Health and Safety in General Practice

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Presentation to cover

• A brief description of the HSWA, its provisions and powers
• HSE’s role in health and social care
• How HSE work with other regulators in health and social care
• Common health and safety risks in primary care
  ➢ As applied to employers
  ➢ As applied to premises
Background to HSWA:

• Been regulating worker h&s since 1833
• Health and social care sectors since 1975
• Health and Safety at Work etc Act 1974
  ➢ secure the health, safety and welfare of persons at work;
  ➢ protect other persons from risks to their health and safety arising out of work activities / the conduct of an undertaking.
  ➢ overlap
Architecture of HSWA:

• Complementary duties on a range of people - covering all aspects of work:
  ➢ principal duties on employers
  ➢ also responsibilities on individuals – directors, managers and employees
  ➢ duties on those in control of premises
  ➢ duties on those that supply articles and substances for use at work

• So, Overlap with Health and Social Care Act.
HSWA – main provisions relevant to employee and service user safety

- Section 2
- Section 3
- Section 7
- Section 36
- Section 37
Operational role/powers of inspectors

- HSE/LA inspectors can enter any work premises
- Take measurements, photographs, samples etc
- Direct that premises be left undisturbed / articles dismantled or tested
- Take possession of articles / substances
- Require any person to give any information
- Inspect and take copies of documents
- Seize/render harmless dangerous articles /substances
- any other power which is necessary
Powers – Service of Notices

• **Improvement Notices** – Served - if - inspector - of the opinion that there has been a contravention

• **Prohibition Notices** – Served - if - inspector of the opinion that activities involve risk of serious personal injury – two types – immediate and deferred –

• **Failure to comply** – prosecution – offences are triable either way.
Health and safety – Offences and penalties

• Most offences – triable either way

• Summary conviction - £20,000 in Magistrates Court

• On indictment – unlimited fines and up to two years imprisonment

• Issue for future debate – which sanctions to use – HSE’s or other regulators?
Good Health and Safety Good for Everyone

• Ministerial statement of 21/3/11
• Register of Occupational Safety and Health Consultants
• New Health and Safety Framework
• Making Health and Safety Simpler
• Review of Health and Safety Regulation (Lofstedt)
HSE’s role in health and social care

• Well established role re employee safety
• Also have a role in service user safety
• Currently often the ‘regulator of last resort’
• Need to restrict our involvement in service user safety
• But first – what takes us into health and social care regulation?
HSE’s role in health and social care (cont’d)

• Important for us – because of numbers employed and consequent impact any reduction in injuries/cases of ill-health can have on GB-wide health and safety performance;

• Looking for new levers to exert influence

• Keen to work collaboratively with CQC - and other regulators / stakeholders
Role of Health and Social Care Services Unit

- Develop and set policy
- Advise on health and safety matters related to health and social care in GB
- Provide advice to operational colleagues
- Produce guidance
- Work with stakeholders in England, Scotland and Wales
- Respond to relevant consultations
- Contact on publicservicessector@hse.gsi.gov.uk
Working with other regulators

• Health and social care are devolved matters and there are different regulators in England, Scotland and Wales

• Currently, HSE has working arrangements in place with
  – CQC
  – GMC
  – MHRA
  – Health Improvement Scotland
  – Care Inspectorate in Scotland

• Further information is available at
  http://www.hse.gov.uk/healthservices/arrangements.htm
Traditional areas for investigation and inspection:

- Falling from windows/ stairs / from height
- Slip / trip / estate hazards generally
- Being burnt on hot surfaces like radiators
- Being scalded by hot water in baths
- Being trapped in bed rails
- Being lifted/moved in an unsafe manner
- Exposure to infections e.g. legionella
- Care or safety issues? Overlap…. 
All have common characteristics

• They affect both patients / service users and employees

• Work with other stakeholders to agree, set, implement and monitor standards is essential

• We will only make a significant difference with a strategic, co-ordinated, collaborative approach

• Commissioning is relevant to them all and is important to the commissioning board, HSE and LAs
Commissioning

• The legal duties – Section 3 HSWA

• Social care is important, but so also is primary and secondary care

• Guidance is vital – seeking a proportionate approach to the commissioner’s duties: burdens vs. benefits

• Joint work with others is essential - CB

• Linked work on community equipment supply and direct payments
Common health and safety issues in primary care settings

• Employer duties and responsibilities
  – To assess and control real risks
  – To report serious injuries / diseases

• Premises
Risk assessment

• To also cover balance and proportionality
• Sensible risk management concentrating on real risks likely to cause harm
• 5 steps of risk assessment

http://www.hse.gov.uk/risk/index.htm
Tackling work-related stress

The truth about work-related stress

• No one definition but plenty of Google entries!

• HSE defines work-related stress as:

  • “…the adverse reaction people have to excessive pressure or other types of demand placed on them.”
What does it mean for business?

- Increased sickness absence
- One case can lead to an average of 21 days off work
- Poor productivity
- Staff not working to their full potential
So what can you do?

As stress remains a big problem

• Line manager competency – the first line of defence
  http://preventingstress.hse.gov.uk/content/Home.aspx

• Management Standards – tell us about your experiences

Research has identified 4 areas of manager behaviour that are effective in managing stress

✓ RESPECTFUL AND RESPONSIBLE: MANAGING EMOTIONS AND HAVING INTEGRITY

✓ MANAGING AND COMMUNICATING EXISTING AND FUTURE WORK

✓ MANAGING THE INDIVIDUAL WITHIN THE TEAM

✓ REASONING/MANAGING DIFFICULT SITUATIONS
• Guidance on good control practice
• Practical, plain English, no technical terms
• Step-by-step risk assessment
• Provides solutions – identifies adequate controls
• Tells you when expert help is needed
• COSHH Essentials – http://www.coshh-essentials.org.uk/
Infection control

Control of infection is an important consideration throughout the healthcare environment. There may be the potential for exposure to a range of human pathogens with the consequent risk of harm or disease.

The COSHH also applies to infections at work. This means that the general requirements of COSHH, i.e. risk assessment and prevention or control of exposure will apply in all primary care settings.
Infection control

All practices should have an infection control policy that addresses such issues as:

• education and training of staff in infection control issues;
• protocols on hand washing;
• aseptic procedures;
• good sanitation - disinfection and decontamination including domestic cleaning;
• ill-health reporting and recording;
• monitoring, surveillance and audit;
• prevention of exposure to blood-borne viruses, including prevention of sharps injuries and immunisation policies for at risk staff;
• use of personal protective equipment including powder-free latex gloves;
• generation, collection and disposal of clinical waste.
Glove Selection

Employers should carefully consider the risks when selecting gloves for use in healthcare.

Latex proteins which can be found in single use gloves can have the potential to cause asthma and dermatitis.

You must assess the risks when selecting gloves for use in the workplace. This is required to decide on the most suitable glove type, e.g., single use or reusable and material they are manufactured from.

You should consider the following:

• Decide whether or not protective gloves are required at all?
• If required, they must be suitable. This means they provide adequate protection against the hazard.
Glove Selection

• To ensure suitability, consider:
  – the work, substances handled, other hazards, type and
duration of contact.
  – the wearer, comfort and fit
  – the task, i.e need for dexterity, sterility issues.

• If the assessment leads to latex as the most suitable glove type
for protection against the hazard, then:
  – Single use latex gloves should be low protein, powder free
  – Staff with existing allergies to latex proteins should be
    provided with alternatives
  – Consider the risks to others, i.e patients.

• Remember, if latex gloves are used in the workplace, suitable
health surveillance must be in place – a low level is likely to be
sufficient.

• Further info: www.hse.gov.uk/skin/employ/latex-gloves.htm
Dermatitis

Dermatitis – caused by contact with something that irritates the skin, i.e. latex proteins and wet work.

2008/09 inspection if Acute NHS organisations (40) by HSE OH inspectors.

Highlights from report (or low lights):

• 91% unable to identify actual incidence of skin problems
• 70% had flawed systems for reporting diagnoses cases under RIDDOR
• 46% of staff questioned had problems with their skin
• Only 34% of trusts provided information and training on hand washing and alcohol gels. However training on signs and symptoms, prevention and control was not included.

HSE will be publishing an updated report for 2010/12 later this year.

Further info: www.hse.gov.uk/healthservices /dermatitis.htm
Prevention of sharps injuries in healthcare sector

The current picture

• Estimate
  – 1.7 million workers in healthcare
  – Over 30,000 employers/contractors

• Needlestick injuries:
  – Estimates around 100,000 annual
  – 2010 Care Quality Commission survey of NHS staff - 2% reported that they had suffered a needlestick injury in the previous 12 month period
  – HPA ‘Eye of the needle report’

• HSL “Systematic Review – An evaluation of the efficacy of safer sharps devices,” 2011 (RR914)

• HSE - 22 NHS Trusts/Boards review of management of the risks of exposure to employees from blood borne viruses (BBV) as a consequence of sharps injuries
European Directive on Sharps in the Hospital and Healthcare sector

• Council Directive 2010/32/EU implementing the Framework Agreement on prevention of sharp injuries in the hospital and healthcare sector between HOSPEEM and EPSU

• Must be implemented by 11 May 2013

• Based on a social partner agreement (European healthcare employer (HOSPEEM) and trade union (EPSU) bodies)

• Proposed new GB Regulations: The Health and Safety (Sharp Instruments in Healthcare) Regulations 2012
The Sharps Regulations
What are sharps?

• Medical instruments or other objects that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin.
• Not kitchen knives
• Includes clean as well as used sharps
The Sharps Regulations
Who will they apply to?

Employers with duties:

• Employers whose primary work activity is the management, organisation or provision of healthcare

• Contractors to healthcare employers whose employees will be exposed to risks from sharps

Workers who will be protected:

• Agency or bank workers

• Students who carry out work involving risks of sharps injury

• Employees of healthcare organisations working in a patient’s home or elsewhere
Regulation 4
Use and disposal of sharps

• ‘New’ risk control measures
  – Avoid use of medical sharps SFARP.
  – Use of sharps incorporating safety mechanisms (safer sharps)
  – Medical sharps are not capped after use; and where recapping is unavoidable, use safety devices to prevent injuries
  – Place clearly marked, secure sharps containers close to the area where they are used

• Review these procedures regularly to ensure effectiveness
Regulation 5
Information and training

• Provide **information** on:
  – the risks from medical sharps,
  – relevant legal duties on employers and workers,
  – good practice in preventing injury,
  – support available to an injured person, and
  – the benefits and drawbacks of vaccination.

• Work with safety representatives in developing and promoting this information

• Provide **training** on:
  – the correct use of safer sharps,
  – safe use and disposal of medical sharps, and
  – what to do in the event of a sharps injury
Regulation 6
Arrangements in the event of injury

• In the event of a sharps injury
  – The employer must:
    • make a record
    • investigate the circumstances and causes, and
    • take any action required

• Follow-up of a sharps injury:
  – where the injury involves a potential risk of infection
    • provide medical treatment, including post-exposure prophylaxis (if advised by a doctor)
    • consider whether counselling is appropriate

• NB - the training they provide must cover the above procedures
Regulation 7
Notification of injuries

• The employee or other person who receives a sharps injury must, as soon as practicable notify their employer.

• The employee when requested by the employee must provide sufficient information as to the circumstances of the incident to enable the employer to comply with regulation 6.
Lone Working

• Staff at risk from violent and aggressive behaviour – 4 times more likely in health.

• 3rd biggest causes of major injuries and over 7 day injuries reported under RIDDOR in health and social care.

• Lone working staff at more risk, i.e. community staff and staff working alone in offices.

• More difficult to control the working environment

• High level of under reporting as staff except it as ‘nature of the job’.
Lone Working

What you need to do:

• Assess the risks. You may need both generic and individual assessments.

• Generic assessments will consider the overall risks of staff working out in the community, and identify control measures.

• Individual assessments will consider the risks from specific known individuals – considering referral information, information from other agencies, and past history.

• If individuals to be visited are a known risk, consider meeting the individual elsewhere, or with two or more staff, or other special arrangements.

• Provide adequate control measures if staff are to complete community visits.
Lone working

• Have suitable local procedures in place, which include; recording visits, movement plans, provision of communication devices, contact between visits, emergency procedures, including having, car details, NOK details etc.

• ‘Red Folder’ – code word for a problem…

• Provide the right level of training – (As a minimum all frontline NHS Staff should have received the NHS Protect Conflict Resolution training)

• Monitor and test procedures, particularly if you are expected to respond to a lone worker in trouble.

• HSE, NHS Protect and POSHH guidance
  www.hse.gov.uk/healthservices/voilence
Manual handling

- Manual handling is a major cause of back pain
- It can be avoided or the risk reduced
- What manual handling tasks are carried out in your business?
- How heavy is your heaviest load?
- What shape is it?
- Do you move and assist people?
7 Steps to managing Manual Handling

1. Identify the problem and agree to act
2. Involve the right people
3. Assess the risks
4. Avoid/reduce the risks
5. Train and inform – managers and workers
6. Managing back pain
7. Carry out regular checks
When Lifting Consider

- Load weight
- Hand distance from lower back
- Vertical lift region
- Trunk twisting
- Postural constraint
- Grip on load
- Floor surface
- Environmental factors
- Other individual risk factors

http://www.hse.gov.uk/healthservices/moving-handling.htm
Slips & trips

- Slips and trips are the most common of workplace hazards.
- Over 10,000 workers suffered serious injury because of a slip or trip last year.
- 95% of major slips result in broken bones.
- Most slips occur on wet or contaminated floor conditions.
- The solutions are often simple and cost effective.
What is the risk

Serious Injury arising from slips or trips from:

- uneven surfaces
- changes in level
- poorly selected slippery floors
- contamination or wet areas
- poor lighting
- cleaning
What is the risk?

Health and social care sector has:

• high number of staff and members of public (high foot fall)
• vulnerable population
• lack of control over footwear worn by visitors
• high number of varied premises
• frequent contamination & cleaning
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Slips and Trips – common factors

Contamination

Floor

Cleaning

Trip Hazards

Footwear
Slips and Trips – contamination
Slips and Trips – cleaning

- Put out sign
- Wet mop
- Leave out sign

- Put out sign
- Use cloth to spot clean
- Leave floor dry and remove sign
Slips and Trips – trip hazards
Trip hazards - Stairs
Slips and trips - footwear

- Flat shoes
- Good grip
- Kept clean
- Fit well

- Avoid certain footwear
  - open-toed shoes, sandals, flip-flops, heels and smooth soles, etc.
What needs to be done?

- Risk assessment of risks of S&T at all premises
- specifying appropriate flooring
- ensuring contamination is minimised
- arrangements to manage contamination
- appropriate cleaning techniques
- keeping staff and public off wet / contaminated floors – especially where smooth floors!
- footwear for certain staff at higher risk (e.g. kitchen / cleaners etc.)
Potential concerns

Summary

• slippery floors
• smooth floors in wet areas or areas likely to be contaminated (e.g. kitchen, bathrooms, near main entrances)
• wet cleaning without adequate segregation until dry
• lack of appropriate spillage response
• lack of suitable footwear (for key staff)
Potential concerns

Summary (cont.)

- obstructed / cluttered walkways
- damaged / uneven flooring or surfaces
- poor lighting
- lack of handrails where changing level
Case Study

- Alison – Health professional in large NHS Trust
- Basic slipping accident on a wet floor
- Broken ankle and severely damaged foot
- Suffered complications
- Leg amputated below the knee
- Career over, mobility restricted, quality of life impaired forever
Slips and trips due to icy conditions and winter weather

Slip and trip accidents increase during the Autumn and Winter season for a number of reasons:

• there is less daylight,

• leaves fall onto paths and become wet and slippery and

• cold weather spells cause ice and snow to build up on paths.

• There are effective actions that you can take to reduce the risk of a slip or trip. Regardless of the size of your site, always ensure that regularly used walkways are promptly tackled

• [http://www.hse.gov.uk/slips/faq.htm#icyconditions](http://www.hse.gov.uk/slips/faq.htm#icyconditions)
Falls on stairs

- Can present hazard to anyone
- Should be safe, well maintained, well marked, well lit, have handrails and be kept clear
- Steep, winding or open risers should be avoided wherever possible
- Other regulator / fire prevention officer should be involved
Links / further information

• HSE Information sheet – slips and trips in healthcare
  http://www.hse.gov.uk/pubns/hsis2.pdf
• HSE Health and social care webpage
  http://www.hse.gov.uk/healthservices/slips/index.htm
• HSE shattered lives – healthcare webpage
  http://www.hse.gov.uk/shatteredlives/industry-health.htm#js_incidents1
• HSE STEP eLearning package http://www.hse.gov.uk/slips/step/index.htm
• SHTM61 – Flooring – https://publications.spaceforhealth.nhs.uk/
• Slips pages on HSE website - www.hse.gov.uk/slips
• e-bulletin - www.hse.gov.uk/slips/ebulletin/index.htm
• Footwear - http://www.hse.gov.uk/slips/footprocure.htm
• Hazard spotting checklist -
  www.hse.gov.uk/shatteredlives/hazardchecklist.pdf
• HSL Research – Hygienic cleaning of safety floors in healthcare
Legionella

Those greatest at risk includes

- Old and infirm
- Men more susceptible than women
- Over 45 years of age
- Smokers
- Alcoholics
- Diabetics
- Existing respiratory problems
- Immuno-suppressed people
Legionella – cases

![Chart showing cases of Legionella from 2000 to 2008. The chart is divided into three categories: Nosocomial, Travel Abroad, and Community.]
Risk Assessment should include:

• the management responsibilities and name of the responsible person;

• an assessment & comprehensive schematic (where complex) of the system;

• details of precautions taken including:
  - the control method/s – inspection / monitoring and maintenance programme (eg checking the system is kept clean;

• records of operation, monitoring and remedial work;

• population exposed and risk
Methods of control of legionella in hot and cold water systems

- temperature regime;
- biocide treatments;
- ionisation treatment;
- ozone; and
- UV treatments
Store cold water at <20°C

Distribute cold water at <20°C

Store hot water >=60°C

Return water >=50°C

Distribute hot water at >= 50°C
Legionella – other controls

- Remove any dead legs
- Flush infrequently used outlets weekly
- Avoid use of flexible rubber hosing – eg. EPDM
- Keep cold and hot water tanks / cylinders clean
- Insulate pipework / tanks

http://www.hse.gov.uk/healthservices/legionella.htm
Risks of scalding / burns

Scalding

• Water temperature at sinks too high – if vulnerable people likely to use sinks restrict to maximum of 44 Deg C

Burns

• Sit or rest against hot radiators
• Fall in confined spaces or bathrooms and rest against hot pipes and/or radiators

Need to assess risks and identify hot surfaces that need covering

http://www.hse.gov.uk/healthservices/scalding-burning.htm
Asbestos duty to manage

- Control of Asbestos Regulations 2012 require duty-holder (owner or person responsible for maintenance, etc) to manage the risk from asbestos - “The duty to manage”. Actions required are:

  - Take reasonable steps to find out if asbestos-containing material (ACM) is present in non-domestic premises
  - If so, its amount, location and its condition
  - Presume materials contain asbestos unless you know otherwise
  - Keep up to date record of location, condition
What you need to do

• Assess risks of anyone being exposed to asbestos fibres

• Plan in detail how to manage risks

• Put plan into action

• Periodically review and monitor plan

• Provide information on location and condition to anyone who may come into contact with ACM’s

• The duty-holder is the person who has clear responsibility for maintenance and repair

• Applies to all non-domestic premises
Practical steps

• Check what you already know about your building, e.g. look at plans and other documents.

• Contact anyone else who may already have useful information about the building, e.g. landlord, surveyor, architect or contractor who knows the building.

• Carry out an inspection (survey) of the building. You can do this in house, especially if you simply assume materials contain asbestos. Or use an independent expert if samples have to be analysed.

• Record the results of the inspection, identifying the parts of the building where ACMs may be located.
Practical steps

• Assess the risk of asbestos fibres being released into the air from the ACMs in those areas. What is ACMs’ condition and how likely they are to be damaged or disturbed.

• Draw up a management plan. State which areas, if any, need ACMs to be sealed, encapsulated or, as a last resort, removed.

• An example management plan can be found at:

• Don’t forget to periodically review your management plan to ensure that it remains up to date.

• Make sure you act on your plan.
Construction Design and Management (CDM)

• A 'client' is anyone having construction or building work carried out as part of their business. This could be an individual, partnership or company and includes property developers or management companies for domestic properties.

• On all projects clients will need to:
  – Check competence and resources of all appointees
  – Ensure that there are suitable management arrangements for the proper welfare facilities
  – Allow sufficient time and resources for all stages
  – Provide pre-construction information to all designers and contractors e.g. if there is asbestos in the building
Electrical safety

- The law requires electrical equipment to be maintained to prevent danger. The type and frequency of user checks, inspections and testing needed will depend on the equipment, the environment in which it is used and the results of previous checks.
What you need to do

• Check that the electrical equipment is in good condition

• Many faults with work equipment can be found during a simple visual inspection:
  – Switch off and unplug the equipment before you start any checks.
  – Check that the plug is correctly wired (but only if you are competent to do so).
  – Ensure the fuse is correctly rated by checking the equipment rating plate or instruction book.
  – Check that the plug is not damaged and that the cable is properly secured with no internal wires visible.
What you need to do – cont’d

- Check the electrical cable is not damaged and has not been repaired with insulating tape or an unsuitable connector. Damaged cable should be replaced with a new cable by a competent person.

- Check that the outer cover of the equipment is not damaged in a way that will give rise to electrical or mechanical hazards.

- Check for burn marks or staining that suggests the equipment is overheating.

- Position any trailing wires so that they are not a trip hazard and are less likely to get damaged.

- [http://www.hse.gov.uk/pubns/indg236.htm](http://www.hse.gov.uk/pubns/indg236.htm)
Myth: All office equipment must be tested by a qualified electrician every year

• The reality

• No. The law requires employers to assess risks and take appropriate action.

• HSE's advice is that for most office electrical equipment, visual checks for obvious signs of damage and perhaps simple tests by a competent member of staff are quite sufficient.

• Check out our guidance below.


• Download a printable poster version 70KB [http://www.hse.gov.uk/myth/july.pdf](http://www.hse.gov.uk/myth/july.pdf)
Gas safety

• If gas appliances, such as ovens, cookers and boilers, are not properly installed and maintained, there is a danger of fire, explosion, gas leaks and carbon monoxide (CO) poisoning.

• Employers need to comply with the relevant regulations to help ensure worker and public safety. You can do this by following our advice on maintaining and servicing gas appliances, by using a Gas Safe registered engineer or a competent person.

http://www.hse.gov.uk/gas/domestic/index.htm
Any Questions?

Contact us at

publicservicessector@hse.gsi.gov.uk

Visit our web pages and sign up to e-bulletins at

http://www.hse.gov.uk/healthservices/index.htm