI) 1996
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013	Reporting of Injures Diseases and Dangerous Occurrences Regulations (NI) 1997
Ionising Radiation Regulations 2017	Ionising Radiation Regulations (Northern Ireland) 2017



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The Royal College of Midwives (RCM)
Royal College of Nursing (RCN)
The Society of Radiographers (SoR)
UNISON
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And representation from the four countries.



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