

Revision 6.0 : Reviewed and Developed By Policy Lead Executives	Approved By: 	Document No: 6.02
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Date Effective From: December 2024	Review Date: December 2025	

Title:	<i>Definitions</i>	
Abnormal Operation	Includes non-routine maintenance, cleaning etc.	
Accident	An accident is an undesired event which results in injury/ill health to someone or damage to property.	
Acoustic Signal	means a coded sound signal which is released and transmitted by a device designed for that purpose, without the use of a human or artificial voice	
ALARP	As Low As Reasonably Practicable	
Blood Borne Diseases	Blood-borne diseases are diseases that can spread through contaminated blood. The contaminated blood carries disease-causing organisms (known as a blood-borne pathogens), such as a virus or bacteria. When this contaminated blood enters another person's body, the healthy person can develop the disease.	
Bullying	Repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual's right to dignity at work. An isolated incident of the behaviour described in this definition may be an affront to dignity at work but as a once-off incident is not considered to be bullying. Whereas a single incident may not constitute bullying under this definition, it may be actionable under the disciplinary procedure depending upon severity and circumstances.	
Competent Person	Having regard to the task he or she is required to perform and taking account of the size or hazards (or both of them) of the undertaking or establishment in which he or she undertakes work, the person possess sufficient training, experience and knowledge appropriate to the nature of the work to be undertaken. Within the UK a person deemed competent to carry out equipment inspections could be a staff member if they have the necessary competence to perform the task.	
Competent Person for Equipment Inspection	Within the UK a person deemed competent to carry out equipment inspections could be a staff member if they have the necessary competence to perform the task	
Consequence	Is the outcome (extent) of the hazardous event	
Control Measures	The arrangements including instructions, training, equipment	
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	etc provided to eliminate or reduce risks.
Designated Contact Officer or equivalent	Where present the role of the Designated Contact Officer is to provide information in a confidential, non-judgemental and off-the-record discussion(s) to any staff member who feels that s/he is being subjected to bullying or harassment or against whom a complaint of bullying or harassment has been made, but not both. Further information relating to the role of the Designated Contact Officer and their names and contact number is available in the Dignity at Work - Procedure
DSE	Means any alphanumeric or graphic display screen, regardless of the display process involved; Including computer screens and microfiche readers and applies to both conventional cathode ray tube (CRT) display screens and other display processes such as liquid crystal displays. Display screens when showing films, videos, television pictures or for surveillance purposes are not covered.
Emergency escape or first-aid sign	means a sign giving information on emergency exits or first-aid or rescue facilities
Emergency Operation	Includes fire, chemical spills, first aid or medical treatment, anything that requires manual emergency response.
H&S	Health & Safety
Harassment (including sexual harassment)	Conduct which has the purpose or effect of violating a person's dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment for the person. It is behaviour that is unwelcome, unreciprocated and offensive to the recipient. Unlike bullying, a single incident can constitute harassment or sexual harassment Unlike bullying, a single incident may be considered harassment.
Harm	In the terms of risk management harm must be seen in the widest context. It ranges from the potential to cause a minor injury to a person or for the loss/damage of small items of property or equipment, the potential of a significant loss of Rehab Group resources such as money and buildings and the loss of human life.
Hazard	A hazard is anything (substance, person or object) that has the potential to cause harm or loss or damage
Hazardous Activity	Work that involves the use of or contact with a hazard that could result in Harm being caused to people, property or the environment
Hazardous Clinical	Medicines that are no longer in use or out of date, Infectious

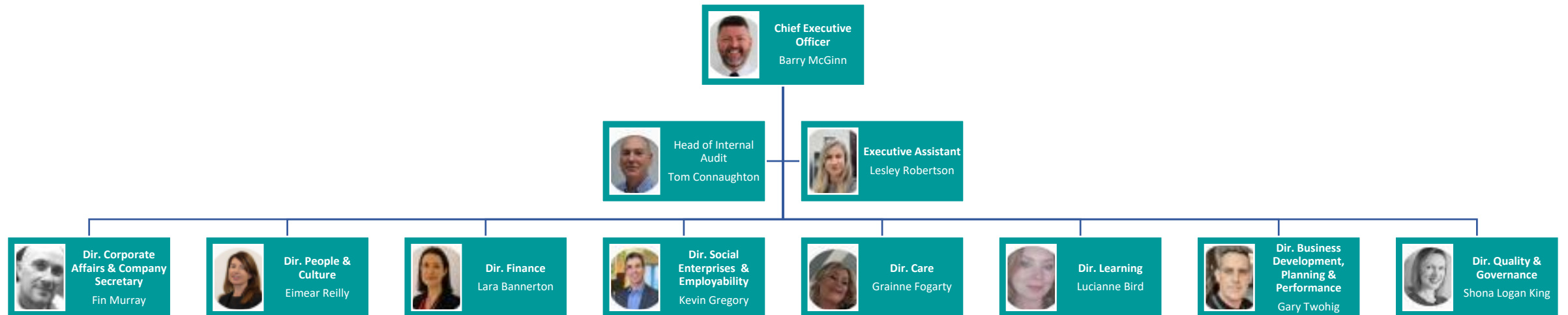
Waste	Clinical Waste (see below), Used and Unused Sharps, discarded Chemicals (not including non-toxic household chemicals)
Hazardous Event	For a hazard to cause harm a hazardous event must take place, i.e. someone or something must come into contact with the hazard.
Hazardous Waste	Lead batteries, Ni-cad batteries, Mercury Dry Cell batteries, Ink, Fax and Printer Cartridges, Florescent Tubes, Discarded Chemicals, Fridges, Electrical and Electronic Equipment.
Illuminated sign	Means a sign produced by a device made of transparent or translucent materials which are illuminated from the inside or the rear in such a way as to give the appearance of a luminous surface
Incident	An incident is an undesired event. An incident covers all undesired events; all accidents are incidents but all incidents are not necessarily accidents.
Infection	Infection is the result of a harmful living organism living on the skin or entering the body and multiplying. Infections can be present with or without any visible signs or symptoms of disease. A person may be infectious before they become unwell (i.e. during the incubation period) and during their illness. With some infections, people can become chronic carriers and remain infectious
Infectious Clinical Waste	Includes, all blood-stained or contaminated items including soiled dressings, swabs, suction catheters, tubing, wound drains, incontinence wear/waste where the service user is know or suspected of having enteric infections for example food poisoning causing diarrhoea
Information sign	Means a sign providing information other than that referred to in prohibition, warning, mandatory or emergency escape or first-aid signs
Likelihood	Is the chance (frequency) that the hazardous event will occur
Mandatory sign	Means a sign requiring specific behaviour
Mass Accident – reportable (Poland)	Is one which involves a number of victims who die as a result, or who suffer serious physical or mental injury
Medication	Any medically prescribed substance, over-the-counter medications and complementary therapy medicines, including but not restricted to essential oils, nutritional supplements and homeopathic remedies.
Near Miss	A near miss is an undesired event which does not result in an injury/ill health to someone or damage to property in the presented circumstances – <i>but <u>could</u> have resulted in an</i>

	<i>accident under any other circumstances.</i>
Non Hazardous Waste	For the purposes of this policy Non-Hazardous Waste within Rehab Group has been identified as all general domestic and office related waste. This includes non infected (normal) incontinence wear/waste for example empty urinary drainage, clear tubing, enteric feeding bags, aprons and gloves.
Normal Operation	Is considered to be the usual method of working or operating a piece of equipment or the normal activities carried out in an area
Person Affected	e.g. staff, visitors, contractors, service users, general public
Person Responsible	Identified person responsible for ensuring the relevant control measures are in place
Personal Protective Equipment	All equipment designed to be worn or held by a staff member for protection against one or more hazards likely to endanger the staff member's safety and health at work, and includes any additions and accessories to the equipment, if so designed. It does not include ordinary working clothes and uniforms not specifically designed to protect the safety and health of a staff member. Items such as gloves, gowns, masks or face shields designed to provide protection from exposure to potentially infectious germs.
Portable Equipment - Irish Definition	Work equipment which is exposed to conditions causing deterioration liable to result in danger to safety or health
Post Natal Employee	Means a staff member who gave birth not more than 14 weeks preceding a material date
Pregnant staff member	Means a pregnant staff member, a staff member who is breastfeeding or a post natal staff member who is breastfeeding (a staff member who, having given birth not more than 26 weeks previously, is breastfeeding)
Prohibition sign	Means a sign prohibiting behaviour likely to incur or cause danger
Reportable Accident (Ireland and UK)	Staff member absence of more than 3 consecutive calendar days /7 days for all UK Divisions not including day of accident any fatality arising from an accident at work any incident directly related to the workplace or a work activity that results in the injured person requiring medical treatment any medically related incident/near miss/medication error any RIDDOR incident Absence of 3 consecutive days/7 days for all UK Divisions from work due to learner/service user accidents/incidents

Risk	Is a combination of the likelihood of a hazardous event occurring and the consequence of the event.
Risk Assessment	A careful examination or anything in the work environment that could cause injury or ill health
Risk of Person/Item	Detail the harm resulting if the hazard occurs, e.g. electric shock, Back strain, loss of staff, prosecution, environmental release)
Risk Rating (RR)	A numerical score that quantifies the combined effect of the likelihood and consequence.
Safety colour	Means a colour to which a specific meaning is assigned
Safety or health signs	Means signs referring to a specific object, activity or situation and providing information or instructions about safety, health, or both, at work by means of a signboard, a colour, an illuminated sign, an acoustic signal, a verbal communication or a hand signal
Serious Accident – reportable (Poland)	Is one when at least 2 people are injured by the same external factor / event.
Sharps injury	Where the skin is penetrated by a sharp (needle, broken glass, scalpel, etc.) which has been used on a patient or been in contact with a patient's body fluids
Signboard	Means a sign which provides specific information or instructions by a combination of a geometric shape, colours and a symbol or pictogram, without written words, which is rendered visible by lighting of sufficient intensity
Significant accident	Refers to an event that results in a staff member missing more than 3 scheduled work days/7 days for all UK Divisions, or a significant injury to a staff member, service user or other while on the property of, under the care of Rehab Group or during work time e.g. fracture, burn (other than superficial), deep cut resulting in stitches, serious sprains, head injury, eye injury, serious poisoning, amputation, or in the case of a fatality
Significant Risks	Any risk that has the potential to prevent Rehab Group from achieving its corporate objectives.
Staff Member	Staff member refers to both paid and non-paid staff, contractors and volunteers
Stress	The harmful physical and emotional responses that can happen when there is a conflict between job demands on the staff member and the amount of control a staff member has over meeting these demands. In general, the combination of high demands in a job and a low amount of control over the situation can lead to stress. The demands on a staff member

	must be realistic and achievable, to that individual's abilities and skills.
Supplementary signboard	Means a signboard used together with one of the signs covered by the definition of "signboard" and which gives supplementary information, including, where appropriate, information in writing
Symbol or pictogram	Means a figure which describes a situation or requires specific behaviour and which is used on a signboard or illuminated surface
Warning Sign	Means a sign giving warning of a hazard or risk
Waste	Waste is defined as any substance or object, which the holder discards or intends or is required to discard
Work Equipment - UK Definition	Any equipment which is used by a staff member at work
Workstation	Means an assembly comprising display screen equipment, which may be provided with a keyboard or input device or software, or a combination of the foregoing, determining the operator and machine interface, and includes— (a) a work chair and work desk or work surface, (b) any optional accessories and peripherals, and (c) the immediate work environment of the display screen equipment

RehabGroup Senior Leadership Team(SLT)



Safety Statement Changes Version 6.02

Ref. Number	Procedure/Page Names	Changes from V6.01
Page 1	CEO Sign off Page	CEO Signature & Date Changes
Page 2	Safety Statement Changes Version 6.02	All changes made from 6.01
Page 3	Contents Page	Updated Content Page to reflect relevant updates to V6.02.
SECTION 1		
1.1a	Organization Chart	Titles & Position Changes
SECTION 2		
COR-HES-001	Health & Safety Policy	CEO Signature/Date & Version Change
Section 10	10.20P – Chemical Hazards – Household/Cleaning/Industrial Chemicals	Update to Step 3 – use of locked cupboards. Version Change 6.02
Section 12	Appendix 7.0	Update to Register of Legislation to include. • Guidance on Managing the Risk of Lone Working in the Health and Social Care Sector 2024 • Guidance on Managing the Risk of Work-Related Violence and Aggression 2024 • Chemical Agents Code of Practice 2024 • Occupational Safety and Health Guidance on Vulnerable Workers in the Workplace 2024
	Appendix 2.1	Update to V6.02 for staff sign off
Other changes		
All other procedures and page footers will remain as version 6.0		

<u>Section Number</u>	<u>Revision</u>	<u>Description</u>
1.0	6.00	Senior Management Responsible for H&S Rehab Group Organisational Health & Safety Chart Definitions Listing
2.0	6.02	H&S Policy Statement
3.0		Organisation
3.1	6.00	Overview of Health & Safety Management Structure & Organisation Responsibilities
3.2	6.00	Resources
4.0		Safety Management System
4.1	6.00	Accident and Incident Reporting
4.2	6.00	Health & Safety Auditing
4.3	6.00	Volunteers, Visitors, Contractors
4.4	6.00	Control of Contractors
4.5	6.00	Maintenance of Equipment
4.6	6.00	Personal Protective Equipment
4.7	6.00	Pregnant, Post Natal and Breastfeeding Employees
4.8	6.00	Record Keeping
4.9	6.00	Risk Assessment
4.10	6.00	Hazard Inspections
4.11	6.00	Safety Signage
4.12	6.00	Welfare and Facilities
4.13	6.00	Emergency Planning
4.14	6.00	Young Person's
5.0	6.00	Consultation and Information
6.0	6.00	Safety Representatives
7.0	6.00	First Aid
8.0	6.00	Training
9.0	6.00	Revision and Review

<u>Section Number</u>	<u>Revision</u>	<u>Description</u>
10.0		Hazard Identification and Risk Assessment
10.1	6.00	Hazard Identification and Risk Assessment
		Physical Hazards
10.2	6.00	Access and Egress
10.3	6.00	Asbestos
10.4	6.00	Behaviours that Challenge
10.5	6.00	Electricity
10.6	6.00	Ergonomics
10.7	6.00	Fire
10.8	6.00	Machinery and Equipment
10.9	6.00	Manual Handling
10.10	6.00	Noise
10.11	6.00	Radon
10.12	6.00	Slips, Trips and Falls
10.13	6.00	Smoking
10.14	6.00	Vehicular Transport
10.15	6.00	Vibration
10.16	6.00	Violence at Work
10.17	6.00	Work at Height
10.18	6.00	Workplace/Working Environment
10.19	6.00	Foreign Travel
		Chemical Hazards
10.20	6.02	Chemical Hazards
		Biological Hazards
10.21	6.00	Blood Borne Diseases
10.22	6.00	Infection Prevention and Control
10.23	6.00	Food Safety
10.24	6.00	Clinical Waste
		Human Factor Hazards
10.25	6.00	Managing Behaviours that Challenge - Psychological Effects
10.26	6.00	Lone Workers
10.27	6.00	Bullying & Harassment (Dignity in the Workplace)
10.28	6.00	Workplace Stress
10.29	6.00	Intoxicants in the Workplace
11.0	6.00	Service/Location Safety Management System

A list of the Safety Statement appendices follow however all documents can be found on SharePoint or by contacting your divisional Health & Safety Manager/ Officer.

12.0	6.00	Appendices List
Appendix 2.1	6.02	Read and Understood Declaration Form
Appendix 2.2	6.00	Responsible Persons Contact Details Form
Appendix 2.3	6.00	Important Telephone Numbers Form
		Accident / Incident Report Forms
Appendix 3.1	6.00	Staff / Witness Report Form
Appendix 3.2	6.00	Accident and Incident Report Form – Stage 1
Appendix 3.3	6.00	Accident and Incident Investigation Report Form – Stage 2
Appendix 3.4	6.00	Accident and Incident Medication Investigation Report Form – Stage 2
Appendix 3.5	6.00	Accident and Incident Investigation Report Form – Stage 3
		Risk Assessment Forms
Appendix 4.1	6.00	Workplace Risk Assessment Form
Appendix 4.2	6.00	Hazardous Chemical Risk Assessment Form
Appendix 4.3	6.00	Moving and Handling Risk Assessment Form
Appendix 4.4	6.00	Person Handling Risk Assessment Form
Appendix 4.5	6.00	Pregnant Employees Risk Assessment Form
Appendix 4.6	6.00	Visual Display Unit (VDU) Workstation Assessment Form
Appendix 4.7	6.00	Foreign Travel Risk Assessment Form
		Audit / Inspection / Checklist / Other
Appendix 5.1	6.00	Hazard Inspection Checklist
Appendix 5.2	6.00	Manager Audit Form
Appendix 5.3	6.00	Workplace Hazard Risk Identification Form
Appendix 5.4	6.00	Checklist for Forklift Trucks
Appendix 5.5	6.00	Forklift Weekly Inspection Record
Appendix 5.6	6.00	Machinery Inspection Form
Appendix 5.7	6.00	Equipment Evaluation Form

Appendix 5.8	6.00	Fall Arrest Equipment Inspection Checklist Form
Appendix 5.9	6.00	Guidelines for the Inspection of Fall Arrest Systems
Appendix 5.10	6.00	Health & Safety Committee Terms of Reference
Appendix 5.11	6.00	Report of Thorough Examination GA1 Form – e.g. Hoists (Ireland ONLY)
Appendix 5.12	6.00	A Guide to People Handling
Permit to Work Forms		
Appendix 6.0	6.00	Permit to Work System – Guidance for Managers / Supervisors
Appendix 6.1	6.00	Permit to Work Request, Authorisation Permit to Work
Legislation Appendix		
Appendix 7.00	6.02	Register of Legislation

POLICY*

This policy applies to all Rehab Group companies

Title:	<i>Health & Safety</i>
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Policy Statement

Rehab Group is committed, in so far as is reasonably practicable, to providing a safe and healthy work environment for all staff members, service users, learners, volunteers, visitors, contractors and others who may be affected by our operations.

The organisation will comply with all related Health & Safety legislation, and any relevant codes of practice or safe practice recommendations.

The allocation of responsibilities for safety, and the arrangements and resources being deployed to implement this policy, are outlined in this policy and associated procedures.

It is important that all staff members are familiar with the arrangements for Health and Safety in the organisation and their own service/centre/business, and should incorporate these as an integral part of their work tasks.

The procedures associated with the policy will be based on an identification of hazards and assessment of the risks to the Health and Safety of staff members and others who may be affected by the activities of Rehab Group.

Rehab Group is committed to on-going monitoring of safety performance, training and development, communication and continuous improvement in the area of Health & Safety. This policy and the safety statement are available within each service/centre/business within the Rehab Group. Further copies will be available from the relevant Health & Safety Manager/Officer to internal and interested external parties.

This policy will be reviewed periodically to ensure that it remains relevant and appropriate to the organisation. It will be reviewed at least annually and/or following significant changes by the Health & Safety Manager/Officer(s).

Staff members are invited and facilitated to report all Health and Safety issues and concerns and to contribute and co-operate to the improvement of safety, health and welfare in Rehab Group through their Supervisor/Manager, or Safety Representative or relevant Health & Safety Manager/Officer.

* Rehab Group may amend, replace or withdraw this policy, and/or any related policies, procedures or guidelines, from time to time at its absolute discretion

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Details of safety arrangements specific to a service/centre/business shall be set out by each service/centre/business and is available in the relevant procedure or guidelines document/s. In addition, each service/centre/business shall conduct its own risk assessments which will be relevant, up-to-date and specific to the risks of that particular service/centre/business.

SIGNED 

DATED December 2024

PROCEDURE*

Title:	<i>Overview of Health & Safety Responsibilities</i>
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Procedure-Instructions

The Safety Statement is applicable to all services and all employees throughout Rehab Group.

The Safety Statement places obligations on both management and employees to ensure that the Rehab Group Safety Management System is fully integrated throughout the organisation, to ensure the safety, health and welfare of all employees and those affected by our activities.

To support staff carrying out this responsibility, and to ensure staff's health and wellbeing at work, the Rehab Group has a health and safety structure and process in place. The following procedure sets out specific health and safety duties and specific roles, as it relates to health and safety management and structure.

CHIEF EXECUTIVE

The Chief Executive, as appointed by the Rehab Group Board has overall and ultimate Executive responsibility for the safety, health and welfare of staff members in Rehab Group and others who may be affected by our activities.

Responsibilities:

- Ensure there is an effective safety management and risk management system in place.
- Provide the leadership and commitment to support an enhance a successful health and safety management system.
- Ensure each staffs member's role and responsibility in relation to Health Safety Responsibilities is clear.
- Ensure compliance with Health & Safety legislation.
- Ensure safety considerations are included as an integral part of the organisations' management programme.
- Ensure safety responsibilities are suitably allocated, understood and accepted by identified persons.
- Ensure financial and any other relevant resources are available as far as possible for the organisation's safety programme.
- Ensure Health & Safety issues are given priority at Senior Leadership Team meetings, as necessary.
- Ensure all management and staff members under their control are held accountable for their performance in relation to occupational Health & Safety.

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- Ensure that disciplinary procedures exist for wilful breaches of safety standards as set out under the provisions of relevant Health & Safety legislation and applicable Regulations.

Director of People, Culture and Transformation

Responsibilities:

- Ensure that the relevant Divisional Directors are advised on human resource aspects of safety matters.
- Ensure that the duties of responsible persons, key personnel and the management team in relation to Health & Safety are included in their job descriptions.
- Ensure that disciplinary procedures exist for wilful breaches of safety standards as set out under the provisions of relevant Health & Safety legislation and Regulations.
- Ensure that relevant safety information and training e.g. legislative requirements, manual handling, fire prevention etc. is incorporated into staff induction training.
- Ensure that Health & Safety training programmes are formulated and reviewed on an annual basis.
- Ensure that Health & Safety training programmes are in line with current Health & Safety legislation, recommendations and good practice.
- Ensure that Health & Safety training needs which are identified are fully assessed and addressed as appropriate.
- Familiarise themselves with the contents of the Rehab Group Safety Statement.
- Implement the safety statement within their department.

Director of Quality and Governance

Responsibilities:

- Provide oversight that the Safety Management Programme is effectively integrated across all disciplines and services, and is successfully communicated and implemented throughout the organisation.
- Ensure Health and Safety is at the forefront of service provision and is an integral part of the management process.
- Provide the leadership and commitment to support an enhance a successful health and safety management system.
- Ensure adequate and accurate health and safety performance reports are communicated to the Senior Leadership Team and Board in a regular and timely manner.
- Ensure consultation with your staff members or their representative bodies is facilitated.
- Ensure the necessary resources are made available for the effective implementation of the Safety Management Programme.
- Ensure that they and all staff implement the safety statement within your

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department.

Head of Health & Safety

Responsibilities:

- Monitoring compliance with the Safety Statement and Health & Safety legislation and to report regularly to the relevant divisional management in this regard.
- Coordinate Health and Safety incident reporting in order to comply with regulatory and funder requirements, while providing operational and executive management teams with trends and analysis.
- Ensure there is a standardised audit mode that caters for the diverse needs of services, while providing assurances to Senior Management and the Board.
- Promote a Health & Safety culture, through strong leadership, regular communication and events.
- Communicate with managers to ensure they are aware of organisational obligations under Health & Safety legislation and best practice recommendations.
- To advise on measures to be implemented and maintained throughout the organisation to reduce potentially hazardous situations and practices.
- Implement risk based escalation criteria to ensure that serious Health and Safety issues are escalated to Senior Management as appropriate.
- Oversee the drafting and maintenance of Health and Safety policy, procedures and guidelines in order to comply with jurisdictional regulatory requirements.
- Liaise with state and semi state authorities on Health & Safety issues.
- In consultation with Management review the risk register and bring to the attention of the Chief Risk Officer any significant health and safety risks identified.

Health and Safety Managers/Officers

Responsibilities:

- Co-ordinate and participate in when appropriate, safety management audits and inspections and to report on outcomes.
- Manage/coordinate the Health & Safety Committee function as outlined in the safety statement. Disseminate/communicate the recommendations of the Health & Safety Committee to Senior Management as appropriate and relevant departments
- Maintain and develop the incident database and maintain records of inspections, incidents, dangerous occurrences and information relating to Health & Safety.
- Liaise with, support and guide the safety representatives in their role.
- Identify any Health & Safety training needs, ensure that appropriate training is available and to support the implementation of such training.
- Monitor the effectiveness of Health & Safety training, and in liaison with the divisional or in-house trainers assess the training and report findings to the relevant management.

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- To schedule and chair any hazard identification and risk assessment meetings.
- To document the results of any risk assessment or safety review.
- To ensure that safety controls are put in place and maintained which are appropriate to the risks identified in the risk assessment.

Senior Directors

Senior Directors are responsible for ensuring that appropriate structures are in place for the effective integration of health, safety and welfare across all disciplines and services within their area of responsibility.

Senior Directors are responsible for ensuring that throughout operation divisions:

- there is an appropriate system in place for the implementation of health and safety policies, procedures, protocols and guidelines.
- Provide the leadership and commitment to support an enhance a successful health and safety management system.
- Ensure Health and Safety is at the forefront of service provision and is an integral part of the management process.
- Adequate and appropriate structures are in place to develop, implement, communicate and review the Safety Management System.
- There is an appropriate system in place for the management/escalation of risks which cannot be managed or controlled.
- Suitable arrangements are in place to facilitate effective consultation on matters pertaining to safety, health and welfare.
- Emergencies are planned for and responded to in an effective, consistent and co-ordinated manner
- Key performance indicators in relation to safety, health and welfare are defined, reviewed and reported on.
- assurance is sought to ensure that the systems, processes and resources necessary to manage safety health and welfare are in place

Regional Operating Officer

Head of Function / Business Division/function (or equivalent) - (most senior operational/functional manager within the respective division).

The Regional Operating Officer or equivalent has responsibility for the implementation of Rehab Group Health & Safety policy in their areas of responsibility.

Responsibilities:

- Familiarise themselves with the contents of the Rehab Group Safety Statement.
- Ensure Health and Safety is at the forefront of service provision and is an integral part of the management process.

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- Implement the safety statement within their regions.
- Actively promote a Health & Safety agenda within their region.
- Participate in Regional Health & Safety Committee Meetings.
- Evaluate Health & Safety reports within their region.
- Report their findings to the Chief Operating Officer, Rehab Group.
- Meet with the relevant Health & Safety Manager/Officer on a regular basis in order to assess Health & Safety training, the implementation of the safety management system and fire reports within their region.
- Plan corrective action where Health & Safety issues arise within their region.
- Evaluate results of Health & Safety audits. Report findings to the relevant Senior Leadership Team and recommend any necessary corrective action.
- As part of the evaluation of Health and Safety audit findings, specifically review the findings relating to risk assessment within their region. Report findings to the relevant Rehab Group Director(s). And recommend any necessary corrective action.
- Evaluate results of fire reports within each region and plan any necessary corrective action.
- Ensure all incidents within their region are reported to the relevant Health & Safety Manager/Officer.
- Ensure Health and Safety issues are given priority at management meetings as necessary within their respective regions/areas of responsibility.

Integrated Services Manager

The Integrated Service Manager (ISM), or equivalent, has responsibility for the implementation of Rehab Group Health and Safety policy in their respective centres.

Responsibilities:

- Familiarise themselves with the contents of the Rehab Group Safety Statement.
- Implement the Safety Statement within their area.
- Actively promote a Health and Safety agenda within their area of responsibility ensuring safety is at the forefront of service provision .
- Participate in Regional Health & Safety Committee Meetings.
- Complete the risk assessments in service/centre/business under their control that identify hazards and assess risks to staff members and other affected by our activities with the managers or review the risk assessment on an on-going basis with the manager. Implement or ensure any necessary control measures are implemented.
- Ensure that risk assessments in all service/centre/business within their area are up-to-date and sufficiently address the risks arising in those services/centres/businesses.
- Audit the service/centre/business under their control on an on-going basis.
- Ensure that there are written fire evacuation procedures in the service/centre/business under their control and risk assessments conducted for

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specific problems encountered.

- Evaluate the results of any fire reports and plan any necessary corrective action.
- Ensure hazard inspections are conducted in service/centre/business under their control and that these reports are kept available for inspection by relevant persons.
- Ensure that all staff receive and attend relevant safety training in the service/centre/business under their control.
- Ensure that any incident that occurs as a result of a breach of the Health and Safety policy is adequately addressed with the person(s) involved and that any action taken is documented.
- Ensure that risks identified are addressed and that significant risks are brought to the attention of the relevant Health & Safety Manager/Officer, and the /Regional Operating Officer.
- Ensure that appropriate debriefing, follow-up and support of staff members involved in significant incidents has taken place, irrespective of whether or not an injury has occurred.
- Ensure on-going consultation with staff members or staff member safety representatives is facilitated and takes place.
- Following a visit from a Health & Safety Inspector; ensure a copy of the findings is sent to the relevant Health & Safety Manager/Officer without delay. Discuss the findings and/or recommended changes with the relevant Health & Safety Manager/Officer.

Head of Learning & Organisational Development

Responsibilities:

- Ensure that Health and Safety training programmes are formulated and reviewed on an annual basis with the assistance of the relevant Health & Safety Manager/Officer (where present) or Human Resources Team.
- Deliver or co-ordinate the deliverance of a range of Health & Safety training initiatives, both centrally and at a local level.
- Deliver or co-ordinate the deliverance of Health and Safety training programmes in line with current Health & Safety legislation.
- Assist in the design, development and implementation of Health & Safety training programmes within Rehab Group.
- Review Health & Safety training programmes on an on-going basis.
- Bring any Health and Safety training issues that arise to the attention of the relevant Health & Safety Manager/Officer as necessary.
- Provide regular Health and Safety Training reports to the Health and Safety Managers identifying compliance, non compliance and evaluation feedback on health and safety courses delivered.

Designated Person responsible for Property & Facilities Functions

Rehab Group PROCEDURE

The Designated Person responsible for Property and Facilities has overall responsibility for the implementation of the Rehab Group Safety Management System in the departments under its remit.

Responsibilities:

Specific to Built Environment:

- Projects undertaken by the Property and/or Facilities Departments will adhere to the criteria set out under the Safety, Health and Welfare at Work (Construction) Regulations 2013 (S.I. NO. 291 of 2013)
- The Designated Person responsible for Property and Facilities will ensure that, for projects under the remit of the Property Department and/or Facilities Department, only competent persons are engaged as contractors, architects and consultants on behalf of the Rehab Group. Competent persons are defined as those who possess sufficient training, experience and knowledge appropriate to the work they are to undertake.
- The Property Department, under the management of the Designated Person responsible for Property and Facilities, will develop a Schedule of Testing for the following: Fire Certificates, Legionella, Thermal Imaging, Asbestos and Radon. Risk Assessments, appropriate to the current standards, will be conducted by competent persons and the Results Register compiled and circulated to Managers.
- Will comply an annual schedule for Planned Preventative Maintenance for premises, to be used as guidance document by Managers.
- The Designated Person responsible for Property and Facilities, or appointed Property Department staff member, will assist with the temporary/permanent relocation in the event of unforeseen events. They will work with the relevant Director and Operations Management to source suitable, alternative accommodation to ensure business continuity.
- The Designated Person responsible for Property and Facilities, or appointed Property Department staff member, will communicate directly with Senior Management and Health and Safety Managers (as appropriate) in relation to Property-led planned projects in operational locations.

Buildings Officer, Property Projects Officer, Newgrove Housing Association Development Officer

The above post has certain responsibilities for health, safety and welfare in the context of the built environment.

Responsibilities:

- Projects undertaken by the Property and/or Facilities Department will adhere to the criteria set out under the Safety, Health and Welfare at Work (Construction) Regulations 2013 (S.I. NO. 291 of 2013)
- Upon notification from the Manager/Business of a building related risk, will assist all stakeholders in reducing this risk to the lowest reasonably practicable level.

Rehab Group PROCEDURE

- Ensure that the Designated Person responsible for Property and Facilities is advised on safety matters relating to Property Management.

Facilities: The Facilities Coordinator for the has the responsibility for health and safety at specific designated sites.

Responsibilities:

- To be responsible for monitoring compliance with the Health and Safety Statement and Health and Safety legislation and to report regularly to management in this regard.
- Revise and update the relevant site Safety Statements as changes occur, and distribute to all Rehab Group managers on the site.
- Ensure implementation of Rehab Group health and safety policies in accordance
- Co-ordinate quarterly Hazard Inspections by HO Managers for their areas on site. Conduct hazard inspections of common areas as appropriate. Collate information from all hazard inspections from all areas and compile reports for the Property Manager.
- Ensure that safety controls are put in place and maintained appropriate to the risks identified in the risk assessment.
- Promote a health and safety culture on site, through regular communication and events
- Maintain regular communication with company health and safety managers and keep up to date on health and safety matters.
- Advise on measures to be implemented and maintained throughout the building to reduce potentially hazardous situations and practices.
- Maintain records of inspections, incidents, dangerous occurrences and information relating to health and safety.
- Liaise with site managers on Incident Reports .
- Ensure the completion of the Fire Fact File for the relevant buildings on the sites, to include all fire fighting equipment, fire extinguishers etc.
- Ensure that Fire Marshalls have been nominated for all buildings on the site. Conduct fire drills in accordance with Rehab Group health and safety policies.
- Ensure all contractors submit an up-to-date copy of their own safety statement, a plan of work and/or method statement and Public Liability Insurance Policy prior to contract agreement.
- Ensure general compliance with the Safety, Health and Welfare at Work (Construction) Regulations 2013 where relevant.
- Ensure that risk assessments cover all areas of Facilities department business activities – operational, financial, clinical and non-clinical including health and safety.
- Ensure that the requirements of health and safety legislation are being met within their area.

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Centre Manager - includes all positions with a management responsibility for resources, including premises, staff (including volunteers), equipment and the delivery of services. This includes positions where “Manager” may not appear in the job title.

Responsibilities:

- Familiarise themselves with the contents of the Rehab Group Safety Statement and where necessary the Rehab Group Warehouse Safety Policy and Procedures.
- Implement the safety statement within their service/centre/business.
- Bring to the attention of all staff reporting directly to them and relevant others (e.g. volunteers, students on work experience), the contents of the safety statement and risk assessment, in a form and manner as appropriate, that is reasonably likely to be understood by the staff members concerned.
- Ensure that new staff, and all staff on an annual basis sign the safety statement as read and understood. Instruct staff to raise any areas of concern, and the staff meeting minutes should outline how any concerns were addressed.
- Conduct a written risk assessment that identifies hazards and assesses risks in the service/centre/business under their control, and implement any control measures necessary to prevent injury or harm occurring to staff members in the workplace, or other affected by our activities.
- Ensure the risk assessment is a working document, which is relevant and up-to-date at all times.
- Communicate the contents of the risk assessment to the service/centre/business staff on an on-going basis.
- Ensure that risks identified are addressed and that significant risks are brought to the attention of their immediate manager and/or the relevant Health & Safety Manager/Officer.
- Ensure that new staff, and all staff at any given time sign the risk assessment and safety statement as read and understood. Document in the staff meeting minutes where changes have been made to the risk assessments and communicated to staff.
- Ensure all accidents/incidents are accurately reported, recorded and forwarded to the relevant managers and Health & Safety Manager/Officer - See section *Health & Safety - Incident Reporting* for specific duties and criteria for reporting to the Health & Safety Authority and Insurers.
- Ensure that any incident that occurs as a result of breach of Health & Safety policy is adequately addressed with the person(s) involved and that any action taken is documented.
- Conduct inspections in his/her service/centre/business and retain the records for inspection by relevant persons.
- Ensure that staff in his/her service/centre/business receive relevant safety training by notifying their training contact of any training requirements.
- Keep up-to-date written training records detailing Health & Safety courses attended

Rehab Group PROCEDURE

by staff.

- Ensure that staff within the service/centre/business under his/her control attend scheduled safety training.
- Draw up and devise a written fire risk assessment with the assistance of the Health & Safety Manager/Officer (where present) or their immediate line manager, for any service/centre/business under their control. Ensure the risk assessment is kept up to date to include any additional or subsequent hazards identified.
- Conduct fire drills and complete records of fire drills.
- The Manager shall appropriately induct all staff including relief staff on fire, emergency procedures and the evacuation plan in that service/centre/business, department before they commence work, and in particular, prior to any staff member working alone.
- Actively promote a Health & Safety agenda within their area of responsibility.
- Implement any recommended hazard control measures.
- Provide or arrange appropriate follow-up and support of staff members involved in significant incidents, irrespective of whether or not an injury has occurred.
- Ensure that Health & Safety is included on the agenda of the regular staff meetings and closely monitored and reviewed on an on-going basis.
- Ensure Health & Safety issues arising in their area are addressed.
- Ensure on-going consultation with staff members or staff member safety representatives is facilitated and takes place.
- Ensure that any alterations to the structure or internal changes to the service/centre/business are firstly approved by the relevant Divisional Director, Rehab Group.
- Following a visit from a Health & Safety Inspector; ensure a copy of the findings are sent to the relevant Health & Safety Manager/Officer without delay. Discuss the findings and/or recommended changes with the relevant Health & Safety Manager/Officer.
- Ensure all maintenance and engineering work necessary for safety and good health is carried out as soon as reasonably practicable.
- Ensure all contractors submit an up-to-date copy of their own safety statement, a plan of work and/or method statement and Public Liability Insurance Policy prior to contract agreement. See *Health & Safety - Control of Contractors*.
- Ensure all transport operations are carried out to approved standards and in line with Health & Safety guidelines, recommendations, codes of practice and legislation.
- Ensure all drivers are appropriately licensed to drive the buses/trucks to which they are assigned.
- Ensure that all buses/trucks conform to the standards laid down for the transport of passengers, in accordance with the provisions set out in relevant Road Traffic Acts.
- Ensure that maintenance is carried out as appropriate on Rehab Group buses/trucks.
- Ensure that risk assessments on all buses/trucks are conducted and kept up-to-date.

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- Ensure that all buses/trucks are serviced as per Manufacturers guidelines.
- Ensure that servicing of the safety equipment on buses/trucks takes place as required.
- Ensure that all buses/trucks have a roadworthiness Certificate from the Department of Environment (or equivalent).
- Ensure all staff are trained in the use and checking of safety equipment on buses/trucks and that drivers check their buses/trucks daily (tyres, steering etc).
- Liaise with the Training Department (where present) in order to ensure all staff attend relevant safety training courses e.g. induction training, manual handling training etc.
- Ensure staff are suitably trained and qualified to carry out their duties in a safe manner.
- Inform Contractors and Agency staff on any risks within the service/centre/business and the relevant reporting mechanisms should any additional hazard arise.

Duties of All Staff Members

As stated in relevant Health and Safety Acts, all staff members shall while at work:

- Comply with the relevant statutory provisions, as appropriate, and take reasonable care to protect his or her safety, health and welfare and the safety, health and welfare of any other person who may be affected by the staff member's acts or omissions at work.
- Ensure that he or she is not under the influence of an intoxicant to the extent that he or she is in such a state as to endanger his or her own safety, health or welfare at work or that of any other person.
- If reasonably required by his or her employer and with the consent of the staff member, submit to any appropriate, reasonable and proportionate tests for intoxicants by, or under the supervision of, a registered medical practitioner who is a competent persons, as may be prescribed.
- Co-operate with his/her employer or any other person so far as is necessary to enable his or her employer or the other person to comply with any of the relevant statutory provisions, as appropriate.
- Not engage in improper conduct or other behaviour that is likely to endanger his or her own safety, health and welfare at work or that of any other person.
- Attend such training and, as appropriate, undergo such assessment as may reasonably be required by his or her employer or as may be prescribed relating to safety, health and welfare at work relating to the work carried out by the staff member.
- Having regard to his or her training and the instructions given by his or her employer, make correct use of any article substance provided for use by the staff member at work or for the protection of his or her safety, health and welfare at work, including protective clothing or equipment.
- A staff member shall not, on entering into a contract of employment, misrepresent

Rehab Group PROCEDURE

himself or herself to an employer with regard to the level of training.

- Each member of staff will use suitable protective clothing, equipment, etc. for the purpose of securing his/her own safety, health and welfare.
- A person shall not intentionally, recklessly or without reasonable cause interfere with, misuse or damage anything provided under the relevant statutory provisions or otherwise for securing the safety, health and welfare of persons at work, or place at risk the safety, health or welfare of persons in connection with work activities
- Report to his or her employer or to any other appropriate persons, as soon as practicable:
 - Any work being carried on, or likely to be carried on, in a manner which may endanger the safety, health or welfare at work of the staff member or that of any other person,
 - Any defect in the place of work, the systems of work, any article or substance which might endanger the safety, health or welfare at work of the staff member or that of any other person, or
 - Any contravention of the relevant statutory provisions which may endanger the safety, health and welfare at work of the staff member or that of any other person, of which he or she is aware.
- Staff members shall read and familiarise themselves with the safety statement and risk assessment.
- Each member of staff will adopt a safety conscious attitude.
- Staff members shall familiarise themselves with safe work practices in their service/centre/business and observe these at all times.
- Staff members shall adhere to all relevant Health & Safety legislation.
- Staff members shall attend training courses necessary to protect their own safety, health and welfare or that of others affected by their activities.
- Staff members shall report and accurately record any accidents or incidents that occur at work.
- Staff members shall co-operate fully with any accident/incident investigation, and provide any relevant information which may be useful.
- Staff members are obliged not to smoke, except in designated external smoking areas.
- Each individual has a responsibility to maintain their workplace in a clean and tidy manner, in so far as is reasonably practicable, in the interest of safety, health and welfare.
- Practical jokes or any form of unsafe conduct that may jeopardise the safety, health and welfare of an staff member, service user, visitor, contractor, or other, are not acceptable.

PROCEDURE*

Title:	<i>Resources</i>
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Procedure - Instructions

Rehab Group undertakes to provide resources, in so far as is reasonably practicable, for the following:

- Provision of a Competent Person to co-ordinate Health & Safety within Rehab Group as per current legislation.
- Health & Safety induction training for all new staff members.
- Provision of Health & Safety training in accordance with current relevant legislation and good practice recommendations. This includes training (and refresher training where appropriate) in manual handling, first aid, fire safety, risk assessments, forklift driving, DSE (display screen equipment) training, food safety and hygiene.
- Training of safety representatives as appropriate.
- Training in the safe use of equipment/machinery; such as trolleys, hoists and fork lift trucks.
- Provision of equipment and machinery in safe, good working order and appropriate for the task involved.
- Provision of equipment necessary for Health & Safety purposes.
- Purchase and maintenance of emergency equipment; including first aid kits, fire safety equipment (fire extinguishers, smoke detectors, fire blankets) and other appliances deemed necessary for emergency purposes.
- Purchase of suitable buildings and regular maintenance of Rehab Group structures and buildings.
- Purchase of suitable bus/company vehicles and regular maintenance of Rehab Group bus/company vehicles.
- Structural/building repairs necessary to safeguard the health, safety and welfare of staff members in the workplace and others affected by our activities.
- Maintenance required ensuring safe access and egress for all staff members and others affected by our activities.
- Provision of a Safety Statement for all areas of employment.
- Provision of updated safety information.
- Occupational Health Services as appropriate, to include pre-employment medicals.
- Provision of protective clothing where deemed necessary.
- Provision of adequate lighting, heating and ventilation in all buildings.
- Provision of welfare facilities in accordance with relevant Health & Safety regulations.

* Rehab Group may amend, replace or withdraw this procedure, and/or any related policies, procedures or guidelines, from time to time at its absolute discretion

PROCEDURE*

Title: *Accident & Incident Reporting*

Procedure – Steps

No.	Description	Responsibility
1	All staff that are involved in or have knowledge of an accident/incident must report the incident as soon as reasonably practicable and before the cessation of their working day. This reporting responsibility should in no way interfere with the immediate management and resolution of the accident/incident. An incident should be reported on the Rehab online Incident Management System as soon as possible, but within 24hrs.	Relevant staff member supported by relevant Manager
2	Any witnesses to the accident/incident should complete the 'Staff/Witness Report Form' (see <i>Appendix 3.2</i> for sample forms).	Relevant staff member supported by relevant Manager
3	Staff/Witness Report forms and any other relevant documentation relating to the accident/incident should be submitted by the staff member to his/her line manager or designate.	Relevant staff member
4	Line managers/designates, on receipt of a Staff/Witness Report form should document details of the accident/incident and attach the statement to the Incident Report All incidents should be reviewed and signed off by the manager/designee within 7 days of the incident date.	Relevant Manager or designate
5	In cases of an accident/incident occurring which requires urgent medical attention, an ambulance shall be called immediately.	First aid officer/staff member
6	Where an accident/incident has resulted in a significant injury or occurred as a result of alleged defective equipment/property or unsafe practices, the Manager or person in charge shall notify the Relevant Manager/the relevant Health & Safety Manager/Officer by phone <u>the day of the accident/incident.</u>	Relevant Manager

* Rehab Group may amend, replace or withdraw this procedure, and/or any related policies, procedures or guidelines, from time to time at its absolute discretion

Rehab Group PROCEDURE

7	In the scenario outlined above, the manager or person in charge shall go to the scene of the accident/incident and carefully document the condition of the scene; attention should be paid to what is observed at the scene of the accident/incident (wet or dry floor, time floor last cleaned, relevant weather conditions, housekeeping conditions etc). He/She will also check and confirm the accuracy of details entered onto the accident/incident report form and document any of his/her own observations or comments.	Relevant Manager
8	An investigation shall be determined necessary where any of the following criteria are satisfied; • The accident/incident is notifiable to the relevant National Reporting Authority • The line manager directly involved feels it is warranted • Senior Management feel it is warranted • A Health & Safety Manager/Officer or other members of The Compliance Team feel it is warranted • It is relevant to an issue which has been identified as an organisational priority as part of the group/divisional compliance forums. It is the line manager's or designee's responsibility to instigate an investigation of the accident/incident.	Relevant Manager
9	Where an investigation is required, it shall be conducted by the relevant manager with the overview of a member of the Compliance Team. The Compliance Team may decide to directly carry out an investigation in certain circumstances.	Relevant Manager/ relevant Compliance Team Member
10	The Manager and relevant Senior Manager shall implement any corrective actions required arising out of the accident/incident investigation.	Relevant Manager/relevant Senior Manager
11	In accordance with Health & Safety legislation, any accident/incident at work involving staff absences of more than 3 consecutive calendar days/ 7 days for all UK Divisions or any fatality arising from an accident/incident at work, shall be notified to the relevant National Authority on a specific form (form IR1 OR F2508); these types of accident/incidents shall also be reported to the insurance company by the relevant Health & Safety Manager/Officer.	Health & Safety Manager/Officer 
12	For injuries involving service users, visitors or members of the	Relevant Health

Rehab Group PROCEDURE

	public, more than 3 days absence from work cannot apply/ 7 days for all UK Divisions. Any accident/incident directly related to the workplace or a work activity that results in the person requiring medical treatment, irrespective of its seriousness is reportable. The relevant Health & Safety Manager/Officer must be notified of all such accident/incidents as soon as practical. Failure to report accident/incidents and dangerous occurrences as soon as possible may be an offence under relevant Health & Safety legislation.	& Safety Manager/Officer 
13	In accordance with Polish Health & Safety legislation (Labour Code), an employer shall immediately notify the competent labour inspector and prosecutor (Polish Labour Inspectorate – Panstwowa Inspekcja Pracy - PIP) of a fatal, serious or mass accident at work (see definitions) and of any other accident with the above consequences which is related to work, if it may be deemed an accident at work. These types of accidents shall also be reported to the insurance company by the relevant Health & Safety Manager/Officer.	Manager / relevant Health & Safety Manager/Officer 
14	Dangerous occurrences must be reported immediately to the National Authority on a specific form (form IR3 or equivalent).	Relevant Health & Safety Manager/Officer 
15	All injured staff members shall be relieved immediately of their duties and the Manager or person in charge will arrange for transport to a doctor or hospital if this is deemed appropriate based on circumstances.	Relevant Manager
16	For injuries involving service users, in addition to the step above, the Manager shall notify the guardian(s) of the injured service user, as appropriate, the Relevant Manager and other team member(s) as appropriate.	Relevant Manager/ relevant Health & Safety Manager/Officer
17	It is recommended that staff members seek support from the Employee Assistance Programme (EAP) or similar, where it may exist.	Staff Member (where relevant) supported by the relevant Manager
18	In the event of an accident/incident occurring outside core operating hours, which is deemed <i>significant</i>, the Manager on-	Manager

Rehab Group PROCEDURE

	call, where relevant, is contacted and a doctor as appropriate.	
19	No maintenance repairs shall be made to any accident/incident scene without prior approval of the Manager/On Call Manager and the relevant Health & Safety Manager/Officer (refer to Maintenance and Repairs procedure). Assuming the scene has been made safe; the scene of a serious accident/incident or fatality shall not be disturbed or tampered with until any necessary investigations have been completed by the relevant parties.	Relevant Manager/On-Call Manager/ relevant Health & Safety Manager/Officer
20	Following an accident/incident the Manager should: • Gather all relevant information • Obtain witness statements • Review related records including training and maintenance • Document the scene with photographs following a serious accident/incident • Inspect any property involved and retain • Analyse the cause of the accident/incident, including hazardous conditions, root causes.	Manager/ relevant Health & Safety Manager/Officer
21	Where necessary the Health & Safety Manager/Officer or other member of the Compliance Team will carry out an investigation and/or a root cause analysis.	Relevant Health & Safety Manager/Officer or Designate
22	Staff involved in Accidents/incidents will be subject to Occupational Health Referral where deemed necessary/prudent by the Manager, Human Resources Business Partner or the Health & Safety Manager/Officer. The relevant Manager is expected to contact the Health & Safety Manager/Officer where accident/incident related absence is anticipated and/or where there is staff absence of more than 3 calendar days following an accident/incident/ 7 days for all UK Divisions.	Manager
23	Following the Occupational Health Assessment the report findings will be sent to the relevant HR Manager who will communicate a summary of the finding indicating fitness to work or lack thereof to the Relevant Manager.	Relevant Health & Safety Manager/Officer

PROCEDURE*

Title:	<i>Health & Safety Auditing</i>
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Procedure – Steps

No.	Description	Responsibility
1	The Manager will conduct a Health & Safety Inspection using the <i>Hazard Inspection Checklist</i> (Appendix 5.1).	Manager
2	In the UK the audit will also include accessibility considerations.	Designated competent person 
3	The relevant Health & Safety Manager/Officer will conduct regular safety audits using either the <i>Hazard Inspection Checklist</i> (Appendix 5.1) the <i>Senior Manager Audit Form</i> (Appendix 5.2) or his/her own audit template.	Relevant Health & Safety Manager/Officer
4	The Manager will accompany the relevant Health & Safety Manager/Officer during the audit, where practicable.	Manager/ relevant Health & Safety Manager/Officer
5	The audit will include a review of the service/centre/business risk assessments.	Manager/ relevant Health & Safety Manager/Officer
6	Feedback on the quality of the risk assessments and the results of the audits will be relayed to the Senior Managers (or equivalent) and the relevant Regional Operating Officer.	Manager/ relevant Health & Safety Manager/Officer
7	An annual report of audit findings will be produced by the relevant Health & Safety Manager/Officer and sent to the relevant Divisional Director.	Relevant Health & Safety Manager/Officer
8	Relevant Managers shall complete an audit of service/centre/business under their control at least annually.	Relevant Manager
9	Findings of audits conducted by the Relevant Managers shall be forwarded to the Senior Managers and the relevant Health & Safety Manager/Officer. The Senior Managers (or equivalent)	Relevant Manager/Senior Manager/

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	and the relevant Health & Safety Manager/Officer will evaluate the findings.	Relevant Health & Safety Manager/Officer
10	Health & Safety inspections must be carried out on new premises within a reasonable time frame once occupied by the relevant Health & Safety Manager/Officer and, in the UK, a Disabled Access Audit must be completed by a competent person, to ensure that all premises are DDA compliant.	Relevant Health & Safety Manager/Officer 

PROCEDURE*

Title:	<i>Volunteers, Visitors, Contractors</i>
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Procedure – Steps

No.	Description	Responsibility
1	When entering any Rehab Group service/centre/business other than one's regular place of employment, all persons must report to the Manager and to reception, where provided. All persons must sign the visitors book where provided. Please see <i>Control of Contractors</i> procedure.	Volunteer/Visitor/Contractor /Learner/Service User
2	Visitors must remain with their liaison person, or keep her/him informed of their whereabouts. Visitors must not leave the premises without informing their liaison person.	Volunteer/Visitor/Contractor /Learner/Service User
3	Volunteers, visitors and contractors must not do anything likely to put themselves or others at risk.	Volunteer/Visitor/Contractor /Learner/Service User
4	Volunteers, visitors and contractors must comply with all security measures in operation on the premises.	Volunteer/Visitor/Contractor /Learner/Service User
5	Volunteers, visitors and contractors must report all accidents/incidents to their liaison person or person in charge of the service/centre/business.	Volunteer/Visitor/Contractor /Learner/Service User
6	Any accident/ incident involving volunteers or visitors must be recorded as directed in the <i>Accident/Incident Reporting</i> procedure.	Volunteer/Visitor/Contractor /Learner/Service User
7	Any accident/ incident involving contractors must be recorded as directed in the procedure <i>Accident/Incident Reporting</i> .	Volunteer/Visitor/Contractor /Learner/Service User
8	The Manager must explain the emergency procedures and any additional safety measures pertaining to that service/centre/business to the volunteer, visitor or contractor.	Manager or designate
9	In the event of the continuous sounding of the fire bell or equivalent, volunteers, visitors and contractors must follow the instructions of staff, leaving the building at	Volunteer/Visitor/Contractor /Learner/Service User

* Rehab Group may amend, replace or withdraw this procedure, and/or any related policies, procedures or guidelines, from time to time at its absolute discretion

Rehab Group PROCEDURE

	the nearest exit and reporting to the designated assembly point. Volunteers, visitors and contractors must remain there until instructed otherwise by staff. See also local <i>Emergency Procedures</i> and service/centre/business <i>Fire Fact File</i> .	
10	The Manager will make volunteers and contractors aware of the contents of the Safety Statement, risk assessment and any other specific service/centre/business safety arrangements.	Manager or designate
11	Volunteers, visitors and contractors must observe and adhere to all safety policies, procedures and rules applicable to the area they are visiting.	Volunteer/Visitor/Contractor /Learner/Service User
12	Volunteers, visitors and contractors are prohibited from smoking in any enclosed space in Rehab Group, in accordance with current legislation.	Volunteer/Visitor/Contractor
13	Persons training for employment or receiving work experience, CE Participants and Volunteers are deemed staff members for the purpose of Health & Safety legislation and as such, are subject to all references to staff members in the Health & Safety procedures and guidelines. They should in particular be familiar with 'Duties of Staff members' in the Rehab Group <i>Health & Safety Procedure – Organisation and Responsibilities</i> which must be brought to her/his attention by their Manager or designate.	Manager or designate & Volunteer/Visitor/Contractor /Learner/Service User

PROCEDURE*

Title:	<i>Control of Contractors</i>
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Procedure – Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	Contractors must liaise on safety issues with their company contact person, or the person nominated by him/her as a liaison person.	Contractor
2	Refer to Property procedure on <i>Construction Projects .v. Construction Maintenance</i> and Project Management under Construction Regs 2013 (ROI)/Construction Design and Management Regs 2007 (UK) (as applicable) to decide if project is construction or maintenance.	Manager
3	The contractor's safety statement and plan of work must be reviewed prior to commencing work and permits to work utilised as appropriate.	Contact Person/Manager or designate
4	Contractors must have appropriate insurance cover and submit same to the relevant Manager prior to employment.	Contractor
5	Where projects fall under the remit of the Property Team, the Designated Person responsible for Property and Facilities shall have systems in place to ensure that only competent persons are employed as contractors within Rehab Group. In all other cases the Manager is responsible for this step.	Designated Person responsible for Property and Facilities /Manager or designate
6	All work done must be carried out in accordance with statutory provisions, the contractor's own safety rules and must take into account their own safety and the safety of others affected by the work they are doing.	Contractor
7	Scaffolding and other access equipment used by contractors / subcontractors must be erected and maintained in accordance with current standards.	Contractor
8	All plant and equipment brought on-site by contractors must	Contractor

* Rehab Group may amend, replace or withdraw this procedure, and/or any related policies, procedures or guidelines, from time to time at its absolute discretion

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Rehab Group PROCEDURE

	be safe and in good working order and have valid statutory certification where necessary, which will be submitted to the relevant Manager.	
9	Contractors must provide and wear protective equipment appropriate to the area where they are working. Safety signs and the instructions of the liaison person must be heeded.	Contractor
10	Company equipment and the assistance of company personnel may only be used if the liaison person gives prior approval.	Rehab Group Liaison Person
11	The contractor must report all accidents/incidents and dangerous occurrences to the liaison person without delay and must co-operate in any investigation into the circumstances of the accident/incident.	Contractor
12	Any accident/incident, near-miss must be reported on the Rehab online Incident Management System within 24 hours. Please see <i>Health & Safety – Accident/Incident Reporting</i> .	Contractor/Relevant Manager or designate
13	The contractor's own employer, and not Rehab Group, is responsible for notifying the relevant Health & Safety Inspectorate on the appropriate form.	Contractor's Employer
14	In the event of fire or emergency, an evacuation plan will come into operation. The liaison person will advise the contractor of the details of the plan and any other Health & Safety measures or procedures in place for that service/centre/business. Please see local <i>Emergency Procedures</i> and service/centre/business <i>Fire Fact File</i> .	Rehab Group Liaison Person
15	The Designated Person responsible for Property and Facilities shall ensure that safety operations form a part of the contract where appointments are made in relation to the Construction Regs 2013. Construction Design and Management Regs 2007.	Designated Person responsible for Property and Facilities or designate
16	The Manager shall ensure that contractors receive all necessary safety information. Where necessary, additional safety procedures shall be drawn up.	Relevant Manager or designate
17	The relevant Manager and contractors must complete and sign-off 'Permits to Work' for all work activities where relevant using the permit template in the Safety Statement Appendices 6.1:	Relevant Manager or designate

Rehab Group PROCEDURE

	▪ For major project works and in agreement with our H&S and Property Department contractors can use their own permit system with Rehab oversight.	
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PROCEDURE*

Title:	<i>Maintenance of Equipment</i>
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Procedure – Steps

No.	Description	Responsibility
1	A preventative maintenance system must be in place ensuring that equipment is maintained and serviced as per manufacturer's guidelines. Equipment manuals should be kept on site.	Staff Member with the support of the Staff Member's Supervisor
2	Portable electrical appliances are subject to inspections as per relevant legislation by a competent person – guidance on appropriate time periods for inspection are contained in the procedure on <i>Electricity</i> .	Manager
3	In the event of identifying faulty equipment the following procedure should be followed: a) Take steps to limit the risk e.g. isolate faulty equipment, label 'do not use', refer to mandatory safety signage and remove from area b) Report the issue to your supervisor/head c) Communicate the risk to other staff & supervisor/s d) Document the risk e.g. in the communications or service/centre/business report book e) Document the steps taken to limit the risk involved e.g. isolation of faulty hoist, phone-calls made to the servicing company	Manager/ Staff Member
4	No maintenance repairs shall be made to any accident scene without prior approval of the relevant Health & Safety Manager/Officer.	Manager
5	All cleaning or maintenance of equipment should be carried out under a safe system of work e.g. lock out/tag out.	Staff Member with the support of their Supervisor
6	Where emergency works to an accident scene are necessary in order to prevent further injuries, the accident scene should be photographed by the Manager	Relevant Manager

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	before carrying out such repairs/works.	
7	All machinery shall be regularly inspected at service/centre/business level. The Manager is responsible for ensuring such inspections take place. Portable electrical appliances should be tested by a competent person. Regularity of testing as deemed necessary by a portable appliance testing risk assessment.	Relevant Manager
8	Inspections on machinery which is deemed a risk of injury or where it is exposed to conditions which cause deterioration should be conducted using the <i>Machinery Inspection Sheet</i> (Appendix 5.6) and retained in a separate folder (see <i>Hazard Inspections</i> procedure). These inspection sheets should be kept for as long as the equipment is in service. All new equipment likely to cause harm within a warehouse environment should have an <i>Equipment Evaluation Form</i> completed (Appendix 5.7).	Designated Competent Person supported by Relevant Manager
9	Manager should ensure that any relevant specific work permit form(s) are completed for all maintenance work activities where relevant:- ▪ <i>Permit to Work</i> (Appendix 6.1)	Relevant Manager

PROCEDURE*

Title:	<i>Personal Protective Equipment</i>
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Procedure – Steps

No.	Description	Responsibility
1	Personal Protective Equipment (PPE) will be provided as appropriate for all staff members involved in any hazardous activities where it is not reasonably practicable for the organisation to control or eliminate the hazard by other means, methods, measures or procedures. Further information in the use of some specific PPE is contained within the Infection Prevention and Control policy/ procedures.	Manager
2	PPE provided shall be assessed, designed, manufactured, used, maintained, inspected, repaired and replaced in accordance with relevant legislation.	Manager / relevant Health & Safety Manager / Officer
3	All persons shall be trained, informed and instructed on the risks against which the equipment protects him/her and on the use of such PPE in a format and manner that is accessible and ensures that requirements are fully understood.	Manager
4	All persons shall use the PPE provided as directed and in accordance with the specific nature of the activity undertaken during the course of their employment.	Relevant staff members
5	The Manager is responsible for ensuring that stocks of the equipment needed in his/her respective service/centre/business are maintained in good working order and in a satisfactory hygienic condition by means of any necessary storage, maintenance, repair or replacement.	Manager
6	Areas where PPE is mandatory will be indicated with appropriate signage.	Manager

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Rehab Group PROCEDURE

The PPE provided may include:

HAND PROTECTION:

- Suitable protective gloves shall be provided and must be worn when deemed necessary by risk assessment.
- Gloves used shall be appropriate in accordance with the type of substance, agent, equipment, etc. being handled.
- Supplies of sterile and non-sterile gloves are available from designated suppliers. Non-latex options must be selected (e.g. nitrile, etc).
- Waterproof gloves are worn for dishwashing and for use with cleaning materials.
- Barrier creams are provided, if and where required.
- Where forklift batteries are refilled in the workshops, impermeable gloves, conforming to relevant standards, shall be obtained from a recognised safety equipment supplier, and must be worn.

SAFETY FOOTWEAR:

- Safety footwear must be worn when deemed necessary by risk assessment and should be provided in workshops, warehouses, to vehicle drivers and kitchen staff where appropriate.
- When selecting safety footwear consideration should be given to the need for suitable ankle support on the safety footwear within that specific work activity.

EYE AND FACE PROTECTION:

- Eye and Face Protection must be worn when deemed necessary by risk assessment where there is a risk of eye / face injuries (e.g. in designated areas, during certain activities such as when refilling of forklift batteries).

HEARING PROTECTION:

- Appropriate hearing protection must be worn when deemed necessary by risk assessment (e.g. in designated areas, during certain activities), and designated areas shall be identified by appropriate signage.

APRONS:

- Plastic aprons are worn to protect clothing from blood and body fluids.
- Over-garments or impermeable aprons are worn for food handling or preparation.
- Impermeable aprons are worn when refilling forklift

Rehab Group PROCEDURE

batteries.

- Welding aprons should be provided for welding activities.

UNIFORMS:

- *Food Handlers:* In accordance with relevant Food Safety Legislation uniforms are worn by those engaging in food handling/preparation in certain service/centre/business, as advised by the Food Safety Consultant or equivalent. This includes covering for outdoor clothing, appropriate hair protection (hair tied back, hairnets and/or hats). Food handlers should also wear appropriate closed footwear. Uniforms shall only be obtained from appropriate suppliers as they must be adequate for the task involved.
- Further information is available in the relevant divisional Food Care/Food Safety Manual.

INDUSTRIAL OVERALLS:

- Suitable industrial overalls may be required during certain activities (e.g. welding) when deemed necessary by risk assessment to protect the user during these activities.
- Disposable overalls (e.g. Tyvek) may be required during certain activities (e.g. oil / chemical spill clean up).

HIGH VISIBILITY CLOTHING:

- High visibility clothing may be required when deemed necessary by risk assessment where there is a risk of pedestrians being struck by vehicles. High visibility clothing shall be worn at all times within the 'Warehouse' work environment, where vehicles are present.

HEAD PROTECTION:

- Hard hats / bump caps must be worn when deemed necessary by risk assessment (e.g. in designated areas; where there is risk of banging ones head off an object such as in restricted spaces; or where there is a risk of falling objects).
- A hard hat with chin strap must always be worn in conjunction with fall arrest equipment during certain work at height activities to prevent the hard hat falling off in the event of a fall.

RESPIRATORY PROTECTION:

- Respiratory protection must be used when it is not possible to control exposure to hazardous substances in any other way (i.e. through engineering controls).
- Respiratory protection (i.e. dust / particulate / gas / solvent / vapour protection face masks) may be required when deemed

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	necessary by risk assessment to prevent exposure by inhalation to hazardous substances. • Face masks may only be used in areas of a low concentration of airborne contaminants. The Protection Factor of the respiratory protection to be used must be considered, and it should be as high as possible (e.g. a mask with a protection factor of one thousand (P1000) indicates that when wearing that mask, one thousandth of the level of contaminant outside of the mask will be inhaled by the user). • Face masks are not a substitute and must never be worn for low ambient oxygen levels. • Persons must not wear respiratory protection for periods exceeding two hours if they are engaged in strenuous work. • The respiratory protection used must be suitable for the airborne contaminant that it is required to protect the user against. The form of the airborne contaminant (i.e. gaseous, vapour, droplet, particulate, etc.), as well as the type and concentration of contaminant, must be considered when selecting suitable respiratory protection. • When using face masks users must ensure that they have secured a good fit around their face. It is not always possible for persons with facial hair to achieve a good seal using a standard face mask. To aid in achieving a good fit petroleum gel may be applied to the facial hair along the line of the masks edge. • If unsure as to any provision relating to the use of respiratory protection the Health & Safety Manager must be contacted for advice. • If using any air fed respiratory protection (e.g. self contained breathing apparatus (SCBA), the user must have undergone suitable training in the use of that equipment. The Health & Safety Manager must be contacted prior to the use of SCBA / or similar equipment. FALL ARREST EQUIPMENT: • Collective fall protection / mitigation measures (i.e. guard-rails, safety nets, air bags, etc) must always be given priority over personal fall protective measures (i.e. fall arrest equipment). • Fall arrest equipment (i.e. harness and lanyard) maybe required when deemed necessary by risk assessment for certain work at height activities. • A hard hat with chin strap must always be worn in	
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Rehab Group PROCEDURE

	conjunction with fall arrest equipment. • The fall arrest harness in use must be suitable for the task and be of a suitable type. • The purchase of all fall arrest equipment must be approved by the Health & Safety Manager. • All fall arrest equipment must conform to BS EN 361. • All components of a fall arrest system must meet the relevant EN Standards. • When fall arrest systems are in use, particular attention must be paid to rescue arrangements in the event of a fall. The rescue arrangements in place for rendering assistance to any person trapped in a fall arrest harness must be considered and detailed in the task specific risk assessment. • Fall arrest equipment must be used on any task where there is a risk of falling more than 2m (fall arrest lanyards will not work / arrest falls $\leq$ 2m). All such tasks must be accompanied by a task specific risk assessment. • All fall arrest harnesses and lifelines must be suitable for the job for which they are to be used. Particular attention must be paid to the length of the lanyard, which should not be too long that it will not break a fall from the height at which it is being used. • Fall arrest equipment must only be used by trained personnel. • Fall arrest equipment must always be accompanied by an up to date inspection certificate by a competent person. • All fall arrest equipment must be inspected by a competent person at least once every 6 months, or at a greater frequency if they are subjected to heavy usage or frequent soiling. • All components of a fall arrest system must be inspected before every use by the user and a 'Fall Arrest Equipment Inspection Checklist Form' completed (see Appendix 5.8) to indicate that it is safe to use. (see also Appendix 5.9 'Guidelines for the Inspection of Fall Arrest Systems'). • All completed 'Fall Arrest Equipment Inspection Checklist Forms' (see Appendix 5.8) must be held with the harness and lanyard to which they refer. • Lanyards must have a shock absorber built into their length. Lanyards must be of a suitable length for the height being worked at. • Harness should not be worn off-site or when not required. • Harness and lanyards must be stored in a suitable location away from the risk of mechanical damage and strong	
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Rehab Group PROCEDURE

	sunlight. • Heavily soiled or damaged harnesses or lanyards must not be used. Such items must be discarded of via the Health & Safety Manager. The above-mentioned list is non-exhaustive.	
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PROCEDURE*

Title:	<i>Pregnant, Post-Natal and Breastfeeding Employees</i>
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Procedure – Steps

No.	Description	Responsibility
1.1	Pregnant staff members must inform their Manager in writing as soon as they are aware of their pregnancy, using the relevant HR form. Where/if necessary, the relevant Health & Safety Manager/Officer will be notified.	Pregnant staff member
1.2	Following receipt of written confirmation, the Manager or designated competent person (e.g. relevant Health & Safety Manager/Officer, where relevant) will ensure a written risk assessment is carried out for the individual pregnant staff member. This risk assessment will be agreed by the relevant Manager in consultation with the pregnant staff member.	Manager/Health & Safety Manager/Officer
1.3	The risk assessment should be reviewed regularly, as appropriate, by the relevant Manager, or designated competent person, in order to identify any additional or changing risks where deemed necessary by manager/officer. The service/centre/business risk assessment should identify and assess potential risks to pregnant, post-natal and breastfeeding staff members in general.	Manager
1.4	The Manager will demonstrate using the Rehab Group <i>Pregnant Employees Risk Assessment Form</i> (Appendix 4.5) that he/she has considered all potential risks to pregnant staff members in the workplace and a risk assessment is then completed for those risks that exist in a particular environment. Staff member sign-off should be obtained to indicate that they have read and agree to the control measures and provisions contained within the risk assessment.	Manager
1.5	The completed pregnancy risk assessment shall be kept in a separate folder by the Manager, and not in the main safety folder which contains the service/centre/business risk assessment. For any risk identified, appropriate means of avoiding/reducing	Manager

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Rehab Group PROCEDURE

	the risk must be implemented.	
1.6	Any significant risk identified should be brought to the attention of their relevant senior Manager and the relevant Health & Safety Manager/Officer.	Manager
2	MANUAL HANDLING	
2.1	Pregnant staff members shall follow the manual handling guidelines and use aids and mechanical means whenever possible, as is the case for all staff members.	Pregnant staff member
2.2	Particular care must be taken to avoid doing any manual handling procedures in the first and last trimester of pregnancy due to the potential increased risk of miscarriage from heavy or repetitive lifting in the first trimester and the increased risk of back strain to the pregnant staff member in the last trimester.	Pregnant staff member
2.3	Staff members who have had a caesarean section should adhere to their own doctor's advice regarding manual handling or other strenuous tasks for specified periods post-natal. Extra vigilance post natal is essential as their lifting capacity may be reduced.	Post natal staff member
3	BIOLOGICAL AGENTS	
3.1	Pregnant staff members must follow the strict hygiene practices outlined in the Food Safety Manual and the Rehab Group Infection Prevention and Control Manual.	Pregnant staff member
3.2	Once the Manager becomes aware of any possible infectious condition in a service/centre/business, they will notify the pregnant staff member who will immediately seek advice from her own GP and follow any recommendations made.	Manager
3.3	Any occupational health issues raised by the GP shall be relayed to the occupational health service/centre/business provider by the Manager via the relevant Health & Safety Manager/Officer.	Manager
4	CHEMICAL AGENTS	
4.1	Safety Data Sheets from the supplier/manufacturer should be brought to the attention of the pregnant staff member who shall familiarise herself with them.	Manager
5	BEHAVIOURS THAT CHALLENGE	
5.1	Pregnant staff members are advised to familiarise themselves with the current management programmes and take necessary precautions outlined.	Pregnant staff member
5.2	In the event of a situation arising where staff are required to deal	Pregnant staff

Rehab Group PROCEDURE

	with service users with behaviours that challenge, advice and guidelines (following risk assessment) should be adhered to.	member
5.3	Pregnant staff members shall at all times adopt a position of non-intervention when managing service users with behaviours that challenge and should not under any circumstances place themselves or their unborn child at risk of injury.	Pregnant staff member
5.4	In situations where there is an identified, unavoidable risk to a pregnant staff member from a service user with behaviours that challenge, the pregnant staff member may be relocated for the duration of her pregnancy.	Manager/Health & Safety Manager/Officer
5.5	See <i>Health & Safety - Behaviours that Challenge</i> procedure.	Pregnant staff member
6	NIGHT WORK	
6.1	Alternative work will be sought for pregnant staff members who furnish a certificate from their doctor stating that they are unfit for night duty.	Manager/Health & Safety Manager/Officer

PROCEDURE*

Title:	<i>Record Keeping</i>
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Procedure – Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	In accordance with the Rehab Group Data Protection policy and relevant legislation, the employer must retain records of incidents, fatalities and dangerous occurrences that were reported to the relevant Health & Safety Inspectorate for designated periods.	Health & Safety Manager/Officer/Manager
2	In keeping with the step above, and in order to comply with this requirement, the relevant Health & Safety Manager/Officer will keep manual or computerised copies of all forms. Extracts of these forms will be sent to the relevant Health & Safety Inspectorate.	Health & Safety Manager/Officer
3	In order to facilitate ease of inspection, copies of all forms will be kept in a separate folder by the relevant Health & Safety Manager/Officer.	Health & Safety Manager/Officer
4	Extracts of all forms will be sent to the relevant National Authority, if requested, without delay.	Health & Safety Manager/Officer
5	Records of exposures, results of assessments, measurements of exposure and health surveillance are kept and made available to the relevant National Authority for Occupational Safety & Health for a period of 40 years following the end of the relevant exposure.	Health & Safety Manager/Officer/Manager

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PROCEDURE*

Title:	<i>Risk Assessment</i>
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Procedure Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	The appropriate Senior Manager is responsible for checking that risk assessments are up-to-date and sufficiently address risks arising in service/centre/business for which s/he has responsibility.	Relevant Senior Manager
2	The 'review dates' shall be kept up-to-date to document completion and subsequent reviews of the risk assessment by the Manager and communication of the risk assessment to staff.	Relevant Manager
3	The risks present in each service/centre/business at any given time are brought to the attention of and discussed with all service/centre/business staff members.	Relevant Manager
4	In accordance with Health & Safety legislation, the risk assessment should be revised: (a) When new risks or potential risks are identified (b) After an accident or incident (c) In the light of changes, and (d) At least annually This includes changes in work processes, organisational structure, equipment or substances used, technical knowledge, legislation or standards. As Rehab Group is an ever-changing environment by its nature, the risk assessments must be continually reviewed and kept up-to-date. The risk assessment is essentially a working document which is used to assist in the identification of what can cause harm and outline measures necessary to control these and, to serve as a means to monitor the effectiveness of such control measures.	Relevant Manager & Staff Members

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5	Significant risks identified at service/centre/business level should be brought to the attention of the Manager, Senior Manager (or equivalent) and the relevant Health & Safety Manager/Officer See <i>Appendices</i> sections for sample risk assessment forms.	Staff Members
6	Following the review of the risk assessments at service/centre/business level it is the responsibility of the Manager to update their service/centre/business specific summary of risk assessments / Local Risk Register	Relevant Manager
7	A Hazard Identification and Risk Assessment Procedure is in place to define criteria for acceptability of risk in each case (please see <i>Hazard Identification and Risk Assessment</i> procedure).	Relevant Manager
8	All risk assessments should consider Warehouse Safety policy and procedures where relevant and relative to the environment being assessed.	Relevant Manager

PROCEDURE*

Title:	<i>Hazard Inspections</i>
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Procedure – Steps

No.	Description	Responsibility
1	Staff members and Managers will visually inspect their own work areas and service/centre/business on a daily basis and a written inspection is carried out on a monthly/quarterly basis as required (ideally prior to staff meetings).	Relevant Manager/Staff Member
2	In service/centre/business where safety representatives are based, inspections will be completed by the Manager and the safety representative, where practical.	Relevant Manager/Designated Safety Representative
3	The <i>Hazard Inspection Checklist</i> (Appendix 5.1) will be used to identify potential or actual hazards and these shall be included in the risk assessment.	Relevant Manager
4	The completed checklist is reviewed at staff meetings.	Relevant Manager
5	Any corrective action required shall be documented in the risk assessment form and the Manager shall ensure any necessary measures are implemented.	Relevant Manager
6	Overall performance is discussed between the Manager and the service/centre/business staff.	Relevant Manager
7	Records are held at service/centre/business level and must be produced on request during incident investigation and as part of overall safety performance auditing.	Relevant Manager
8	All machinery shall be regularly inspected at service/centre/business level, at least on a monthly basis. The Manager is responsible for ensuring such inspections take place.	Relevant Manager
9	Inspections on machinery which is deemed a risk of injury or where it is exposed to conditions which cause deterioration should be conducted using the <i>Machinery Inspection Sheet</i> (Appendix 5.6). Such machinery inspections should be carried out by a competent person.	Manager/Competent Person

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Rehab Group PROCEDURE

10	Inspection records of all portable appliances (PAT) shall be kept in accordance with relevant legislation and for as long as the equipment/appliance is in service.	Manager
11	Health & Safety inspection must be carried out on new properties within a reasonable timeframe once occupied by the relevant Health & Safety Manager/Officer. The Health & Safety Manager/Officer will direct any issues relating to the property to the Group Property Department.	Relevant Health & Safety Manager/Officer
12	Please also refer to you relevant divisional <i>Fire Fact File</i> .	Manager
13	All new equipment used within a warehouse environment likely to cause harm should have an equipment evaluation form completed.	Manager

PROCEDURE*

Title: *Safety Signage*

Procedure – Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	Managers must apply the principles of prevention to avoid hazards. Where hazards cannot be avoided, Manager must assess the risk and reduce it by using measures that protect all workers or by using safer work processes.	Manager
2	Where hazards cannot be avoided or reduced, Managers have a duty to put in place appropriate signs for the protection of workers.	Manager
3	The risk assessment and safety statement for the service/location/business should identify any necessary signs.	Manager
4	Safety signs should draw attention rapidly and unambiguously to objects and situations capable of causing specific hazards.	Manager
5	Safety signs must never be used as a substitute for necessary protective measures.	Manager
6	Where there is a risk at the service/location/business of traffic movements or traffic and pedestrian interaction, appropriate signs regulating traffic and pedestrian movements should be put in place.	Manager
7	A large number of signs (including acoustic signals) should not be placed or used together, as the effectiveness of the signs can be significantly reduced.	Manager
8	Signs must be designed so that they take account of the workplace conditions, for example in relation to visibility, the presence of similar illumination sources or the presence of noise that might mask the sign.	Manager
9	Signs must be cleaned and checked to maintain their effectiveness and where they have a power supply they should be provided with a guaranteed back-up supply.	Manager

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Rehab Group PROCEDURE

10	Where persons are present whose sight or hearing is impaired (including by the use of personal protective equipment) then other measures must be taken to ensure the effectiveness of the signs.	Manager
11	All signs should be installed in the line of sight, should not be obscured and should be installed in a well-lit, easily accessible and visible location. Where light levels are poor, the signs should incorporate artificial lighting or reflective or phosphorescent material as appropriate.	Manager
12	Where signboards are used they should be removed as soon as the situation to which they refer ceases to exist. Otherwise, signs left in place undermine the effectiveness of other signage.	Manager
13	Safety signs should not include text. Text may be included on a supplementary signboard provided that it does not adversely affect the effectiveness of the signboard.	Manager
14	Containers and visible pipes used for dangerous substances or preparations must be labelled or be protected by warning signs. Labels used on pipes should be positioned near dangerous points such as valves and joints and be repeated at suitable intervals.	Manager
15	Rooms or areas used to store significant quantities of dangerous substances or preparations must be indicated by a suitable warning sign.	Manager
16	Fire-fighting equipment should be identified by using a specific colour for the equipment and placing a location signboard, or by using a specific colour (red) for the places where such equipment is kept, or their access points. The red area must be sufficiently large to allow the equipment to be identified easily.	Manager
17	Where necessary safety signage must be lit in order to produce a contrast with its environment. Lighting should be installed without producing glare or an excessive amount of light.	Manager
18	Where necessary acoustic signs must be put in place, by design they must have a sound level which is considerably higher than the level of ambient noise and to be easily recognisable, particularly in terms of pulse length and the interval between pulses or groups of pulses and be clearly distinct from any other acoustic signal and ambient noise. The signal code for evacuation must be continuous.	Manager

Rehab Group PROCEDURE

Procedure – Instructions

The types of Safety Signs permitted are detailed below:-

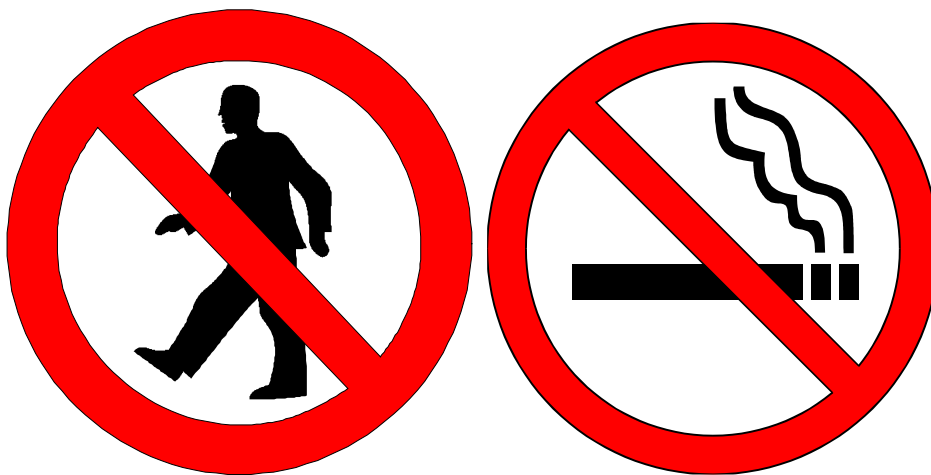
1. Prohibition signs

Shape: Round

Background: White

Symbol/pictogram: Black

The safety colour red must appear around the edge and in a transverse bar and must cover at least 35% of the surface of the sign.



2. Warning signs

Shape: Triangular

Background: Yellow with black edging

Symbol/pictogram: Black

A yellow triangle must have a black edge. The safety colour yellow must cover at least 50% of the surface of the sign.



Rehab Group PROCEDURE

3. Mandatory signs

Shape: Round

Background: Blue

Symbol/pictogram: White

The safety colour blue must cover at least 50% of the surface of the sign.



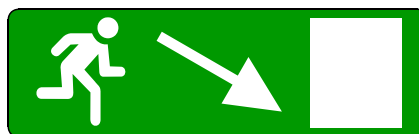
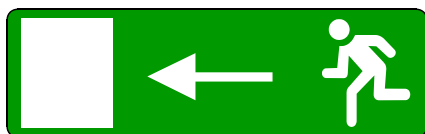
4. Emergency escape or first-aid signs

Shape: Rectangular or square

Background: Green

Symbol/pictogram: White

The safety colour green must cover at least 50% of the surface of the sign.



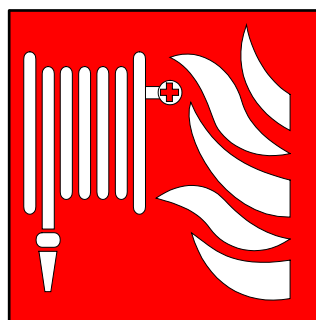
5. Fire-fighting signs

Shape: Rectangular or square

Background: Red

Symbol/pictogram: White

The safety colour red must cover at least 50% of the surface of the sign.



Rehab Group PROCEDURE

- 6. Supplementary signs can be either of the following**
 - a) Background: White, Wording: Black
 - b) Background: Safety colour, Wording: Contrasting colour.

- 7. Symbols/pictograms**

The design of symbols/pictograms must be as simple as possible and details not comprehensible must be omitted.

PROCEDURES*

Title:	<i>Welfare Facilities</i>
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Procedure - Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	Rehab Group is committed to providing, in so far as is reasonably practicable, and in compliance with relevant legislation, the highest standard possible of welfare facilities for employees.	Managers
2	Staff members are obliged to respect all facilities provided and report any unusual hazards and risks that may arise in any service/location/business.	All
3	Smoking in any enclosed workplace is prohibited, in accordance with the amendment relevant legislation.	All
4	Strict hand washing is emphasised in all service/location/business.	All
5	Relevant staff member should refer to the procedure on <i>Personal Protective Equipment</i> .	Relevant staff members

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PROCEDURES*

Title:	<i>Emergency Planning</i>
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Procedure - Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	An emergency evacuation of a premises may be required where there is a fire, explosion, gas leak, flooding, collapse of a structure or any other event that renders the property/premises/service unsafe for use.	All
2	Rehab Group is committed to implementing suitable emergency arrangements/plans for such events in so far as is reasonably practicable, and in compliance with relevant legislation.	Managers
3	The manager shall, in preparing and revising as necessary, emergency plans and procedures to be followed in the case of an emergency or serious imminent danger: a) provide the necessary measures to be taken for first aid, fire-fighting and the evacuation of the premises b) arrange any necessary contacts with the appropriate emergency services, in particular with regard to emergency medical care, rescue work and fire-fighting c) designate employees who are required to implement those plans, procedures and measures d) ensure that the number of those employees, their training and the equipment available to them are adequate, taking account of the size and specific hazards relating to the place of work.	Managers
4	Specific details on Emergency Planning are contained in divisional <i>Business Continuity Plans</i> (See: BCP Group Policy) and divisional Emergency Planning procedures where relevant. See also Section 10.7 Fire, <i>Rehab Group Safety Statement</i> and the Rehab Group <i>Fire Fact File</i>	All

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PROCEDURE*

Title:	<i>Young Person's</i>
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Introduction

The nature of the Rehabs Group's work and its buildings means that extra care needs to be taken over the health and safety of young people and children, who may be particularly vulnerable because of their relative lack of experience and maturity. They require special consideration when carrying out risk assessments, and will require more training and supervision than more experienced workers. This policy reiterates the importance of these fundamental elements in managing health and safety risks to young people, who may be employed, on work experience, or may be present as students.

Relevant legislation

Health and Safety Legislation requires risk assessments to be carried out, taking particular note of vulnerable or inexperienced groups of individuals. Young people are specifically cited as an example. Young people include employees and students less than 18 years old, and children (those under the minimum school leaving age, MSLA, usually 16). The Rehab Group prohibits the employment of young people under the MSLA except on work experience schemes approved by a local authority or the governing body of an independent school. While on work experience placements, children have the temporary legal status and rights of employees.

Working Hours

- May not work between the hours of 10.00pm and 6.00am unless they have had a health assessment prior to commencing such work and regularly thereafter
- Are entitled to a daily rest period of 12 consecutive hours in any 24 hour period
- Are entitled to an un-interrupted weekly rest period of 2 days (consecutive days where possible) in every 7 day period — this may be interrupted by justifiable short periods of work, although the rest period must not be shortened to less than 36 hours
- Working for more than 4½ hours are entitled to a 30 minute daily rest break which should be taken consecutively where possible.

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Rehab Group PROCEDURE

Risk assessment

Before young people start work a written risk assessment must be carried out, taking into account the following factors:

- (a) Fit-out and layout of the workplace and the workstation**
- (b) Form, range and use of work equipment and the way in which it is handled**
- (c) Organisation of the work, processes, or activities that the young person will undertake.**

Young people may be less skilled in handling techniques or in pacing their work according to their capability. The risk assessment should therefore take account of their physique, general health, age, and previous experience, ensuring that the pace of such work allows sufficient recovery time.

- (d) Nature, degree and duration of exposure to physical, biological and chemical agents**

(i) Young people are generally at no greater risk from physical agents than adults, and compliance with relevant policies in relation to noise for example, will satisfy the legislative requirements for young people.

(ii) Young workers are no more likely to contract infections from biological agents than adult workers.

(ii) There is no enhanced risk to young workers from exposure to hazardous substances, although they may lack awareness of the hazards and risks they may encounter in their work, and exhibit less care or attention in handling or disposing of such materials.

- (e) Inexperience, lack of awareness of risk, attitude and immaturity**

There may be differences in the psychological make-up of individual young workers, which are generally a reflection of their background, experience, personality and training. Assumptions must not be made about a young worker's abilities to cope with different work situations, some of which may be stressful for a new and inexperienced worker. Lack of experience or training may make them less able to identify potentially risky situations or equip them with the means of dealing with them appropriately. Young workers must be supervised closely until their ability to cope and make sound decisions has been proven.

Provision of information

All employees, including young workers under 18 years, must be informed about any risks to their health and safety, as well as the preventative and protective measures to be implemented to control them. Information must also be provided about any emergency procedures or action to be taken in the event of serious and imminent danger. A copy of

Rehab Group PROCEDURE

the written risk assessment will generally suffice. In addition to the young people themselves, the parents or those with parental responsibility for school-age children (i.e. under 16 years) must be given information about any risks and control measures identified in the risk assessment. The work experience organiser may assist with the provision of relevant safety information to the parent, carer, or guardian, usually by means of the risk assessment.

Training and supervision

Information is not enough in itself to ensure that young workers fully appreciate the risks associated with the work they will do. Proper instruction is essential, and the performance of the work must be monitored carefully to ensure that the young worker has fully understood any instructions that are given, as well as to alert the supervisor to emerging problems. The scope of training will vary with the individual and according to the work needing done. It is dependent on their comprehension and aptitude, and must be tailored, and paced, according to their needs.

Young workers are very likely to need more supervision than adults. Effective supervision will help to monitor the effectiveness of the training they have received, and help to assess whether the young person is capable and competent to do the work to a level where they can work safely without putting themselves, or others, at risk.

Summary

Departments must not employ young people (those under 18 years) for work which:

- is beyond their physical or psychological capability
- involves harmful exposure to hazardous substances or ionising radiation
- presents a risk to health from physical agents
- introduces a risk of accidents which it may be reasonably assumed the young person cannot recognise due to inexperience or lack of training, unless the work is necessary for their training, the risk has been assessed and reduced to the lowest level reasonably practicable, and they are supervised by a competent person on an ongoing basis
- Services must satisfy themselves that appropriate training is being delivered and that the supervisory arrangements are adequate and commensurate with the young person's abilities and needs.

PROCEDURE*

Title: *Consultation & Information*

Overview

The organisation is committed to a policy of co-operation and consultation between management and staff members and will take account of any representations made by staff members. All consultation processes shall occur in accordance with relevant Health & Safety Acts and Regulations.

Procedure – Steps

No.	Description	Responsibility
1	Workplace consultation is an essential component of an effective Health & Safety Management system. The contents and terms of the Rehab Group Safety Statement should be brought to the attention of all employees and other persons who may be affected by our activities.	Manager
2	Consultation will be facilitated by Safety Committee Meetings. (See Appendix 5.10 - <i>Health & Safety Committee - Terms of Reference</i>) Health & Safety will also be an integral part of all management meetings occurring on a periodic basis.	Health & Safety Manager/Officer
3	In order to facilitate ongoing consultation between management and staff on workplace Health & Safety issues, a designated number of safety representatives are elected/nominated by the employees of Rehab Group.	Manager / staff
4	The safety representative, on appointment, will be given the opportunity to receive appropriate on-going training. In this respect, they will undertake a safety representative course and will be given the option of undertaking further training.	Manager / Safety Representative
5	Safety Representatives will be given access to information as is necessary to fulfil their function and will be notified of any visit by a Health and Safety Authority Inspector. Safety representatives will not be placed at any disadvantage as a result	Manager / Safety Representative

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	of fulfilling their role. Rehab Group recognises the statutory rights of a safety representative as set out in relevant Legislation, and is committed to co-operating with that person selected.	
6	The person responsible for Health & Safety will be responsible for co-ordinating consultation with the workforce and providing appropriate information to the workforce and their nominated safety representatives on all matters pertaining to safety, health and welfare.	Health & Safety Manager/Officer
7	The effectiveness of the consultation arrangements will be reviewed at regular intervals.	Health & Safety Manager/Officer

PROCEDURE*

Title:	<i>Safety Representatives</i>
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Procedure - Instructions

- All consultation processes shall occur in accordance with relevant Health & Safety Acts and Regulations.
 - In order to facilitate ongoing consultation between management and staff on workplace Health & Safety issues, a designated number of Safety Representatives are elected/nominated by the staff members of Rehab Group.
 - Each Safety Representative is elected/nominated for typically a 3-year period. The staff members can review this on an annual basis. A time-frame is recommended so that at the end of the 3-year period other interested staff members are given the opportunity to be trained in and act in the role of a safety representative.
 - The primary role of the Safety Representative is to bring to management's attention unresolved issues of safety, health and welfare relating to staff members in the workplace.
 - The Safety Representative represents staff members on the Regional and National Health & Safety Committees.
 - The Safety Representative does not have any responsibilities but has rights that are recognised by management.
 - Entitlements of the Safety Representative include:
 - Consulting with Health & Safety Inspectors about any aspect of safety, health and welfare at work
 - Making oral or written representations to the Health & Safety Authority (or equivalent)
 - Notification from the employer that a Health & Safety Inspector is on the premises
 - Accompanying an inspector on a tour of the premises (except where that inspector is investigating an incident)
 - Making representations to the employer on staff member Health & Safety issues
 - Investigation of incidents and dangerous occurrences in the place of work,
-

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- provided he/she does not interfere with the performance of other statutory duties e.g. those of an inspector
- Carry out Inspections in the place of work to identify hazards and risks to safety and health, after notice to the employer
 - Investigate situations where potential hazards present a reasonable fear of risk of personal injury to the staff members. after notice to the employer
 - Access to time off 'as may be reasonable' without loss of remuneration to acquire the knowledge necessary to carry out his/her functions e.g. attend training courses.
- Where, during the course of their working day, a staff member needs to absent himself / herself from work in order to meet any of the above entitlements, he/she must get agreement from their immediate Manager before leaving their place of work.
 - Rehab Group will, in so far as is reasonably practicable, take account of representations made by the Safety Representative, on matters of Health & Safety.
 - Staff members with Health & Safety issues or concerns should bring such matters to the attention of their immediate Manager. In the event of a resolution not being reached they should contact their safety representative and if requested, put the issue in writing.
 - Information relating to Health & Safety and emergency procedures in Rehab Group is provided to new staff members at induction training. The names and role of the Safety Representatives shall be made known to new staff members.
 - Managers are responsible for ensuring that all staff members in their service/location/business are aware of the hazards associated with their workplace, the protective and preventative measures in place and also the consequences to safety and health if they fail to adhere to recommended safe practice.
 - Names of staff members in each service/location/business who are certified in First Aid and the name of the trained service/location/business Fire Warden/Fire Marshal shall be made known to other staff members in that service/location/business.
 - Any member of staff seeking information relevant to workplace safety, health and welfare issues can access this information via a number of routes; via their direct Manager; the designated Safety Representative; the Health & Safety Committee; the relevant Health & Safety Manager/Officer and Rehab Group Safety Statement (and other relevant policies).
 - Effective workplace consultation is dependent on staff member participation and co-operation. All staff members are encouraged to take an active role in the consultation process and to forward any suggestions for the improvement of Health & Safety to their Safety Representative, where it will be raised at the subsequent
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Rehab Group PROCEDURE

Regional Health & Safety Committee meeting.

- The Regional Health & Safety Committee adopt a pro-active approach to workplace Health & Safety issues and shall meet every quarter. The effectiveness of the consultation process and of the Health & Safety Committee shall be reviewed on a regular basis.
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PROCEDURE*

Title:	<i>First Aid</i>
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Procedure - Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	In accordance with relevant jurisdictional Health & Safety Acts and Regulations there shall be an adequate number of certified first-aiders in each service/location/business, however, a full risk assessment will need to be carried out by the Manager to address holiday arrangements and absence.	Manager
2	Certified first-aiders shall attend refresher courses within a two year period in Ireland, (three years in the UK). The Manager shall notify the training department / Health & Safety Manager of staff requiring refresher training as per jurisdictional legislation.	Manager
3	The first-aiders must all be trained in occupational first aid by an approved training provider to FETAC level 5 Certification within Ireland or to the appropriate jurisdictional standard within the UK or Poland. Copies of the certificates must be retained by the appropriate Manager.	Manager
4	Services may purchase and retain a supply of Aspirin 300mg dispersible and Aspirin 300mg chewable for administration, if instructed, in an emergency. The aspirin can be administered to a conscious person by a First Aider/Cardiac First Responder while awaiting the arrival of the emergency services. The aspirin must be stored in a clean, dry secure location known to all staff and checked weekly. All emergency incidents requiring First Aid should be documented in the person's individual records, and also recorded and reported on the RG's incident reporting system. Ref: Rehab Groups Medicines Management Policy (Ire) V5.0	First-aiders/

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	for full guidelines.	
5	The Manager shall ensure that all new staff members are made aware of the name of the service/location/business first-aider.	Manager
6	A first aid box shall be conveniently located in each service/location/business within Rehab Group. The first aid boxes shall be suitably stocked according to statutory provisions.	Manager
7	It shall be the responsibility of the Manager to ensure stocks are maintained and reordered from a recognised supplier as necessary.	Manager
8	Under no circumstances shall drugs or medications be stored in first aid boxes. Only bottles/sachets/vials of sterile water are permitted in the first aid box.	Manager
9	Burns shall be treated as per relevant First Aid training.	Manager
10	The first aid box in each service/location/business shall be easily accessible to staff and not locked.	Manager
11	All details of injuries and accidents treated by the first-aider shall be documented clearly on the relevant Rehab online Rehab Incident Management System.	Staff Member/Manager
12	Numbers of first-aiders required for client holidays is adhered to as per management guidelines.	Manager
13	All first-aiders will be offered immunisation as per the <i>Infection Prevention and Control</i> Manual.	First-aiders
14	All certified first aiders should use universal precautions/standard precautions when providing first aid.	First-aiders

PROCEDURE*

Title:	<i>Training</i>
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Procedure - Overview

Training and Development at Rehab Group is under the direction of the relevant Divisional Training and Development Manager, where present. The relevant Divisional Training Department or designate co-ordinates and delivers the necessary training in respect of Health & Safety.

Procedure - Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	The Manager is responsible for ensuring that staff receive appropriate training and supervision. All staff must receive Foundation Training, for example, Manual Handling, Staff H&S Essentials, MAPA, Fire Awareness etc. The Manager is expected to follow-up on any training received, in order to ensure that any practices taught are fully implemented in day to day tasks at service level by staff reporting to him/her. Reference should be made to the Rehab Group Training Programme for a full list of all mandatory training. The manager is responsible for ensuring that all new staff, agency workers, volunteers, CE Participants and trainees receive Health and Safety Induction training.	Manager
2	Each manager must complete IOSH Managing Safely training as soon as practicable after commencing employment.	Manager
3	Staff members must attend and participate in training as provided and implement fully the training recommendations in their day to day practice.	Staff Members
4	As directed by legislation, persons deemed competent shall provide training. Health & Safety is included in induction training.	Manager

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Rehab Group PROCEDURE

5	Refresher training is provided in accordance with legislation. This includes manual handling refresher training and occupational first aid training within a 3 year and 2 year (jurisdiction dependent) period respectively. Refresher training should be completed where deemed necessary following an accident/incident investigation.	Manager
6	Proposals for new or changes to Health & Safety training programmes shall be brought by the relevant Health & Safety Manager/Officer or the Training and Development Manager, where present.	Relevant Health & Safety Manager/Officer
7	Incident statistics are reviewed regularly by the Managers and the relevant Health & Safety Manager/Officer. Training needs may then be reassessed and prioritised as necessary. Where there is an indication of high risk, immediate training shall be provided.	Relevant Health & Safety Manager/Officer
8	Detailed records of all training at Rehab Group are maintained in the Training Department and/or HR Department and are available for inspection at any time. Each Manager will also have a copy of this training information in the Centre Specific Safety Folder.	HR/Training Department
9	Training records are used by Managers as part of the process to plan training priorities.	Manager
10	Service users will be given appropriate Health & Safety information, instruction and training as appropriate. Independent Living Programmes and Social Skills Training will cover certain subjects.	Manager

PROCEDURE*

Title:	<i>Revision and Review</i>
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Procedure - Instructions

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	The relevant Health & Safety Manager/Officer shall make the necessary changes to the safety statement or equivalent to take account of any of the following changes: - Names of responsible persons - Changes in process - New Machinery - New Technology - Changes in Personal Protective Equipment - Legislative changes - Additional Hazards	Health & Safety Manager/Officer
2	Changes made by the relevant Health & Safety Manager/Officer will be discussed and reviewed by the Rehab Group Management Team and the Regional and National Health & Safety Committees.	Health & Safety Manager/Officer
3	Amendments to the safety statement or equivalent will be circulated to all Managers.	Health & Safety Manager/Officer
4	The Managers shall ensure all staff members are made aware of any changes by discussion at staff meetings (or by other appropriate means of consultation).	Manager
5	In accordance with relevant legislation, Health & Safety shall be included in the organisation's annual report.	Director of Quality and Governance

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PROCEDURE*

Title: <i>Hazard Identification and Risk Assessment</i>
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Procedure - Instructions

Hazards identified in Rehab Group are categorised and outlined in the following sub-sections:

- Physical
- Chemical
- Biological/Health
- Human Factor

Risk Assessment Procedure

The risks presented by a hazard must be assessed through the appropriate Risk Assessment process, as below:-.

- 1 Analyse Work Activity**
- 2 Hazard Identification** (associated with the activity)
- 3 Assess & Evaluate the risk**
- 4 Identify, Implement and Record the control measures** (to reduce or eliminate the risk)
- 5 Monitor and Review** (the effectiveness of the control measures)

See Workplace Risk Assessment Process Flow below. See also;

- the Rehab Group Warehouse Safety policy and procedures, where relevant.
- The Positive Risk Enablement Policy for Individual Centred Risk Assessment Form.

Analyse Work Activity

The Manager should analyse the particular work activity or area and list all the identifiable hazards on the *Workplace Risk Assessment Form* (Appendix 4.1).

Hazard Identification

Hazards should be identified using a structured, methodical and consistent approach in every case. The level of structure of the review is determined by the complexity of the activity or area under assessment. See related procedures covering generic hazards in

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place.

Hazards can be identified in the following manner:

- Completion of *Hazard Inspection Checklist* (Appendix 5.1) by Manager or designated competent person.
- Completion of Annual Audit Form by relevant Senior Manager (Appendix 5.2)
- Completion of *Workplace Hazard Identification Form* (Appendix 5.3)
- Following a near miss or incident
- Implementation of new activity
- Following purchase of new machinery
- Following admission/transfer of a service user and as needs change.

It is recommended that managers use a range of other sources of information to identify potential hazards. Examples of how hazards may be identified from other sources include;

- Regular Service Staff Meetings
- Individual staff observation during normal working activity
- Information received at Health & Safety Committee Meetings
- Safety Representatives' inspections
- Investigation following incidents
- Comments and complaints
- Planned maintenance inspection reports
- Service contract reports
- Internal auditor reports
- External auditor reports
- Enforcement agency Inspections e.g. Fire Service, Health & Safety Authority, Health & Safety Executive, Local Authority Environmental Health Officers, Health Service Executive
- Health & Safety Manager/Officer Audit Reports

Whatever method is identified all hazards should be identified under normal, abnormal and emergency operations and all are subject to a formal risk assessment.

Once hazards have been identified it is important to detail what harm may result if the hazard occurs in the column entitled 'risk of' in the *Workplace Risk Assessment Form* (Appendix 4.1).

Hazard Reporting

Once identified, all hazards are recorded by using the *Workplace Risk Assessment Form* (Appendix 4.1). These hazards, where applicable, will be incorporated into the Rehab Group Risk Register. Hazards can also be reported using the *Workplace Hazard Identification Form* (Appendix 5.3).

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Hazard Register

Hazards reported to the relevant Health & Safety Manager/Officer on the Workplace Risk Assessment form.

Assess and Evaluate the Risk

The Manager should gather all information concerning each hazard from an early stage including the type or harm or risk and the people who may be affected by the hazard occurring.

Person / Item Affected

Details of the person or item affected should be detailed in respect of each identified hazard the control measures must identify how these hazards are communicated to these people.

Identify Control Measures

The purpose of a risk assessment is to identify how the risks to those affected by hazards may be eliminated or reduced. The arrangements put into place to reduce risk are referred to as control measures. Generic control measures are detailed in the Safety Statement for each generic hazard identified in Rehab Group.

Control measures should specify the arrangements necessary to eliminate or reduce risk. Generally known as a Hierarchy of Control, as follows:-

- Elimination
- Substitution
- Engineering/ Clinical/Care Controls
- Administrative Controls
- Personal Protective Equipment

Person Responsible

It is important to put in place relevant control measures to eliminate the risk of harm or reduce the level of risk to as low as is reasonably practicable. The control measures must be assigned to a responsible person, normally identified as the Manager, however, it is possible for the Manager to delegate to other staff to ensure the control measure is in place. It is not possible, however, for the Manager to delegate his/her ultimate responsibility for Health & Safety within the service/location/business.

Rehab Group PROCEDURE

Likelihood Assessment

Likelihood “L” level should be entered on the *Workplace Risk Assessment Form* by referencing the likelihood table below (Table 1):-

Table 1: Likelihood

	1	2	3	4	5
Descriptor	Rare < 1% Not expected to occur except in exceptional circumstances	Unlikely < 1% < 5% Expected to occur at least annually	Possible > 5% < 20% Expected to occur at least monthly	Likely > 20% < 50% Expected to occur at least weekly	Almost certain > 50 % Expected to occur at least daily

Consequence Assessment

Consequence “C” level should be entered on the *Workplace Risk Assessment Form* by referencing the severity table below. The hazard should be grouped into the relevant “Descriptor” column below in order to ascertain the correct severity level e.g. for Workplace Risk Assessment the Descriptor ‘Staff Injury’ is used.

Table 2: Consequence

	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
Staff Injury	No or minor injury not requiring first aid.	Minor injury or illness requiring first aid treatment	Reportable to National Authorities	Major injuries or long term incapacity / disability (loss of limb)	Death or major permanent incapacity
Clinical Harm	No or minor injury not requiring medical intervention	Minor injury or illness requiring limited medical treatment.	Reportable to National Authorities	Major injuries or long term incapacity / disability (loss of limb)	Death or major permanent incapacity
Environmental/ Property	Minor Impact on Environment/ Property	Moderate Short Term Impact on Environment/ Property	Significant Impact on Environment/ Property EPA Notification	Major Long Term Impact of Environment/ Property EPA Prosecution	Damage to Environment/ Property Major or Permanent EPA Prosecution

Rehab Group PROCEDURE

Risk Rating

A qualitative assessment of the risk posed by the hazards identified is always needed. The Risk Matrix is the most commonly used basis for a qualitative approach to risk determination. A Risk Matrix is a graphical portrayal by the shaded areas of higher, medium and low risk. The risk rating is identified by using a multiplier of likelihood and severity, see table below:-

- Higher risk scenarios are considered to have the highest priority for improvement action.
- Medium risk scenarios require further analysis of enhancement options.
- Low risk scenarios are subject to normal, continual improvement process

Table 3: Risk Rating Matrix

Consequence						
5	5	10	15	20	25	
4	4	8	12	16	20	
3	3	6	9	12	15	
2	2	4	6	8	10	
1	1	2	3	4	5	
	1	2	3	4	5	Likelihood

Acceptable Level of Risk.
Manage by Routine
Procedures.

ALARP Region. Management
Responsibility must be
specified in control measures.

Unacceptable Level of Risk.
Senior Management Attention
Needed.

Unacceptable Level of Risk.
Immediate Action Required.

Risk Acceptance Criteria

Risk acceptability criteria have been set and expressed qualitatively to comply with legislation, codes of practice and approved standards. As risk acceptability criteria can only, by definition, be acceptable to the people who will be affected, risks must be managed in such a way that they are tolerable to staff members and the general public.

There are many practical and achievable risk criteria that society will accept. Industrial regulators have used upper and lower boundaries of risk with risks in between these levels controlled to be 'As Low As Reasonably Practicable' (ALARP). The ALARP principle has been adopted in all Rehab Group risk assessments (Table 4).

On the Environmental side the philosophy of 'Best Available Technology' (BAT) is adopted.

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Serious / Imminent Danger

In the event where there is a risk of Serious or Imminent Danger the following must be followed, see also the *Risk Assessment Process Flow Chart* detailed in this procedure.

Where, in the opinion of the observer, there is serious or immediate danger the Manager must be informed immediately and he/she must contact the Senior Manager and the relevant Health & Safety Manager/Officer immediately. An immediate decision will be made in the interim by the Manager depending on the seriousness of the risk, e.g. close off the accessible area.

An action plan must be developed by the Manager detailing how the hazard will be managed and controlled including what measures will be taken to reduce the risk rating to the “ALARP” acceptable region. In completing this action plan reference should be made to the Hierarchy of Controls detailed in this policy. Following the implementation of the action plan, the risk assessment should be re assessed.

Unacceptable Level of Risk (Red)

Where an unacceptable level of risk (Red) has been identified following the completion of the risk assessment the Manager must notify the relevant Senior Manager and the relevant Health & Safety Manager/Officer immediately.

The relevant Health & Safety Manager/Officer is to notify the Divisional Management Team of the details as soon as possible.

An action plan must be developed by the Local Management Team in consultation with the relevant Health & Safety Manager/Officer detailing how the hazard will be managed and controlled including what measures will be taken to reduce the risk rating to the “ALARP” acceptable region. In completing this action plan reference should be made to the Hierarchy of Controls detailed in this policy. Following the implementation of the action plan, the risk assessment should be reviewed, re-written and communicated to staff.

Where necessary, the Rehab Group Management Team will make the relevant decisions on any necessary resources/funding which is needed to reduce the hazard

Unacceptable Level of Risk (Orange)

In the event where an unacceptable risk rating (orange) has been identified the following must be followed: (see also the *Risk Assessment Process Flow Chart* detailed in this procedure)

Where an unacceptable level of risk has been identified following the completion of the risk assessment the Manager must notify the relevant Senior Manager and the relevant Health & Safety Manager/Officer immediately on the outcome of the risk assessment.

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An action plan must be developed by the Manager detailing how the hazard will be managed and controlled including what measures will be taken to reduce the risk rating to the “ALARP” acceptable region. In completing this action plan reference should be made to the Hierarchy of Controls detailed in this policy. Following the implementation of the action plan, the risk assessment should be reviewed, re-written and communicated to staff.

The schedule below indicates the standard for the treatment and response of all Red, Orange, Yellow and Green level risk rates.

Table 4: Risk Rating Action Schedule

Risk Rating	Traffic Light Indicator	Response	The authority level to treat risk
Unacceptable	Red	Immediate Action Required immediately.	Divisional Management Team
Unacceptable	Orange	Controls to reduce the risk to be put into place immediately.	Local Lead Clinician/ Senior Manager/ Senior Professional staff
ALARP Region Managed	Yellow	Controls to be monitored on regular basis.	Senior Manager/Senior Professional Staff
Acceptable	Green	Monitor and Review.	Local Manager

Action Plan

When completing the action plan reference should be made to the Hierarchy of Controls detailed in this document.

Managers’ areas will be supported by internal expertise (e.g. the relevant Health & Safety Manager/Officer etc.) to devise and implement action plans to manage the identified risks. Persons with designated responsibilities for service user, staff or environmental risks will investigate all reported risks with local managers to ensure all avenues of corrective action have been explored.

Available technical specialists include:-

- Environmental and Health & Safety Manager/Officer – Fire, Health & Safety, Manual Handling, Hazardous Substances, Incident Investigation – persons responsible for reporting incidents to external agencies e.g. Health & Safety

Rehab Group PROCEDURE

Authority / Executive, Medicines and Healthcare products Regulatory Agency

- Clinical Risk Management – clinical incidents – any event that affects the delivery or quality of patient care
- Radiation Safety Protection Advisor
- Drug Information Service
- Occupational Health Service
- Infection Control
- Medical and Personal Injury Litigation (Rehab Group’s solicitors)
- Site Managers
- Complaints Team
- Estates and Facilities: Construction safety and security

Individuals may wish to consult their professional body / union representative for expertise regarding a risk management issue that concerns / affects them. Human Resources maintain an up to date list of recognised union representatives within Rehab Group.

Measurable timescales for anticipated resolution of action plans and review dates are identified in the table below:

Table 5: Risk Matrix Action Table

Risk Score	REVIEW AND MONITOR CONTROL MEASURES				ACTION: ELIMINATE / REDUCE/CONTROL		
	Local level at least annually	Risk Management Committee - quarterly	Local level - quarterly	Local level - Monthly Executive -	- Action to be implemented within 6 months	Action to be implemented within 3 months	Action to be Implemented immediately
1-3 or GREEN	•	•			•		
4-6 or YELLOW	•	•			•		
8-14 or ORANGE		•	•			•	
15-25 or RED		•	•	•			•

Rehab Group PROCEDURE

Key Decision Makers

Green Risk (Low)	Clinical / Local Manager / Local Risk Lead
Yellow Risk (Medium)	Clinical / Local Manager/ Local Risk Lead/Senior Manager
Orange Risk (High)	Senior Manager/ Local Manager
Red Risk (Very High)	Senior Manager / Divisional Management Team

Any queries or concerns should be raised with the relevant Divisional Regional Operating Officer and the relevant Health & Safety Manager/Officer.

Acceptable Levels of Risk

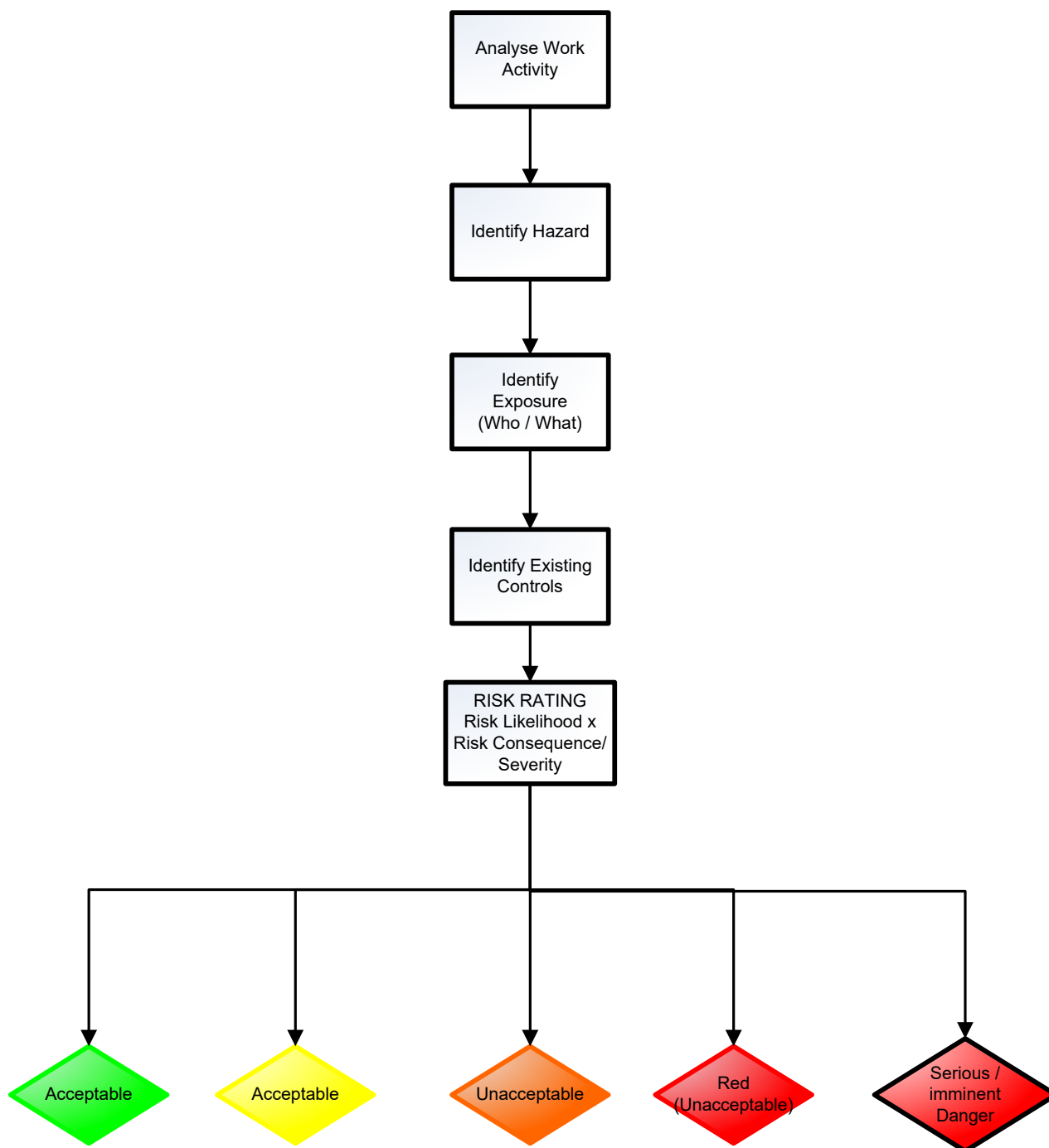
Where acceptable levels of risk have been identified but there are generic controls listed in the safety statement which have not been adopted by the service/centre/business the action plan on the *Workplace Risk Assessment Form* should be completed (Appendix 4.1). Following the due date for the implementation of these actions the risk assessment should be reviewed, re-written and communicated to staff.

Unacceptable Levels of Risk

Where unacceptable levels of risk have been identified an action plan must be developed, in consultation with the Local Management Team, Regional Operating Officer and relevant Health & Safety Manager/Officer.

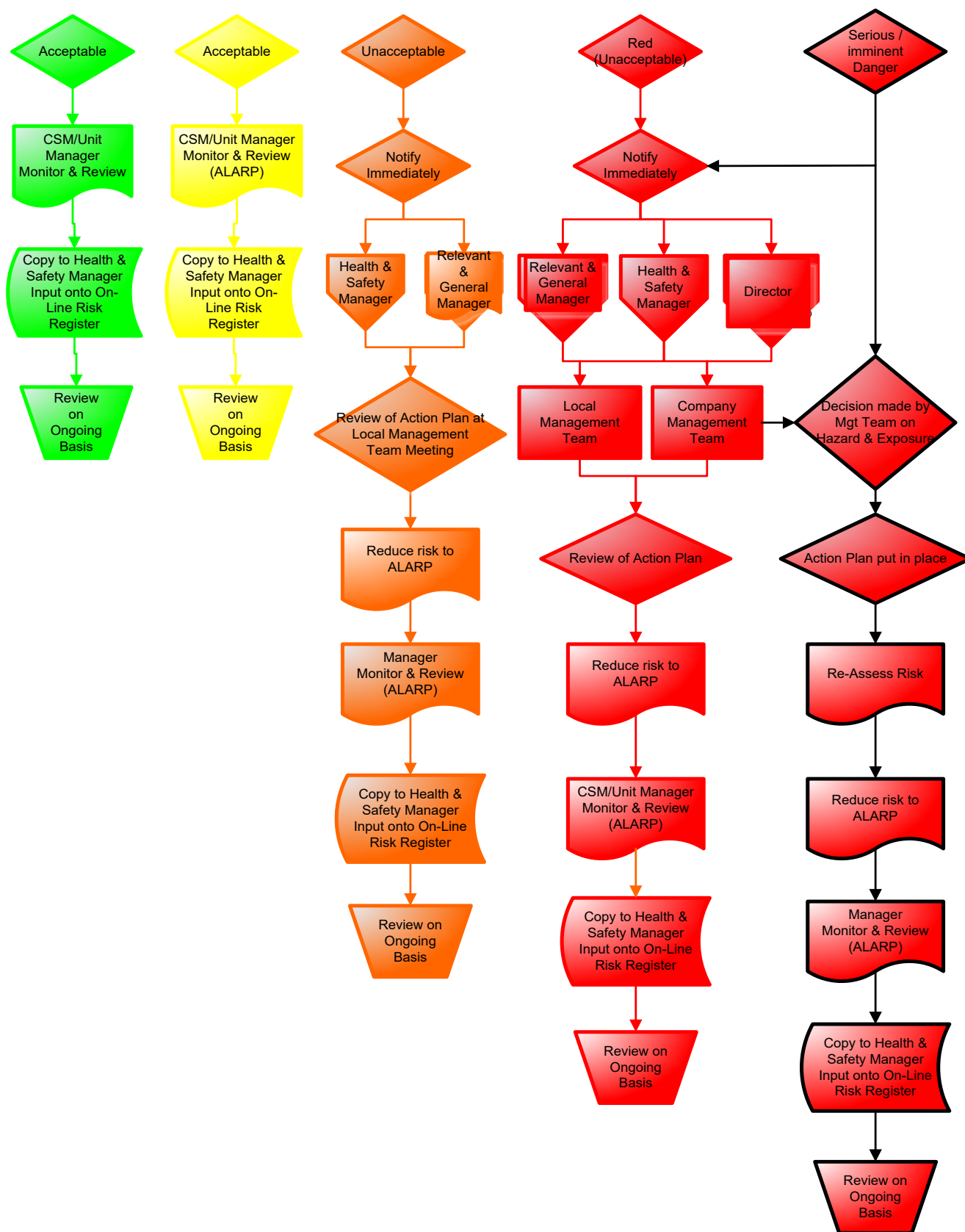
In completing this action plan reference should be made to the Hierarchy of Controls detailed in this policy. This action plan should detail how the hazard will be managed and controlled including what measures will be taken to reduce the risk rating to the “ALARP” acceptable region. Following the implementation of the action plan, the risk assessment should be reviewed, re-written and communicated to staff.

Risk Assessment Process Flow Chart



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Risk Rating Process Flow Chart



PROCEDURE*

Title: *Physical Hazard - Access & Egress*

Procedure – Control Measures

No.	Description	Responsibility
1	Access/egress will be considered in any environmental workplace assessments.	Manager
2	Emergency exits shall be kept clear and unobstructed at all times.	Manager
3	The area at the rear of buses should be kept clear of obstructions at all times.	Manager
4	Care shall be exercised at all times by those driving buses or other bus/company vehicles on the property of Rehab Group.	Manager
5	Entrances and exits shall be clearly marked.	Manager
6	Adequate external lighting is provided.	Manager
7	Any difficulties relating to access or egress should be reported to the Manager and rectified or referred to the appropriate third party.	Manager/Staff Members
8	Wheelchair ramps shall be provided at main entrances and exits, upon request by the Manager, in so far as is reasonably practicable.	Manager/Group Property Department
9	Extra wide doorways shall be provided for wheelchair accessibility, so far as is reasonably practicable.	Manager
10	Adequate arrangements will be made by the manager for the safe evacuation of any individuals who require assistance in an emergency evacuation situation. Manager to prepare a Personal Emergency Egress Plans (PEEP) (please see <i>Fire Fact File UK/ IRE</i>).	Manager
11	Manager to ensure safe means of access to and egress from all places within its control.	Manager
12	Manager will take into account staff/service user needs when carrying out risk assessments to ensure appropriate risk control measures can be put into place e.g. visual and other signals for those with impaired hearing who cannot hear alarms.	Manager

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PROCEDURE*

Title: *Physical Hazard - Asbestos*

Procedure – Steps

No.	Description	Responsibility
1	Rehab will ensure that all occupied premises have undergone a management Asbestos Survey seeking to establish the location, form, type and condition of any asbestos, together with an evaluation of the likelihood of the material being damaged or worked on in the future.	Property Department
2	A copy of the Results Register from the Asbestos testing will be provided to the Manager. The Manager will refer to the Register whenever building maintenance, repair or alteration works are being considered. Contractors and staff will be informed. The Manager shall alert the Property Department immediately in situations where the work is to be conducted in Asbestos containing areas.	Manager / Property Department
3	Asbestos containing materials will be labelled and subject to regular inspections and any necessary maintenance carried out to minimize the risk of fibre release.	Competent Person
4	All works on asbestos involving a health risk will be carried out by a competent contractor under the independent supervision of a competent monitoring agency.	Property Department
5	All asbestos related works or repairs are carried out under the overall supervision of the Group Property Department, using prescribed project management protocols. The immediate project will take place under the supervision of a competent monitoring agency, using the services of a competent contractor. The Property Department and relevant Health & Safety Manager will work in conjunction with one another to ensure the completion of this process.	Property Department

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Rehab Group PROCEDURE

6	In addition to removing any asbestos identified as representing a significant risk (because of its condition, location, etc) the opportunity shall be taken during refurbishments and other alterations progressively to remove asbestos from premises. Where notifiable, the Health & Safety Authority/Executive will be informed before any such work commences using the appropriate notification form.	Property Department
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PROCEDURE*

Title:	<i>Physical Hazard - Behaviours that Challenge</i>
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Procedure – Steps

No.	Description	Responsibility
1	Clear detailed information on all service users shall be available prior to admission to any service/location/business.	Manager
2	All assessments should be completed in line with Rehab Group policies and respective divisional procedures.	Manager
3	The relevant Manager/ or designate must complete and implement a detailed risk assessment.	Manager
4	Behavioural support plans as appropriate should be designed and implemented to support an enhanced quality of life for the service user and to minimise and reduce behaviours that challenge where possible.	Manager
5	Full and comprehensive recording and reporting of any behaviours that challenge incidents that pose a risk of injury, harm or ill-health to staff, service users, the person themselves or others is essential.	Staff members
6	Specific behavioural support plans, guidelines and procedures, as agreed by the Manager and the appropriate clinical support person(s), are to be followed in the event of incidents of behaviours that challenge.	Manager
7	Training in working positively and proactively in supporting and working with service users who present with behaviours that challenge shall be provided.	Manager

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Rehab Group PROCEDURE

8	The following steps must be followed in the event of a significant incident and/or injury:	
8.1	The incident should be reported to the Manager and Health & Safety Manager within 24 hours, however, immediate reporting to the Manager or out of hours is required. The Manager-on-call is required dependent on the severity of the incident.	Staff members
8.2	Where necessary, immediate medical assistance should be sought. The person in charge should arrange an ambulance in event of an emergency or transport to a doctor/hospital, as appropriate.	Staff members
8.3	Where a physical injury has occurred, the person in charge shall ensure that the injured party attends a medical doctor, even if the injured staff member is reluctant to do so.	Manager
8.4	The relevant external partners linked to the care of the service user may need to be informed of the incident and to help support any changes to the support/ service arrangement.	Manager
8.5	The relevant Health & Safety Manager/Officer should be notified of all challenging behaviour incidents, in line with Rehab Group reporting responsibilities.	Manager
8.6	The most senior person in charge must ensure that the incident is reported on the Rehab Incident Management System as soon as possible after the event but within 24 hours	Person in Charge
8.7	The injured party should document a 'statement of account' detailing the sequence of events (including the build up to the incident and the immediate aftermath of the incident) as soon as he/she feels able to do so. Assistance to complete this will be given, if required.	Injured Staff Member
8.8	Clear concise witness accounts must be obtained from all witnesses as soon as possible.	Manager
8.9	Additional support measures, including referral to the Occupational Health Service Provider, line management support and appropriate debriefing, will be provided, as required.	Manager
8.10	Staff should be encouraged to access the Employee Assistance Programme as relevant.	Manager

PROCEDURE*

Title: *Physical Hazard - Electricity*

Procedure – Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	Electricity will be considered in any environmental workplace assessments.	Manager
2	With regards to new builds, the Group Property Department shall ensure in so far as reasonably practicable and within area of management control that a competent person will be engaged to ensure that electrical installations shall comply with the relevant jurisdictional electrical regulations.	Property Department
3	All installations and repairs shall be carried out by a competent person.	Manager
4	Only approved equipment installed by a competent person shall be used and all equipment should be used according to manufacturers' instructions.	Manager/Competent Person
5	All fuse boards are installed in a safe area and circuits clearly identified. Access to the fuse board is limited to authorised personnel only. Fuse boards are free from moisture, ingress of particles and foreseeable impacts as appropriate to their location.	Manager/Competent Person
6	Circuit breakers (RCD) are provided for all sockets to protect against electrical overload, faults to earth and short circuit.	Competent Person
7	RCD test button should be checked on a regular basis to ensure it is functioning and the mechanism is free. Correct fuse ratings should always be used.	Competent Person
8	Staff shall be instructed in the safe use of portable electrical equipment provided in the course of their employment, how to spot defects and where defects should be reported.	Manager

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Rehab Group PROCEDURE

9	As part of the Hazard Inspections, all electrical equipment should be checked for loose or damaged plugs, sockets, leads or cables by staff at regular intervals. Electrical testing of installation will be commissioned by the Designated Person responsible for Property and Facilities and Property Department at regular intervals, having regard to the nature, location, use of the installation and any relevant jurisdictional requirements.	Manager Designated Person responsible for Property and Facilities and Property Department/
10	The ends of flexible cables should always have the outer sheath of the cable firmly clamped to stop the wires (particularly the earth) pulling out of the terminals.	Competent Person
11	Any defective equipment should be isolated immediately, removed from use, labelled “DO NOT USE” and reported immediately to the appropriate department or manufacturer.	Manager
12	Responsibility for contacting the relevant supplier / service company regarding defects in domestic appliances lies with the relevant manager.	Manager
13	Adequate lighting will be provided and maintained.	Manager/Competent Person
14	The <i>Permit to Work</i> (Appendix 6.1) will be completed for any work carried out on existing or new electrical installations.	Competent Person
15	Electrical inspections should be used to review whether and how often equipment and associated leads and plugs should receive a combined inspection and test. This may be reviewed and decided upon either by a manager, with guidance from the relevant competent person, or by the team carrying out the electrical inspections.	Competent Person
16	All electrical work or repairs carried out shall be ‘Dead’ electrical work. A safe system of work for isolating the equipment from its power supply (e.g. Lock Out / Tag Out) must be used during all electrical work or repairs.	Competent person
17	‘Live’ electrical work or repairs are strictly prohibited unless a specific risk assessment is carried out to determine special precautions that must be in place before this work can proceed safely. All ‘live’ electrical work must be carried out under a <i>Permit to Work</i> (Appendix 6.1) and special authorisation is required from a Rehab Group Health &	Competent Person

Rehab Group PROCEDURE

	Safety Manager/Officer to confirm that these precautions are in place prior to this work proceeding.	
18	'Double-adapter' type units shall not be used. If additional sockets are required for low power items, suitable four-way gang sockets or similar should be used. Items requiring high power, such as irons, kettles and heaters should always be powered directly from a wall socket.	Manager

PROCEDURE *

Title:	<i>Physical Hazard - Fire</i>
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Procedure – Steps

No.	Description	Responsibility
1	Each service/location/business has a <i>Fire Fact File</i> which is available from the relevant Health & Safety Manager/Officer and contains instructions and information on the following: • Introduction to Fire Safety • Rehab Group Fire Safety Procedures and Fire Prevention measures • Legislative Requirements • Recording procedures /general inspection procedures • General Information on fire alarms, emergency lighting and portable extinguishers • Fire Safety Records	Manager
2	The Manager must ensure that all staff including relief and agency staff are made aware of and familiarize themselves with the contents of the Fire Fact File.	Manager
3	The Manager must ensure that all sections of the <i>Fire Fact File</i> that must be completed are filled in and kept up-to-date.	Manager
4	The responsibility for fire safety in a service/location/business at any one time lies with the person in charge during the work shift (e.g. service/location/business Manager, Line Manager etc).	Person in Charge
5	The responsibility for fire safety management, including fire safety procedures, training, practices and documentation in any service/location/business lies with the Manager.	Manager
6	The relevant Manager shall review the fire risk assessment regularly and sign-off the Fire Log on a monthly basis. He/she must ensure that fire safety procedures and documentation is in	Manager

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Rehab Group PROCEDURE

	order in the service/location/business under his/her control.	
7	Each Manager designates an adequate number of staff to deal with emergencies (e.g. Fire Marshal/Warden and a Deputy Fire Marshal/Warden). A Fire Marshal/Warden is someone who receives specific training in fire safety and takes on certain specified <i>functions</i> in relation to fire safety. They do not assume any overall responsibility for the <i>management</i> of a service/location/business in relation to fire safety.	Manager
8	The Fire Marshal (and Deputy Fire Marshal) shall carry out and record the following functions: • Daily fire safety checks • Completion of the Fire Fact File • Report any fire safety deficiencies discovered • Co-ordinate fire drill evacuations in line with the Fire Fact File (Ire) or Fire Fact File (UK) and as per regional legislative requirements..	Fire Marshal/Deputy
9	The Manager is responsible for ensuring the above functions are carried out in the service/location/business under his/her control.	Manager
10	The Rehab Group Property Department can provide advice regarding compliance with relevant building regulations in relation to fire safety. The Health and Safety Managers/Officers will make representations with regard to fire safety when audited.	Health & Safety Manager/Officer/Property Department
11	In addition the Rehab Group may utilise a Fire Safety Consultant to supply the expertise to ensure appropriate fire safety procedures are in place.	Health & Safety Manager/Officer/Designated Person responsible for Property and Facilities /Buildings Manager
12	Staff training in fire safety is co-ordinated by the Training/HR Department and delivered by a competent person who possesses sufficient training, experience and knowledge appropriate to the nature of the work. <i>All staff must receive fire safety awareness training as part of the induction programme.</i>	Manager/Training Department
13	All staff shall attend regular fire drills/lectures completed by a	Staff members

Rehab Group PROCEDURE

	competent person, ideally on an annual basis. The annual drill/lecture will ideally take place at service/location/business level. It would involve the conduction of a drill by the person and a talk with staff following the drill, providing feedback on the drill and addressing any fire safety queries staff may have.	
14	Designated Fire Marshals and Deputy Fire Marshals must receive appropriate training in fire safety and fire fighting.	Manager/ Fire Marshal/Deputy
15	A fire risk assessment and evacuation plan must be completed by the Manager, and all staff including relief and transient staff must be made aware of and be familiar with the contents of the fire risk assessment and evacuation plan for each service/location/business. This must be reviewed annually or sooner if the structure of the building/accessibility is significantly altered.	Manager
16	Any mobility, behaviours that challenge, sensory or other hazards identified must be included in the fire risk assessment and evacuation plan, and the means or methods required to evacuate all persons in event of a fire must be clearly outlined and understood by all staff.	Manager
17	Where service users/staff have mobility problems these must be identified in the fire risk assessment form and all staff must be made aware of how to safely evacuate each service user/staff. Means of evacuation may include mobility aids (wheelchairs, fire evacuation sheets) and staged evacuations. Seek advice from a manual handling instructor if necessary. Individual Person Emergency Egress Plans (PEEP) to be completed.	Manager
18	Where particular problems in evacuating service users are encountered (e.g. people unwilling to participate), the staff team shall need to consider creative solutions and practice all possible scenarios (use silent alarm, use pre-determined coaxing methods, etc) but essentially, staff must determine how they would act in the event of an actual fire. Seek advice from an appropriate clinical support person (e.g. Psychologist) if necessary.	Manager
19	On completion of the evacuation plan, if there is any possibility of injury occurring to staff members or service users during a practice fire drill (e.g. for manual handling or other reasons), advice must be sought prior to conduction of a drill involving	Manager

Rehab Group PROCEDURE

	that individual service user. Advice should be sought from the relevant Health & Safety Manager/Officer and any other relevant party (e.g. Manual Handling Instructor, Clinical Psychologist).	
20	The Manager must ensure that any additional or subsequent hazards identified are added to the fire risk assessment and that all changes are relayed to the entire staff team.	Manager
21	The Manager must ensure that all staff are familiar with and well-rehearsed in fire evacuation procedures for each service/location/business under his/her control.	Manager
22	Evacuations completed within 3 minutes are satisfactory. Evacuations taking between 3 and 6 minutes should be examined to see if there are ways to improve the evacuation time. Evacuations taking 6 minutes or more require action.	Manager
23	Designate assembly points and make arrangements with receiving houses if applicable.	Manager
24	A designated person shall meet and brief the Fire & Rescue Service on their arrival and provide them with relevant information (location of hydrants, approach entrances, any volatile substances). Where there is a number of service/location/business or buildings together, a designated person (agreed in advance and identified in the written fire safety procedures) shall direct the Fire & Rescue Service to the service/location/business in question.	Manager
25	Different scenarios should be created whereby at least one exit is not used during each drill. In addition, alternate the “location of the fire” during drills and practice evacuating the corresponding priority areas (i.e. the rooms nearest the fire).	Manager
26	Fire protection and detection equipment is strategically installed and clearly marked in all service/locations, as per the risk assessment. All service/location/business checks, repairs should be recorded in the <i>Fire Fact File</i> .	Manager
27	Where on non-Rehab controlled sites/shared premises, staff are expected to participate and co-operate in fire drills.	Staff members
28	All fire escape routes and fire exits shall be kept clear and unobstructed at all times.	Manager

Rehab Group PROCEDURE

29	Candles shall not be used in any service/location/business or office. Common sense approach should be used at all times e.g. birthday candles.	Manager
30	Any fire hazards should be reported to the relevant manager and immediate and appropriate action taken. Any defects to fire doors/door frames or door closures should be escalated to the Property Dept and H&S Dept for advice and support in relation to repairs/replacements to ensure that the integrity of the doors /frames/closures are not compromised. All fire doors should have a door tag or individual certificate of compliance.	Manager
31	All hot work activities (e.g. welding/cutting, grinding, etc) must be carried out under a <i>Permit to Work</i> (see Appendix 6.1) completed and signed off by the relevant manager and contractors.	Manager
32	Shared premises should have a coordinated approach with other divisions/companies to fire drills, evacuation procedures and fire safety.	Manager

PROCEDURE*

Title: *Physical Hazard - Machinery & Equipment*

Procedure – Steps

No.	Description	Responsibility
1	An <i>Equipment Evaluation Form</i> (Appendix 5.7) should be completed by the Manager prior to purchase to ensure that it meets all relevant safety standards/regulations; and check risk assessments are in place or will be carried out. All equipment/machinery should have its relevant certification checked prior to purchase.	Manager
2	Manager to complete a full written risk assessment. The Manager is also responsible for developing a document using the relevant manual detailing: • a pre-inspection checklist or start up procedures • step-by-step guidelines for operation (e.g. Standard Operating Procedure) • step-by-step guidelines for maintenance (e.g. shut down / isolation procedures) The above guidelines should identify the hazards at each step and the controls that can be implemented (e.g. substitution / administrative / guard / personal protective equipment / training etc.).	Manager
3	All equipment and machinery is provided, installed and maintained by competent persons.	Manager
4	The Manager should ensure the <i>Permit to Work</i> (Appendix 6.1) is completed for any electrical/ installation/ maintenance work carried out on machinery and equipment.	Manager
5	A safe system of work for isolating the machinery/equipment from its power supply (e.g. Lock Out/Tag Out) must be used during all maintenance/repair work and when clearing blockages.	Manager

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Rehab Group PROCEDURE

6	All maintenance/repair work and when clearing blockages on machinery/equipment must be carried out under the <i>Permit to Work</i> (Appendix 6.1).	
7	All equipment and machinery complies with any relevant European Community Directive.	Manager
8	All equipment is serviced as recommended by the manufacturer's/statutory guidelines by an authorised contractor and documentation of service/business/locations kept together in the safety folder, where they can be easily accessed and/or inspected. This includes hoists, electrical pallet trucks, electrical and gravity-controlled conveyors, fire extinguishers, safety equipment on buses and other equipment.	Manager
9	Where any equipment is exposed to conditions which could result in deterioration they should be serviced on a periodic basis.	Manager
10	The Manager is responsible for co-ordinating the inspection and servicing of equipment (including wheelchairs).	Manager
11	All heating and cooking appliances (stoves, boilers, portable heaters, etc.) shall be installed by a competent person(s) and properly maintained.	Manager
12	Fixed heating installations should be used rather than portable equipment, where possible. If portable heaters are provided, they must stand on a non-combustible surface. Portable heaters, especially fan and bar type units, should be treated as high-risk items and at no time be used in the service/location. Follow the manufacturer's instructions. Please refer to <i>Physical Hazard - Electricity</i> .	Manager
13	All machinery shall be regularly inspected at service level, at least on a monthly basis. The Manager is responsible for ensuring such inspections take place.	Manager
14	Inspections on machinery which is deemed a risk of injury or where it is exposed to conditions which cause deterioration should be conducted using the <i>Machinery Inspection Sheet</i> (Appendix 5.6) and retained in a separate folder. These inspections should be kept for a minimum period of 5 years.	Manager
15	Ensure good air-circulation around machines.	Manager
16	Keep combustible materials at a safe distance from machinery.	Manager
17	Moving machine parts shall be guarded to prevent access while operating.	Manager

Rehab Group PROCEDURE

18	Safeguards should comply with relevant standards, should be of durable material, firmly secured and not create any new hazards.	Manager
19	Any defects shall be reported to the Manager who shall implement any additional control measures required to prevent injury or harm and ensure that the defect is reported to and rectified by a competent person.	Manager
20	No staff member will operate equipment or machinery unless they have been adequately trained and/or instructed on how to do so (including wheelchairs).	Manager
21	Any safety incidents relating to equipment or machinery should be reported to the Manager and the relevant Health & Safety Manager/Officer.	Manager

PROCEDURE*

Title: *Physical Hazard - Manual Handling*

Procedure – Steps

No.	Description	Responsibility
	Risk Assessment	
1	The manager shall carry out a risk assessment on all manual handling tasks in their service/location/business and implement the necessary controls (<i>Appendices 4.3 and 4.4</i>).	Manager
2	On completion of the manual handling risk assessment for the service/location/business, the <i>Person Handling Risk Assessment Form (Appendix 4.4)</i> should be completed as required. Refer to 'A Guide to People Handling' in the appendix of the <i>Rehab Group Safety Statement</i> .	Manager
3	When carrying out a risk assessment the manager should adopt some of the following control measures: • Organise work practices to avoid (where possible) / minimise manual handling or repetitive tasks • Store heavy materials or goods at or near waist level and avoid repeated manual handling above shoulder and below knee levels • Loads should be carried for the minimum practicable distance. Trolleys or similar equipment must be used if the load is heavy • Reduce loads (e.g. break up the load) and carry loads as close as possible to the body • When loading a pallet minimise bending and twisting and always use the platform to facilitate packing the top layer • Pushing is more favourable than pulling. Always ensure that you can see over the load • On a weekly basis, check tyres, brakes and footplates of wheelchairs, trolleys and all moving and handling equipment. Any defects found should be reported, recorded and rectified.	Manager

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Rehab Group PROCEDURE

	• Adjustable height changing tables have been provided. Staff members shall ensure these are used as instructed i.e. lower the table for transfer and raise while working • Adjustable height seating has been provided to minimise the postural stresses when working in a seated position. Seats should be adjusted to suit individual requirements • When working with children, careful attention needs to be placed on the posture of the staff member. Staff members should facilitate children to move themselves whenever possible • Where practical, interchange static work with more dynamic work.	
	Training	
4	All staff members must be trained in safe manual handling techniques and must attend the training course provided/co-ordinated by the training/HR department, in accordance with Health & Safety Inspectorate recommendations.	Manager
5	Staff members shall observe the principles of Safe Moving and Handling taught during manual handling training at all times.	Staff members
6	Staff members shall comply with safe manual handling practices as taught on the manual handling course and as laid out in the <i>Rehab Group Safety Statement</i> .	Staff members
7	Refresher training must be undertaken at least every three years or more frequently if identified in the risk assessment or as the needs of the service/location/business change. The manager shall contact the training/HR department when his/her staff are due refresher training.	Manager
8	For individual manual handling problems, staff should consult the manual handling instructor for guidelines on the safest manoeuvres. These guidelines should then be printed, attached to the service/location/business safety arrangements and brought to the attention of all staff.	Staff Members
	Slings/ Hoists	
9	All staff shall check slings prior to use and the manager will ensure defective or worn slings are removed from use and replaced and reported to the training department. Mechanical aids, such as hoist, forklift truck, electrical pallet trucks, electrical and gravity-controlled conveyors have been	Manager

Rehab Group PROCEDURE

	provided. These should be used whenever required. All equipment shall be checked prior to use and serviced in accordance with the manufacturer's instructions and legislative requirements (or more frequently if any defect or fault is noted).	
10	Staff shall not operate a hoist without having received prior appropriate instruction on how to do so by a competent member of staff. It is the manager's responsibility to ensure that staff have received the appropriate instruction. If staff members are unsure about how to operate a hoist or how to relay accurate instruction to new staff, the manager should contact the training department and seek assistance.	Staff Members/ Manager
11	In individual situations where the use of a hoist may pose a risk to a staff member or service user, a risk assessment should be completed by the manager and staff team with the help of a manual handling instructor.	Manager
12	The hoist shall never be used to transport service users for any prolonged distance e.g. from one room to another.	Staff Members
	General Guidelines	
13	Staff shall wear flat, closed, appropriate footwear with slip-resistant soles.	Staff Members
14	Manual/full body lifts should be avoided at all times; they are only acceptable in life threatening situations e.g. fire.	Staff Members
15	Staff should never 'catch' falling persons. Means of dealing with this scenario are addressed in the manual handling course and include 'easing someone's fall' or 'cushioning' vulnerable body parts (e.g. the head). Seek advice from a manual handling instructor if staff are unsure of techniques which can be safely applied.	Staff Members
16	In the event of a person refusing to rise from the ground, staff must not physically lift the person. They are advised to make the area safe and to contact any relevant persons if necessary (e.g. manager). The hazard shall be included in the risk assessment form. Control measures shall include a review of activities engaged in and behaviour management guidelines which outline how to avoid and/or manage any future re-occurrences.	Staff Members
17	Where possible, staff should avoid 'linking' service users when out for walks, however this needs to be based on individual risk assessments. The staff team should explore more suitable and	Staff Members

Rehab Group PROCEDURE

	safer alternatives as appropriate e.g. guiding or use of a mobility aid. Assistance from the physiotherapist, occupational therapist or psychologist assigned to that service/location/business should be sought as needed.	
	Incidents	
18	Following any manual handling incident or near-miss incident, the risk assessment shall be reviewed and updated by the manager. The manager shall address and follow-up any breaches of the manual handling policy and make a documented note of this breach.	Manager
19	Staff member(s) involved in any manual handling incident or near-miss incident should attend a refresher manual handling training session where practicable. The manager shall arrange this through the training department.	Manager
20	All incidents relating to Manual Handling must be recorded on the Rehab Incident Management System.	Manager

PROCEDURE*

Title: *Physical Hazard - Noise*

Procedure – Steps

No.	Description	Responsibility
1	Noise Exposure Assessments Managers shall arrange for noise exposure assessments and noise level surveys, on processes and equipment to be completed by a competent person. These will be used as the basis for formulating action plans for remedial measures where necessary. Assessments and surveys will be recorded and updated regularly, particularly when changes in work practices vary the existing noise exposure levels of staff members. Noise exposure risk assessments shall be arranged by Managers where the daily personal exposure of a worker is likely to exceed 80dB(A).	Manager
2	Information and Training If following the noise exposure assessment the daily personal exposure of a worker is found to exceed 80dB(A) then Managers will take appropriate measures to ensure that the workers receive adequate information and where relevant training concerning: • The potential risks to their hearing arising from noise exposure. • The measures taken by the organisation to reduce exposure. • The wearing of personal hearing protection and the role of hearing checks.	Manager
3	Reduction of Noise Exposure to Staff members Managers shall, in so far as is reasonably practicable, take all steps to reduce noise exposure levels to staff members by elimination or reduction of noise to a minimum at source, other than through the use of personal hearing protection wherever possible. This may include reducing exposure time or	Manager

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Rehab Group PROCEDURE

	introducing engineering control measures to ensure that the dose rate / exposure limit value of 87dB(A) over 8 hours is not exceeded.	
4	Hearing Protection Zones If following noise monitoring the daily personal exposure of a worker is found to exceed the upper exposure action value of 85dB(A) then Managers shall: 1) display mandatory warning signs that are clearly visible and easily legible indicating that: • the noise levels at those workstations are likely to exceed 85 dB(A) and • hearing protectors are available and must be worn 2) ensure that the workstations are protected from unauthorised access by barriers or other suitable means; and access to these areas must be restricted to necessary personnel only.	Manager
5	Provision of Hearing Protection Managers shall provide suitable and effective hearing protection to staff members working in high noise level environments, as indicated to be necessary by the results of noise exposure assessments. Provision shall be made for the maintenance, repair or renewal of ear protective equipment as appropriate. • Always wear the hearing protection provided when required to do so, e.g. within designated ear protection zones. Make sure that ear protectors are always fitted correctly and are properly maintained. • Promptly report all situations, which may lead to increases in noise exposure. • Participate fully in training sessions, which detail the procedures to follow to avoid the harmful effects of noise. Inform their Manager of any training needs in relation to noise at work. • Advise their Manager immediately of any problems caused by noise at work.	Manager/Staff members
6	Hearing Checks / Audiometric Tests Where daily workplace noise exposure levels are found to exceed 80dB(A) the organisation shall provide staff members with hearing checks / audiometric tests to provide early diagnosis of hearing loss and to assist in the preservation of hearing.	Manager

Rehab Group PROCEDURE

7	Records Records shall be maintained of the following: • Noise assessment reports. These should include details of workplaces, areas and jobs assessed, the results of the assessment, when the assessment took place, by whom it was carried out and the recommended actions. • Audiometry / hearing tests. • Action taken as a result of noise assessments, with dates. • Changes in work practices, which affect noise exposure, e.g. changes to working hours, introduction of new machines, layout of machinery, introduction of noise reduction measures, etc. • The provision of training and instruction. • The supply of personal ear protection and details of its maintenance and replacement (other than disposable earplugs). • Concerns raised by staff members regarding noise and action taken in respect of such concerns.	Manager
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PROCEDURE*

Title:	<i>Physical Hazard - Radon</i>

Procedure – Control Measures

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	Property Department will complete periodic radon surveys in accordance with the relevant Radiological Protection Institute/Authority guidelines to determine radon reading levels in buildings. The Manager is to complete a full written risk assessment in conjunction with the Property Department.	Property Department
2	Group Property Department to report radon findings to location management as appropriate.	Property Department
3	Where levels are found to be above the National Action Level, in general remediation will be completed by competent contractors to reduce these levels. These locations will be re-tested post remediation to ensure that revised recording have been reduce to an acceptable level with the guidelines.	Property Department
4	The Property Dept, in conjunction with local Managers, must ensure that appropriate radon monitoring is carried out as required by domestic law.	Designated Person responsible for Property and Facilities /Property Department
5	Where detected and depending on the severity of radon appropriate controls can be put in place including: Existing Buildings • Improvement of under floor and indoor ventilation • Sealing large gaps in floors and walls in contact with the ground • Positive pressure ventilation of occupied areas • Installation of radon sump and extraction pipe work	Designated Person responsible for Property and Facilities /Property Department

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Rehab Group PROCEDURE

	New Buildings • Review of underlying ground and protection measures • Installation of radon proof barrier • Provision of ventilated sub-floor void or radon sump	
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PROCEDURE*

Title: *Physical Hazard - Slips, Trips and Falls*

Procedure – Steps

No.	Description	Responsibility
1	A full written risk assessment must be completed.	Manager
2	All spillages, including wet floors, must be restricted from further increasing the risk of a slip, trip or fall by use of ‘wet floor’ signage (please see the <i>Safety Signage</i> procedure) . All spillages to be wiped up as soon as possible.	All
3	All staff must wear adequate footwear with slip resistant soles for the work being undertaken. All staff must be aware of the fact that any wet floor presents a hazard, even when non-slip flooring is in situ. Exercise caution at all times, wear appropriate footwear and report any wear or tear in the flooring.	All
4	Loose mats and rugs must not be used.	Manager
5	Ideally, non-slip flooring should be used in the bathroom, toilet and kitchen areas.	Manager
6	Non-slip mats shall be provided at all entrances where required.	Manager
7	Floor washing should be carried out at end of day and if required more frequently, when other staff and service users are not in the area in question. Appropriate signage should be on display when cleaning is in process.	Manager
8	Corridors, passageways and doorways must be kept clear of obstructions at all times.	Manager
9	Staff should take additional care when walking on play-mats.	All
10	A system should be in place regarding the reporting of any defects (including any loose, uneven or damaged flooring), the Manager shall ensure that all reported defects are addressed and rectified.	Manager
11	In the event of a slip, trip or fall occurring; the risk assessment	Manager

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Rehab Group PROCEDURE

	shall be reviewed and corrective action to prevent re-occurrence shall be taken. All accidents/incidents must be reported on the Rehab online Incident Management System.	
12	All service users with epilepsy should be supervised while taking baths/showers. The level of supervision required may vary depending on the severity of the epilepsy and the independence of the service user (conduct a risk assessment to determine precise control measures required).	Manager

PROCEDURE*

Title:	<i>Physical Hazard – Smoking</i>
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Procedure – Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	To ensure compliance with relevant law, smoking is prohibited in all Rehab Group enclosed locations. Staff and people availing of the Rehab Group service/location/business(s) should go to the designated smoking areas if they wish to smoke; this includes all other tobacco or electronic devices.	All
2	Smoking is not permitted at any time in a company vehicle.	All
3	The Manager must complete a risk assessment and where necessary put in control measures to eliminate exposure in the workplace.	Manager
4	All staff members to co-operate with the procedure as detailed in the <i>Responsibilities</i> section of this Safety Statement.	All
5	Smoking/Non-smoking areas will have signage displayed.	Manager
6	Within RehabCare residential services, where there are challenges in meeting the requirements of the smoking policy for some residents, please consult with senior management and the health and safety manager.	Manager

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PROCEDURE*

Title:	<i>Physical Hazard – Vehicular Transport</i>
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Procedure – Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	The Manager shall carry out a written risk assessment on all bus/company vehicle transport hazards. Refer to the Driving for work policy and procedures/Handbook for information.	Manager
2	Staff who are employed as drivers (including volunteers) must attend a driver training course before driving, at a regular basis thereafter and following two or more vehicle incidents. Training shall be organised by the Manager of the service/location/business.	Manager
3	The layouts of routes under the control of Rehab Group are appropriate for the bus/company vehicle and pedestrian activities at the workplace. Bus/company vehicles and pedestrians are kept apart e.g. suitable walkways provided where required in the workshops.	Manager
4	Vehicle traffic routes are suitable for the type and quantity of bus/company vehicles which use them i.e. areas under the control of Rehab Group are well maintained and free from hazards.	Manager
5	Suitable safety features are provided where appropriate e.g. direction signs, speed limit signs.	Manager
6	All bus/company vehicles are safe and suitable for the work for which they are being used.	Manager
7	A hazard inspection shall be carried out for each bus/company vehicle by the Manager and Driver or Escort where applicable (or both) and this shall be kept up-to-date. These inspections will take the part of daily and weekly inspections.	Manager / Driver
8	All bus/company vehicles are subject to appropriate maintenance procedures and checks, including checks on reversing sirens and flashing beacons.	Manager

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Rehab Group PROCEDURE

9	All drivers shall use safe working practices at all times e.g. driving with care.	Driver
10	All drivers shall have appropriate licences to cover the transport they drive. These licences will be checked by the Manager on an annual basis, forklift drivers must also successfully complete appropriate training on the use of the forklift in the workplace from a competent training organisation.	Manager / Driver
11	All persons must wear safety belts while travelling in motor vehicles and bus/company vehicles.	All
12	Where reversing is necessary it is undertaken with extreme care. Where additional personnel are required to assist in safe reversing, a staff member will be present.	Driver
13	Drivers shall take care when parking their bus/company vehicles, including their own private cars, and must park in safe locations.	Driver
14	The following workplace design and management criteria should be considered in workplace transport safety: • Improve pedestrian safety on-site through segregation of vehicles and pedestrians with the introduction of pedestrian walkways and pedestrian crossings; • Reduce forklift truck speed on-site through introduction of speed limit signage around the site and speed restrictors on forklift trucks; • Eliminate the hazards posed by reversing vehicles on-site by the introduction of one way traffic systems, where possible; • Minimise hazards posed by blind corners and poor driver visibility on-site with the introduction of convex mirrors on blind corners and reversing cameras on vehicles; • Reduce the risk of collisions on-site by providing adequate vehicle manoeuvring space and traffic route widths; • Eliminate the hazards posed by site congestion by scheduling deliveries and shipments; • Minimise hazards posed by vehicle loading and unloading operations on-site through careful location selection; and competent supervision.	Manager
15	Any issues relating to transport or workplace vehicles should be directed to the Manager.	All
16	Any procurement of any vehicles or issues relating to transport or workplace vehicles should be directed to the Manager and the relevant Rehab Group Contact person at all times.	Manager / Group Transport

Rehab Group PROCEDURE

		Office
17	Managers when performing risk assessments on activities under their remit will pay special attention to potential risks from driving and will seek to minimise the time taken each working day driving, and also to implement other guidelines to achieve the minimization of risk.	Manager
18	Precautions outlined to minimize risk: • Plan work to minimise driving requirements • Ensure that the vehicle is maintained in accordance with the manufacturer's instructions • Take sensible breaks and seek to avoid unnecessarily long days of work and driving • Report the development of any health problem which may limit or prevent driving (such as epilepsy) • Advanced Occupational Driver Training given to persons employed as Drivers • In the event of a driver being involved in two or more motor accidents they must attend a driving course (paid by Rehab Group) at an advanced driving school.	Manager / Driver

PROCEDURE*

Title: *Physical Hazard – Vibrations*

Procedure – Steps

No.	Description	Responsibility
1	Managers must complete a risk assessment for all work where there is a risk of exposure to vibration, including, floor buffing, using rotary or action hand tools, lawnmowers, grinders, hammer action tools, sanders.	Manager
2	The daily vibration exposure should be assessed, where necessary, by an outside competent person or through the machinery manufacturer.	Manager
3	Adequate control measures should be put in place to eliminate or reduce to a minimum the risk of exposure to mechanical vibration at source to below exposure limit levels. Examples of control measures that may be used include: • the use of other methods of work which reduce exposure • replacement of equipment with modern equipment; • provision of auxiliary equipment (e.g. seats and handles which reduce the risk of injuries by reducing the vibration transmitted • appropriate equipment maintenance programmes to reduce mechanical vibration • adequate staff member equipment information and training on safe and correct use to reduce exposure; • limit duration and intensity of exposure • appropriate work schedules and adequate rest periods • provision of clothing to protect staff members exposed to cold and damp.	Manager

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4	Where staff members are exposed to risk from mechanical vibration then managers will take appropriate measures to ensure that the workers receive adequate information and, where relevant, training concerning: • The potential injury arising from mechanical vibration exposure • Why and how to detect and report the signs of injury • The exposure limit values and the exposure action values • The results of risk assessments and measurements of mechanical vibration carried out • The circumstances in which health surveillance is made available to staff members and its purpose to prevent or diagnose disorder linked with exposure to mechanical vibration • The technical and organisational measures taken by the organisation to reduce exposure • The safe working practices to minimise exposure to mechanical vibration • Staff members exposed to vibration are entitled to attend an occupational health assessment by the occupational health provider. This will be identified as part of the control measures in the safety statement • Where detailed assessment is required, including measurement of vibration, the relevant Health & Safety Manager/Officer should assist.	Manager
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PROCEDURE*

Title: *Physical Hazard – Violence at Work*

Overview

Rehab Group is committed, in so far as is reasonably practicable to providing a safe and healthy work environment for all staff members. Although, in the main, violent behaviour towards staff is a rare occurrence, it is a potential hazard where there is interaction between people, service users, customers or staff members.

The Health & Safety Authority and the Health & Safety Executive define workplace violence as:

“Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work”

Violence may not be limited to the actual workplace. It can occur in the community or when travelling to and from work.

Procedure – Steps

No.	Description	Responsibility
1	All staff members are reminded of their duty not to endanger themselves or their colleagues. No staff member should risk his or her life or the lives of others while attempting to prevent an act of violence. New & expectant mothers shall at all times adopt a position of non-intervention when dealing with a person demonstrating violent behaviour.	All
2	A full written risk assessment must be completed. The risk assessment should ensure that factors that can cause or contribute to the risk of violence are taken into account. Risk factors can include, the handling of money, key holding responsibilities, call out duties, responsibility for dealing with complaints, particularly those involving waiting times, lone working, night working and work location.	Manager
3	Control measures relating to job design and organisation must be considered and implemented. These may include the avoidance of lone working, where possible, ensuring that contact systems are in	Manager

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Rehab Group PROCEDURE

	place.	
4	Control measures may also include specific personal safety training and the provision of information to staff on how to recognise early signs of aggression, the management of difficult situations and the need to follow emergency procedures.	Manager
5	In the event of the occurrence of a violent incident, the primary aim is to make all reasonable attempts to prevent further harm.	Manager
6	The staff member who has been subject to the incident, or witnessed the incident, should not be left alone in the immediate period following the incident.	Manager
7	All incidents involving violence which involve staff and service users in our centres or outside our centres on company business must be reported under the incident reporting procedure to senior management and the Health & Safety Manager/Officer immediately and investigated appropriately.	Manager
8	The relevant manager must aim to provide the staff member with counselling/psychological support through the Employee Assistance Programme.	Manager
9	Assistance should also be provided to the staff member to report the matter to the relevant authorities (Gardai/relevant Police Authority).	Manager
10	All incidences of violent or threatening behaviour reported by staff members should be reported onwards to the relevant authorities by the relevant line manager.	Manager
11	Ensure that other staff are informed of the incident to raise awareness and also to ensure any preventative measures are put in place to prevent a reoccurrence.	Manager
12	Review the risk assessment to identify what additional measures are necessary and to ensure incidents are fully investigated, within an environment of “avoidance of blame”. Reference Rehab Group Violence and Aggression at Work Policy.	Manager

PROCEDURE*

Title:	<i>Physical Hazard – Work at Height</i>
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Procedure – Steps

No.	Description	Responsibility
1	Managers must prevent any falls, in so far as is reasonably practicable.	Manager
2	Follow safe work at height hierarchy where work at heights must take place, including; Avoid, Prevent, Mitigate and Give Collective Measures Priority.	Manager/ Relevant Contractor/ Staff
3	Ensure that work at height is properly planned, appropriately supervised and carried out in a manner that is, in so far as is reasonably practicable, safe and without risk to health.	Manager/ Relevant Contractor
4	Complete a risk assessment for all work conducted at height and put in place arrangements for eliminating or minimizing risk including a safe system of work.	Manager/ Relevant Contractor
5	Complete a <i>Permit to Work</i> (Appendix 6.1) for all work at heights activities that require a permit to work.	Manager/ Relevant Contractor
6	Prepare a plan for emergencies and rescues.	Manager/ Relevant Contractor
7	Ensure that when selecting work equipment: • collective fall protection measures (e.g. guard rails) are given priority over personal fall protection measures (e.g. fall arrest/restraint systems) • collective fall protection systems are always considered ahead of fall arrest/restraint systems (i.e. harness, shock absorbers and lanyards). However collective fall protection and arrest/restraint systems maybe used together to provide staff members with additional protection • personal fall protection systems are only used by staff members if	Manager/ Relevant Contractor

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Rehab Group PROCEDURE

	the risk assessment has demonstrated that; ▪ the work can, in so far as is reasonably practicable, be performed safely while using that system; ▪ the use of other, safer work equipment is not practicable; and ▪ the user and a sufficient number of persons are available to assist and have specific training in operations, including immediate rescue procedures. • account must be taken of the following: ▪ working conditions and the risk posed at the workplace ▪ the distance and height to be negotiated ▪ distance of a potential fall and the risk of personal injury ▪ duration and frequency of equipment use ▪ the need for easy and timely evacuation and rescue in an emergency ▪ any additional risk posed by use, installation or removal of the equipment or by evacuation or rescue from it. • that it has characteristics, dimensions, etc appropriate to nature of the work • that it allows safe passage • that it is the most suitable and takes account of the general principles of prevention where, if possible, work at height shall be avoided. Please also refer to the following when selecting equipment: • Fall Arrest Equipment description within <i>Personal Protective Equipment</i> section 4.7 • Appendix 5.8 - Fall Arrest Equipment Inspection Checklist Form. • Appendix 5.9 - Guidelines for the Inspection of Fall Arrest Systems	
8	Managers must ensure that a ladder is used for work at height only if a risk assessment has demonstrated that the use of more suitable work equipment is not justified because: • the level of risk is low, and • the duration of use is short, or • existing features at the place of work cannot be altered.	Manager
9	See <i>Control of Contractors</i> section. Work at Height includes access to and egress from a place of work including, but not limited to: • Working on scaffolding or from a mobile elevated work platform (MEWP) • Using cradles or ropes to gain access to parts of a building	

Rehab Group PROCEDURE

	• Climbing permanent structures, such as masts • Working close to a cellar opening • Working close to a hole, trench or excavation • Working close to a truck trailer loading bay • Working on a truck trailer • Painting, pasting at height • Using a ladder, step ladder or kick stool for shelf filling, window cleaning or other maintenance tasks (changing a light bulb) • Hedge trimming etc.	
10	<u>Falling Objects</u> Managers shall: • take suitable and sufficient steps to prevent, so far as is reasonably practicable the fall of any material or object where necessary to prevent injury to staff members • where falling objects cannot be prevented, take suitable and sufficient steps to prevent any person being struck by any falling material or object • ensure that no material or object is thrown or tipped from height in circumstances where it is liable to cause injury to any person • ensure materials and objects are stored in such a way as to prevent risk to any staff member arising from the collapse, overturning or unintended movement of the material or object. <u>Danger Areas</u> Managers shall ensure that where a place of work contains an area in which, owing to the nature of the work, there is a risk of any staff member suffering personal injury by: • falling a distance, or • being struck by a falling object, the place of work is equipped with devices preventing unauthorised staff members from entering the area and that the area is clearly indicated by warning signs or other appropriate means.	Manager

PROCEDURE*

Title: *Physical Hazard – Workplace/Working Environment*

Procedure – Steps

No.	Description	Responsibility
1	A full written risk assessment will be completed.	Manager
2	Natural ventilation shall be provided through windows and doors and will be adequate. Forced ventilation will be necessary only where there are high dust levels or high temperatures.	Manager
3	Mechanical ventilation should be maintained in good working order.	Manager
4	The temperature in the workplace shall be adequate taking into account the type of work carried out.	Manager
5	All places of work shall receive as far as possible sufficient natural lighting and be equipped with artificial lighting adequate for the protection of staff member's safety, health and welfare.	Manager
6	Lighting shall not be obscured at any stage e.g. by stacked goods or appliances.	Manager
7	All floor and traffic routes shall be free from any hole or slope shall be fixed, stable and not slippery.	Manager
8	Access to fragile roofs shall not be permitted unless equipment is provided to ensure that work can be carried out in a safe manner. Appropriate signage should be in place (please see the <i>Safety Signage</i> procedure).	Manager
9	It should be possible for all staff members to open, close, adjust or secure windows, skylights and ventilators in a safe manner.	Manager
10	Outdoor and indoor places of work shall be organised in such a way that pedestrians and vehicles can circulate in a safe manner.	Manager
11	Workrooms shall have sufficient surface area, height and air space to allow staff members to perform their work without risk.	Manager

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12	All traffic routes to emergency exits and the exits themselves are kept clear at all times.	Manager
13	All equipment and devices used in the workplace shall be cleaned, monitored and regularly maintained on a planned basis.	Manager

PROCEDURE*

Title:	<i>Staff Foreign Travel</i>
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Overview

Rehab employees may on occasion be required to engage in foreign travel associated with their work duties, for example, service/ site visits, attendance and presentation at international conferences, through to service delivery on international programmes and involvement in research projects.

Foreign travel is defined as any travel for work purposes outside of the country where your employment is based. This policy clearly defines the roles and responsibilities of those involved in authorising, preplanning and undertaking an overseas/foreign business trip.

Procedure – Instructions

General Requirements

- Before embarking on any work related foreign travel employees must consult and get approval from their Line Manager and apply the Group Finance Procedure for Booking Foreign Travel.
- When abroad all employees must conduct themselves in a professional and appropriate manner, befitting to the reputation of the organisation.
- Employees must not knowingly place themselves into any danger when travelling abroad for work purposes and must not enter into any situation that may put themselves at any unnecessary risk.

Travel plans

Flight options must be determined in line with Group Policy and Procedure. In considering flight times the Rehab Group would ask staff to apply the following:

- Flight times (Departure/Arrival) should where possible be between the hours of 8am and 7pm (local time). Where this is not possible due to flight schedules alternative times should be considered in the context of any risks such an alternative may present and an assessment and action plan to mitigate/reduce these risks is necessary. Travel plans need to consider the staff member's journey to and from the airport and the impact this will have on the travel arrangements and work arrangements to ensure the safety of the staff member.
- The staff member and Line Manager should complete a Risk Assessment of the proposed trip – it is not necessary to complete a risk assessment prior to each trip where a previous assessment has considered the journey – for example where a staff

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member regularly makes the same journey one assessment will suffice. This assessment must be reviewed, however, if any factors such as flight schedules, weather etc change.

- When travelling to a location that the staff member is unfamiliar with or when the arrival/departure time is outside normal business hours it is the expectation of the Rehab Group that staff members use an official transport service e.g. taxi, on arrival. This requirement should be considered in the pre-planning stage of the journey.
- Seasonal risk factors, such as extreme weather conditions should be considered when choosing a time to travel.
- If hiring a vehicle abroad suitable insurance cover must be obtained and relevant Group Policies applied, prior to the journey.
- If visas are required for the business trip the individual travelling is responsible for organising with the support of their line manager and/or the relevant HR department, if required. The organisation will fund the direct cost of the visa if required.

Risk Assessment

- Generic Risk Assessment(s) will be completed for all work undertaken overseas/in foreign countries.
- The primary responsibility for complying with the risk assessment lies with the individuals travelling.
- The Rehab Group shall not compel anyone to travel to areas of the world they are unhappy/uncomfortable with travelling to. This means the traveller must be fully aware of possible risks prior to travel in order to make that judgement, as informed by an assessment supported by the staff member's line manager, and must therefore assess the risk for him/her self.
- The nature and complexity of the risk assessment will vary with the type of work activity intended and should be commensurate with the actual risk that the identified hazards pose in the particular work circumstances. In many cases the work itself will not be unusually hazardous and consideration may only need to be given to Local Conditions e.g. attendance at overseas/foreign conferences. Where potentially hazardous work is to be undertaken, some assumptions may need to be made based on the work as it would be undertaken within the country/jurisdiction of ordinary employment.
- The Rehab Group's Foreign Travel Risk Assessment form should be used when evaluating the risk and determining the appropriate controls (Appendix 4.7). The assessment should be based on, for example, any previous knowledge or research of the work activities to be undertaken, information from the Department of Foreign Affairs/Foreign and Commonwealth Office (FCO)/Ministry of Foreign Affairs, travel agents, TRAVAX information and contacts in the overseas/foreign destinations being visited. The findings and conclusions drawn from the risk assessment should be clearly communicated.

Rehab Group PROCEDURE

Communication Channels

- All foreign travel must be approved by the Line Manager using the approval form within the booking foreign travel policy and procedure.
- Employees must contact their Line Manager/designated contact to confirm that they have arrived safely both upon arrival in the foreign country and upon their return home (e.g. such as a text message when you safely arrive at destination).
- Full details of your travel itinerary should be issued and agreed with you Line Manager ahead of the trip.
- The staff member should provide their Line Manager with details of who to contact in case of emergency/disruption to travel plans and any contingency plans that may need to be considered e.g. carer roles that may be impacted on if travel plans are disrupted. Where a staff member may travel as part of their role line managers should ensure that a copy of their passport is retained in their file.
- If travel plans change unexpectedly e.g. a flight is missed/considerably delayed, staff members should contact their line manager.

Travelling Outside the EU

- All foreign travel outside of the European Union must be examined and approved prior to travel by the relevant Director in relation travel advice, warnings &/or restrictions that maybe in place.
- Before travelling outside of the EU employees must consult the Department of Foreign Affairs/Foreign and Commonwealth Office (FCO)/Ministry of Foreign Affairs to establish if any vaccinations may be required prior to travel to that area and whether there are any health risks that they must be aware of in that locality. If they are required, the individual through their line manager must liaise with their relevant HR Business Partner who will co-ordinate the link with the occupational health provider as required. The individual travelling must ensure that they receive any necessary vaccinations in a timely manner. The direct cost of all vaccinations related to business travel will be reimbursed by the organisation.
- Before travelling outside of the EU the Director/Line Manager and employees must consult their relevant jurisdictions Department/Ministry of Foreign Affairs regarding any travel advice, warnings &/or restrictions that maybe in place (for example see: <http://www.dfa.ie/home/> (Ireland); www.fco.gov.uk (UK); <http://www.msz.gov.pl/> (Poland). Any travel warnings or restrictions issued in relation to the country planned for business travel must be strictly adhered to.
- On return from a work trip if you were feeling unwell in any way it is important to seek prompt medical advice.

PROCEDURE*

Title:	<i>Chemical Hazards – Household/Cleaning/Industrial Chemicals</i>

Procedure – Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	A full written risk assessment must be completed where required.	Manager
2	A list of all chemicals found at service/location/business level should be detailed and any hazardous properties indicated in this list and included in the service/location/business Safety Management System procedure.	Manager
3	All chemicals shall be kept in locked cupboards (if minors are on site or if deemed necessary by a risk assessment for adult service users) or in a suitable safe and secure storage area and away from any ignition sources or foodstuffs. Also see the relevant SDS section for guidance on conditions for safe storage and any other incompatibilities. If necessary to decant, appropriate containers and labelling must be used.	Manager
4	A hazardous chemical risk assessment (Appendix 4.2) must be carried out on all hazardous chemicals in use in the service / location / business.	Manager
5	Where the hazardous chemical risk assessment identifies a high risk the exposure to the chemical must be reduced. If this is not practical the chemical must be replaced.	Manager
6	Chemicals with a flammable symbol shall be stored separate to other chemicals.	Manager
7	Overstocking of chemicals shall be avoided.	Manager
8	Chemicals should never be removed from their original containers. They should always be kept in their original container with the original label intact. However, in Rehab Enterprises they may be transferred into specifically designed and labelled containers in	Manager

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Rehab Group PROCEDURE

	strict compliance with SOP.	
9	Chemicals should never be mixed. However, in Rehab Enterprises they may be mixed, where compatible AND in strict compliance with SOP.	Manager
10	Particular care should be exercised regarding the usage and disposal of substances used for gardening (weed killer etc). All gardening substances must be locked away and kept out of reach of service users.	Manager
11	Personal Protective Equipment shall be used where required and as directed by the product supplier/manufactureur.	Manager
12	Safety Data Sheets (SDSs) should be obtained for all hazardous chemical substances from the supplier/manufactureur and held in the service/location/business safety folder along with the chemical risk assessments.	Manager
13	Prior to the introduction of any new chemical used for the first time, the relevant SDS must be provided to the relevant Health & Safety Manager/Officer for approval.	Manager
14	All staff should familiarise themselves with the SDSs (<i>read the labels and follow the instructions carefully</i>).	All
15	All chemicals shall be handled, used, stored and disposed of as per the chemical label and/or the SDS.	All
16	Appropriate notices and signage should be used to remind users of the hazardous substances and how they should be used, e.g. no smoking where flammable materials are stored, PPE (Personal Protective Equipment) required.	Manager

PROCEDURE*

Title:	<i>Biological/ Health Hazards - Blood Borne Diseases</i>
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Procedure – Steps

No.	Description	Responsibility				
1	Prevention:					
1.1	All services must have a biological hazard risk assessment in place taking into account the risks posed to service users and staff within the service. Clinical Support is available to assist managers with this task.	Manager				
1.2	Non latex gloves shall be worn when there is a potential of exposure to blood, body fluids, non-intact skin of service users, or handling items contaminated with blood or body fluids.	All				
1.3	All new staff that may be potentially exposed to biological hazards should receive induction training on the following: the nature of biological hazards, routes of transmission, infection prevention and control, procedures in event of accidental exposure or inoculation.	Manager				
1.4	It is the responsibility of the manager to inform relevant statutory authorities of all incidents of notifiable diseases applicable to their jurisdiction, including blood borne diseases. Lists of notifiable diseases for the UK and Ireland can be found at the following websites: <table><tr><td>UK</td><td><u>http://Notifiable%20diseases%20and%20causative%20organisms:%20how%20to%20report%20-%20GOV.UK%20(www.gov.uk)]Notifiable diseases and causative organisms: how to report - GOV.UK (www.gov.uk)</u></td></tr><tr><td>Ireland</td><td><u>http://www.hpsc.ie/notifiablediseases/notificationforms/</u></td></tr></table>	UK	<u>http://Notifiable%20diseases%20and%20causative%20organisms:%20how%20to%20report%20-%20GOV.UK%20(www.gov.uk)]Notifiable diseases and causative organisms: how to report - GOV.UK (www.gov.uk)</u>	Ireland	<u>http://www.hpsc.ie/notifiablediseases/notificationforms/</u>	Manager
UK	<u>http://Notifiable%20diseases%20and%20causative%20organisms:%20how%20to%20report%20-%20GOV.UK%20(www.gov.uk)]Notifiable diseases and causative organisms: how to report - GOV.UK (www.gov.uk)</u>					
Ireland	<u>http://www.hpsc.ie/notifiablediseases/notificationforms/</u>					

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Rehab Group PROCEDURE

2	Safe Handling and Disposal of Sharps	
	<i>What are sharps?</i> <i>'Sharps' are needles, blades (such as scalpels) and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin.</i> <i>What is a sharps injury?</i> <i>A sharps injury is an incident, which causes a needle, blade (such as scalpel) or other medical instruments to penetrate the skin. This is sometimes called a percutaneous injury.</i>	
2.1	Avoid using sharps where possible.	All
2.2	The sharps bin must be carefully and properly assembled. Persons assembling and closing the sharps bin must sign the label on the sharps bin as indicated.	Relevant Staff Member
2.3	It is the responsibility of the person closing the sharps bin to ensure that the lid is properly secured and to contact the waste management company and arrange for collection.	Relevant Staff Member
2.4	Sharps should not be passed from hand to hand.	All
2.5	Do not keep syringes with needles attached in your pocket.	All
2.6	Never re-sheath needles.	All
2.7	All needles, syringes and sharps must be disposed of immediately into the sharps bin provided; never into refuse sacks.	All
2.8	It is the personal responsibility of the person using a sharp to dispose of it safely.	All
2.9	Discard needles and syringes as a single unit where possible.	All
2.10	Drop sharps into bin. Do not push down into bin or allow your hands or fingers past the level of the lid.	All
2.11	Do not overfill sharps bins. Fill only to the marks indicated on the box or half-full, and then close.	All
2.12	Position the sharps bins in strategic, safe locations near to the users, where they will not be accidentally knocked over. Keep bins out of reach of children and vulnerable adults.	All

Rehab Group PROCEDURE

2.13	Staff working with sharps or in areas where sharps are used must wear closed-toe footwear at all times.	All
2.14	For instructions on the disposal of hazardous waste, see the <i>Clinical Waste</i> procedure.	All
3	Summary of Management: Accidental Exposure to Blood or Body Fluids	
3.1	Initiate first aid measures immediately.	First Aider
3.2	Report the incident without delay to the manager or the most senior person in charge.	Manager
3.3	The person in charge will contact the Manager-on-Call.	Person In Charge
3.4	Follow-up counselling and support of the exposed person will be arranged by the Occupational Health Service Provider and, where necessary, the relevant Health & Safety Manager/Officer or the HR Department. <i>Treat the affected staff member as you would expect to be treated. Remember that these incidents cause anxiety and worry.</i>	Manager

PROCEDURE*

Title: *Biological/Health Hazards – Infection Prevention and Control*

Procedure – Steps

No.	Description	Responsibility
1	A full written risk assessment must be completed.	Manager
2	Staff members must comply with Rehab Group <i>Infection, Prevention and Control</i> policy and procedures.	All
3	Adherence to infection prevention and control procedures aims to prevent germs entering the body. Hand washing is considered to be the most important means of preventing the spread of infection and its importance is emphasised throughout all health and social care service/location/business of Rehab Group. Personal protective equipment such as disposable gloves and plastic aprons should be used at all times when providing intimate care. After attending to each service user these items must be disposed of and hand-washing must take place.	All
4	Staff members must take all measures available to protect their own Health & Safety and the Health & Safety of anyone else in the workplace who may be affected by their actions. Staff members are responsible in law for ensuring that no person is placed at any avoidable risk as far as is reasonably practicable, and the same principle applies when working in a service user's home. Staff must report any incidents, injuries, illness or dangerous occurrence which resulted from their work.	All
5	Where applicable, relatives and visitors to the service/location/business should be included in order to achieve compliance with the principles of infection prevention and control.	All
6	For more detailed procedures and guidelines, please see current Rehab Group <i>Infection Prevention and Control</i> policy and associated procedures.	All

*Rehab Group may amend, replace or withdraw this procedure, and/or any related policies, procedures or guidelines, from time to time at its absolute discretion

PROCEDURE*

Title:	<i>Biological/Health Hazard - Food Safety</i>
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<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	All planned construction work/renovation/alterations undertaken must firstly meet approval of an Environmental Health Officer.	Manager
2	Staff or service users who have symptoms of vomiting and diarrhoea shall remain at home until symptom-free for 48 hours (or in their residential service/location/business).	All
3	A good standard of hygiene should be maintained in all service/location/business through the use of daily cleaning rotas and pre-established procedures.	Manager
4	Records of cleaning rotas and food temperature checks (fridge and freezer temperatures) must be kept in all service/location/business where outlined in Divisional Food Safety Manual.	Manager
5	Use plastic colour-coded chopping boards (red for raw meat, blue for raw fish, green for salads and fruit, brown for vegetables, white for dairy and dairy products, yellow for cooked meat) where outlined in Divisional Food Safety Manual.	All
6	Strict hygiene practices must be observed in the storage, preparation and cooking of food. See Divisional ' <i>Food Safety Manual</i> ' kept at service/location/business level (contact the relevant Health & Safety Manager/Officer for a copy).	All
7	Persons not involved in food handling or preparation must not enter the food preparation area.	All
8	Where practical, a chef shall be provided for the preparation and cooking of food. Otherwise, staff shall organise the roster to make every attempt to ensure that those involved in food duties shall not carry out other duties.	All
9	Staff entering the kitchen area must thoroughly wash their hands.	All

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Rehab Group PROCEDURE

10	All those involved in the food area, food handling and food preparation shall wear a clean, protective over-garment or impermeable apron. Hair shall be maintained in a clean and tidy condition. A hair covering shall be worn where there is a risk of contamination of food. If hair is long, tie it back.	All
11	The wearing of jewellery is not permitted (except a plain band and sleeper earrings).	All
12	Loose clothing is a fire hazard at the cooker and must not be worn.	All
13	All staff must use heat resistant gloves (provided) when handling hot substances.	All
14	Treat cuts, sores and grazes and cover with a washable dressing (preferably blue in colour).	All
15	Do not handle or prepare food if you are suffering from: • An infection of the mouth, throat, eyes, nose or ears • An infectious skin disorder • An illness with any of the following symptoms: persistent cough, fever, diarrhoea or vomiting	All
16	All relevant staff attends Food Safety Awareness training and all staff who handle or prepare food in Rehab Group must undertake a Primary Course in Food Safety approved by the Environmental Health Officer's Association or equivalent.	All
17	Medicines that require refrigeration must not be stored in the kitchen fridge. A separate refrigerated unit must be provided on-site (away from the kitchen) for this purpose.	Manager

PROCEDURE*

Title: <i>Biological/Health Hazard - Clinical Waste</i>
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Procedure – Instructions

Managers must complete a full written risk assessment on all clinical waste. See *Risk Assessment* procedure and see Appendix 4.1.

The four categories of clinical waste are

- **sharps**
- **general infectious waste**
- **discarded chemicals** (not including non-toxic household chemicals)
- **medicines** for disposal

See the *Clinical Waste Management* section below for explanations of clinical and non-clinical waste categories (risk and non-risk waste).

Clinical waste must be carefully segregated.

The disposal of clinical waste is managed by an authorised waste management company.

The transfer of sharps boxes containing used sharps by bus/company vehicle is not authorised.

Nappies are not classified as clinical waste unless contaminated with blood or hazardous body fluids, or if a service user has or is suspected to have an infectious disease e.g. infectious diarrhoea or salmonella.

Clinical Waste Management

Clinical Waste Classification

For the purpose of this procedure clinical waste has been classified into two categories, non-hazardous waste and hazardous waste (including Hazardous Clinical Waste). See definitions.

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Rehab Group PROCEDURE

Clinical Waste Storage

Non-Hazardous Clinical Waste Storage

All non-hazardous clinical waste should be stored in a closed bin, e.g. a Lidded Wheelie Bin, until the authorised Clinical Waste Collector makes the relevant collection.

Nappies/Incontinence Wear should be securely bagged and tied prior to disposal.

Hazardous Clinical Waste Storage

It is imperative that prior to collection all hazardous waste is stored appropriately. The storage area should be lockable so that no one unless those authorised can access. It is also important to note that bins should not be overfilled as this may lead to accident/injury to anyone handling the container. The following storage containers have been identified for the relevant hazardous waste streams:-

* If the container type or colour do not correspond to the charts below please contact your Health and Safety Manager/officer for advice.

Hazardous Waste Type	Container Type & Colour	Container Lid Colour
Sharps	Yellow Rigid Bin	Yellow Lid
Medicines For Disposal	Yellow Rigid Bin	Purple Lid
Chemicals For Disposal	Yellow Rigid Bin	Red Lid
Infectious Waste	Yellow Bag	

Rehab Group PROCEDURE

Waste Disposal

Non Hazardous Waste Disposal

Disposal of all non-hazardous waste must be in co-operation with the waste collector and by a waste collector who is in possession of a valid waste collection permit. However, there may be circumstances where some of this waste can be recycled and in this instance Rehab Group encourage all service/location/business to utilise any segregation and recycling facilities available to them from their local council.

Hazardous Waste Disposal

A relevant consignment note or equivalent is required to authorise the movement of hazardous waste. The relevant consignment note or equivalent is issued by the relevant Local Authority to where the waste originated. A relevant consignment note or equivalent must be completed for each instance where hazardous waste is being disposed of.

When relevant storage containers are full the following procedure should be followed:

- Contact approved Hazardous Waste Collector to arrange collection
- Contact Local Council and arrange purchase of relevant consignment note or equivalent
- Upon receipt of consignment note or equivalent complete “Consignor” section
- Approved Waste Collector must complete the section entitled “Carrier”
- Once completed, the Manager or designate must sign the relevant consignment note or equivalent and retain one copy in the service/location/business, for a minimum of three years, in case of inspection by the local authority.

PROCEDURE*

Title:	<i>Human Factor Hazard - Psychological Effect of Behaviours that Challenge</i>
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Procedure – Control Measures

Psychological Effect of Behaviours that Challenge

Whilst working with persons with severe and profound physical or intellectual disability and/or behaviours that challenge can be very rewarding, it is recognised that staff working in such an environment can experience emotional distress and upset and may become stressed as a result.

- Manager to complete a full written risk assessment.
- In-service/location/business training for all staff shall be provided to teach staff new skills and update existing ones e.g. behaviours that challenge training.
- Special programmes in managing service users with behaviours that challenge shall be developed with the support of appropriate clinical support persons. The effectiveness of such programmes must be monitored regularly using the risk assessment form.
- Stress should always be included in the service/location/business risk assessment and the measures for controlling this hazard should be clearly outlined, regularly reviewed and updated as necessary.
- A Stress Management Training Programme shall be made available on an on-going basis for staff or staff teams. The Training/HR department should be contacted by the manager where staff request or require this programme.
- Support shall be provided for any staff member involved in a significant incident (which may or may not involve a physical injury) and for any staff suffering as a result of working in a challenging demanding environment for a period of time.
- Support provided includes:
 - Immediate support (Debriefing by a Manager; time out from the situation; individual support).
 - Short term support (individual support; group support or discussion; re-

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Rehab Group PROCEDURE

allocation to a different area; external counselling, where available; time off work if deemed necessary).

- Long-term support (individual support; group support or discussion; re-allocation to a different area; external counselling, where available).
 - **All** employees who are involved in a significant incident or who are upset or distressed by any incident must be instructed by the person in charge to take ‘time out’ and be temporarily relieved of all duties, until such time as the person in charge can adequately assess the situation and any required follow-up action needed.
 - External counselling, where available, is offered to employees who are involved in a significant incident or who are upset or distressed by any incident.
 - It is crucial to recognise that individuals respond differently to incidents and that each situation and each person must be managed on an individual basis.
 - Support measures as outlined above should be provided and are arranged via the Human Resources Department or the relevant Health & Safety Manager/Officer by the Occupational Health Service Provider. Note that following **all** incidents external counselling via the EAP programme shall be offered to employees by the Manager, where possible.
 - See Rehab Group *Violence and Aggression at Work* Policy.
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PROCEDURE *

Title: <i>Human Factor Hazard - Lone Working</i>

Procedure - Instructions

Rehab Group (Rehab) aims to promote safe working practices for lone working staff members/contractors and to heighten staff awareness regarding safety issues when working alone. It is important that staff ensure their own safety and that of their colleagues and service users in their care.

The term “lone” is used to define any working practice which involves staff undertaking duties not in the presence of, or easily accessible to, other staff members/contractors or direct supervision. Examples of lone working situations may include:

- Travelling to and from work related appointments/meetings/visits
- Home/Lone visits
- Transporting service users/members of the public in a car alone on work related business
- Working in your normal business location alone
- Carrying out 1: 1 individual work related meetings/interviews in enclosed and or isolated spaces
- Remote working
- Industrial Activities/Operations

The term workplace is deemed to include:

- All Rehab premises / workplaces
- At work associated events such as meetings, conferences and work related social in the course of their work events, whether on Rehab premises or off site
- All premises where Rehab Group staff may be required to work within the course of their normal duties
- Domestic properties within the community visited by Rehab staff with the purpose of offering support and services to service users within the community

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Rehab Group PROCEDURE

Procedure – Steps

<i>No.</i>	<i>Description</i>	<i>Responsibility</i>
1	Ensure appropriate risk assessments for all lone working scenarios are completed and reviewed systematically in all situations including new areas of service/location/business and reference personal, interpersonal and environmental hazards.	Lone Worker and Manager
2	Agree a risk management plan and implement this plan.	Lone Worker and Manager
3	Ensure Managers and staff working alone are aware of their responsibilities for safe working practices and that this is routinely addressed, discussed and recorded. Refer to Rehab Group Lone Working Policy	Manager
4	Staff members must report all near miss incidents through their Manager, and both parties must ensure that measures are taken to minimise the risk of further incidents, once an incident has taken place.	Lone Worker and Manager
5	When travelling to and from work related appointments/ meetings/visits staff members should adhere to the provisions of the Transport policy and procedures.	Lone Worker
6	Staff Members should carry their company identification with them at all times and this will include details of their designated contact(s).	Lone Worker
7	Staff members should carry their mobile phones on their person (and ensure in advance that the phone is sufficiently charged) but only use this phone in accordance with Rehab Group's Acceptable Use policy and associated documents. In geographical areas where mobile phones cannot be used because they cannot receive a signal, consideration must be given to alternative means of facilitating communication and providing safer working.	Lone Worker
8	Always inform colleagues of: • Details of expected time of return • Names and addresses of the service users being visited • Time appointment commences and is due to finish when visiting alone • Mode of contact (e.g. pagers, mobile phones) • Name of your designated contact Contact colleagues to update them if any of these details change	Lone Worker

Rehab Group PROCEDURE

9	Carrying out 1: 1 individual work-related meetings/ interviews in enclosed and or isolated spaces should be avoided unless strictly necessary. Where it may be necessary to deal with individuals on a <i>one-to-one</i> basis during the course of your work, it is recommended that; • where possible, the meeting be conducted in a quiet but observable area • such meetings should always take place during normal working hours • If available, an office or room with inside and outside windows should be used • Blinds or curtains should be <i>open</i> and not <i>drawn</i> and the room well lit. If possible the door should be left open.	Lone Worker
10	Any remote working arrangement needs to be discussed with and approved by your Manager. If approved a full risk assessment needs to be completed on the agreed work location be it on a once off or more frequent basis.	Lone Worker/ Manager
11	Industrial activities/ operations where lone working is strictly prohibited include: • Roof access; use of ladders; scaffolds; Mobile Elevated Work Platforms; or other work at heights • Confined space entry • Hot work • Electrical work • Any other work requiring a permit to work • Clearing blockages from plant/ equipment (e.g. shredders, granulators, balers, compactors, etc) • Carrying out maintenance/ cleaning on any plant and equipment • Working alone on picking lines/ conveyors which lead/ feed into shredders; granulators; balers; compactors, etc; except where suitable safety devices will prevent a person being carried by the conveyor.	Lone Worker/ Manager
12	In industrial activities which involve long periods of lone working the use of a Man Down Alarm System should be considered.	Manager
13	Regular checks should be made on the lone worker by the responsible person to ensure that they are ok.	Responsible Person
14	Persons intending to carry out industrial activities/ operations out of hours must make a prior request in writing to the Manager for approval to do so.	Lone Worker

PROCEDURE*

Title:	<i>Human Factor Hazard – Bullying and Harassment (Dignity in the Workplace)</i>
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Procedure – Instructions

Managers will consider bullying and harassment in any environmental workplace assessments. In preventing, identifying and appropriately managing incidents of bullying and harassment Rehab Group has developed a specific policy and procedure.

- Harassment, in general terms is “unwanted conduct affecting the dignity of men and women in the workplace. It may be related to age, sex, race, disability, religion, sexual orientation, nationality or any personal characteristic of the individual, and may be persistent or an isolated incident. The key is that the actions or comments are viewed as demeaning and unacceptable to the recipient”. (*ACAS Guide for Employers – Bullying & Harassment at Work*)
- Bullying at work has been defined as “repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual’s right to dignity at work”. (*Health & Safety Authority Ireland - Code of Practice on the Prevention and resolution of Bullying at Work*)

Examples of behaviour which may be described as bullying include, but are not limited to, behaviour which may:

Humiliate: e.g. preventing a colleague from speaking, using aggressive and/or obscene language;

Intimidate: e.g. through physical abuse or threats of abuse;

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Rehab Group PROCEDURE

Verbally abuse: e.g. engagement in persistent unwarranted criticism;

Victimise: e.g. manipulation of a colleague's reputation by rumour, gossip, ridicule and/or innuendo;

Exclude/Isolate: e.g. deliberate social exclusion and isolation of an individual;

Intrude: e.g. through pestering, spying or stalking;

Overload: e.g. giving repeated unreasonable assignments, impossible deadlines, or constantly changing targets without full explanation.

Please see Rehab Group Dignity and Respect at Work Policy and procedure for further information on Bullying and Harassment.

PROCEDURE*

Title:	<i>Human Factor Hazard – Workplace Stress</i>
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Overview

Definitions

Stress is a person's natural reaction to excessive pressure. Stress is not an illness but prolonged exposure to stress may reduce effectiveness at work and may cause ill health.

Workplace stress arises when the demands of the job and the working environment on a person exceed their capacity to meet them.

Causes of Workplace Stress

The causes of stress are complex and they may arise from work related and/or domestic issues.

Causes of stress in the workplace: (this is a non-exhaustive list)

- Factors intrinsic to the job, e.g. poor working conditions, hours of work, new technology, work overload or under load.
- An individual's role in the organisation, e.g. role ambiguity, role conflict and the degree of responsibility.
- Career development e.g. over promotion, under promotion, lack of job security.
- Relationships at work with superiors, colleagues and subordinates.
- Organisation structure and climate, e.g. culture and management style, lack of effective consultation.
- Training – are people properly and adequately trained for the jobs they actually do?
- Link between home and work, e.g. domestic pressures, financial worries and bereavement.

Control Measures

Safeguarding against stress is based on the same approach as that of any other hazard:

- Identification of potential problems
- Assessment of risks
- Implementation of safeguards
- Monitoring the effectiveness of safeguards

Staff members should refer to Rehab Group's *Dignity at Work* and *Grievance* policies if incidents causing/contributing to stress fall within the remit of these policies.

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Rehab Group PROCEDURE

Procedure – Steps

No.	Description	Responsibility
1	Rehab Group will ensure that recruitment practices achieve the best possible match between person and job requirements.	HR
2	Managers to complete a risk assessment identifying the sources of workplace stress and taking action to eliminate or reduce the excessive pressure.	Manager
3	Reference should be made to <i>Organisation of Work Time</i> in order to reinforce time management and healthy and safe work periods.	Manager
4	Managers should ensure that all staff members understand how workplace stress can develop and the personal actions they can take to reduce the stress in themselves and others.	Manager
5	All staff members are encouraged to take responsibility for their own physical and mental well being. Staff members that recognise or identify excessive pressure in the workplace are encouraged to inform their Manager at the earliest opportunity.	Manager/Staff members
6	An Employee Assistance Programme (EAP) is in place, which staff can access if the service is available in their jurisdiction. Please contact your local HR representative for details.	All staff
7	Managers shall be made aware of the potential causes of stress and the early warning signs. Stress can manifest itself in the workplace in a variety of ways. It can often be the underlying cause of many issues. The following are examples of issues that may indicate a stress- related problem: • Increased absenteeism • Reduced productivity • High turnover • Poor decision making • Lateness • Insubordination/aggression • Adverse relationships at work.	Manager
8	There can be higher levels of stress amongst staff members working in certain types of environments e.g. caregivers, lone workers etc. It is important that certain control measures are in place to tackle these issues, for example:	Manager

Rehab Group PROCEDURE

	• Regular breaks • De-stressing discussions following serious / violent incidents • A staff support network • Group meetings and regular team meetings	
9	Where Managers are aware that a workload or conditions of work are particularly stressful, measures should be taken to improve the workload or conditions.	Manager
10	Managers will ensure that all complaints that may be related to stress are acted upon and appropriate measures taken.	Manager

PROCEDURE*

Title: *Intoxicants in the Workplace*

Intoxicants are defined as alcohol and drugs and any combination of drugs or of drugs and alcohol, both legal and illegal. Rehab Group recognises that intoxicants can have a detrimental effect on the work performance, safety, health and well-being of a staff member.

Current Health and Safety legislation can also apply to legal drugs including alcohol, prescribed medication and over-the-counter medication, which could cause drowsiness and pose a risk to staff members working safely.

Procedure – Steps

No.	Description	Responsibility
1	Under Health and Safety legislation, employers have a duty to ensure, so far as is reasonably practicable, the safety, health and welfare at work of their employees. Employers must manage and carry out work activities in such a way as to prevent, so far as is reasonably practicable any improper conduct or behaviour likely to put the safety, health and welfare at work of staff members at risk.	Manager
2	Employers must also determine and implement health and safety measures necessary for the protection of employees when identifying hazards and carrying out risk assessments.	Manager
3	A full written risk assessment must be completed.	Manager
4	Where a staff member has been prescribed medication by a treating GP/Consultant, for legitimate use, the staff member should ascertain from the prescribing doctor if there are any possible side effects or if the medication may impair their ability to conduct their normal duties. Any advice provided by the prescribing doctor that relates to the staff member's employment responsibilities must be discussed with their relevant line manager. This is particularly important if the staff member has a responsibility for driving duties or a	Staff Members/ Manager

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Rehab Group PROCEDURE

	requirement to drive, use of machinery, the administration of medication to service users, or works in a lone working environment (this is not an exhaustive list).	
5	Misuse of an intoxicant may result in disciplinary measures as set out in the Rehab Group <i>Discipline</i> policy/procedure.	Manager/HR
6	Please also see Rehab Group <i>Intoxicants</i> policy for further information.	Manager
7	The Line Manager should seek advice/support in relation to the management of intoxicant misuse via their relevant HR Manager / HR Business Partner. Incidents of intoxicant misuse in the workplace should be reported using the H&S online Incident Management System.	Manager/HR/ Staff

Safety Records Folder – List of Contents

SECTION 1	- Written Risk Assessments outlining the hazards and associated risks in that service/location/business, and the necessary control measures to manage such risks - Record of review dates of Risk Assessments - For Data Protection purposes, all Service User risk assessments are to be stored in Service Users' personal files. Also, any risk assessments containing personal information relating to a staff member (e.g. pregnancy risk assessment, workstation assessment form) must be stored in their personnel files.
SECTION 2	Record of all staff members confirming that they have read and understood the Safety Statement and any relevant risk assessments
SECTION 3	A risk assessment detailing all other manual handling tasks in the service/location/business Each service is required to have person handling risk assessments on all service users, where applicable - For data protection purposes, the person handling risk assessment forms cannot be stored in this folder. Therefore, this section of the folder should outline how and where these assessments will be stored. Staff and other stakeholders will need clear reference to their location
SECTION 4	Records of Hazard Inspections
SECTION 5	- Copies of all machinery inspection reports - Records of regular checks for all machinery and equipment, including maintenance and servicing records - Hoist/Lift/Boiler/Compressor Air Receiver inspection reports Vehicle servicing/maintenance records Instruction manuals/booklets for all machinery and equipment in the service/location/business
SECTION 6	Training Records outlining the names of

Rehab Group PROCEDURE

	service/location/business staff, the Health & Safety training courses attended, the dates courses were attended, when refresher courses are due, any remaining courses to be attended by named staff ▪ List of health and safety topics to be covered during local induction ▪ This section should outline how and where these documents are stored i.e. service specific training records on the shared G Drive, SharePoint, in personnel files etc.
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SECTION 7	▪ Names of responsible persons at service/location/business level e.g. Manager Fire Marshal/Fire Warden/Fire Representative Trained First Aider(s) Health and Safety Representative (s)
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SECTION 8	▪ A list of all chemicals, including household chemicals and cleaning agents, identifying any hazardous properties, personal protective equipment required etc. ▪ Safety Data Sheets (SDS) for all chemicals ▪ A chemical risk assessment for each hazardous chemical in use in the service/location/business
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SECTION 9	▪ Permit to Work Forms
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SECTION 10	▪ Record of previous health & safety audits (including Manager Audits), and any associated documentation ▪ Record of any previous inspections from national health and safety authorities
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SECTION 11	▪ List of emergency contact names and numbers, where applicable (e.g. local fire and police services, medical emergency numbers, health and safety contacts, security company, property management company etc.) A copy of this information should also be prominently displayed in an appropriate area e.g. the office wall or sleepover room
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SECTION 12	▪ Any other health and safety information relevant to the service/location/business
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Please note that this is a non-exhaustive list

Appendix 7.0

Health and Safety – Register of Legislation

Contents:	European Union	– pages 1 to 1
	Ireland	– pages 1 to 6
	Poland	– pages 6 to 10
	United Kingdom	– pages 10 to 11

Legislation Listing: - EUROPEAN UNION (EU)

Regulation (EC) No. 1907/2006 on Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH)
Regulation (EC) No. 1272/2008 on Classification, Labelling and Packaging (CLP) of Substances and Mixtures

Legislation Listing: - IRELAND

Building Safety (Ireland)
Building Control Act 1990 and 2007
Building Control Regulations 1997 and 2012; and (Amendment) Regulations 2000 to 2014
Building Regulations 1997, 2007 and 2008; and (Amendment) Regulations 2000 to 2013
Building Regulations Technical Guidance Documents A to M 1997 to 2013
Fire Safety (Ireland)
Fire Services Act 1981
Fire Services Act, 1981 (Prescribed Premises) Regulations 1989
Fire Safety in Places of Assembly (Ease of Escape) Regulations 1985
Licensing of Indoor Events Act 2003
Dangerous Goods / Substances (Ireland)
Carriage of Dangerous Goods by Road Act 1998; and Regulations 2007
Chemicals Act 2008; and (Amendment) Act 2010
Chemicals Act (CLP Regulation) Regulations 2011
Chemicals (Asbestos Articles) Regulations 2011
Dangerous Substances Act 1972 and (Amendment) Act 1979; and Regulations 1979 to 2008
Dangerous Substances (Storage of Liquefied Petroleum Gas) Regulations 1990
Liquefied Petroleum Gas Safety (LPG Incident) Regulations 2014

Liquefied Petroleum Gas Safety (LPG Incident Reporting & Investigation) Regulations 2014
European Communities Act & Regulations - various (Ireland)
European Communities Act 1972
European Communities (Appliances Burning Gaseous Fuels) Regulations 1992; and (Amendment) Regulations 1995
European Communities (Authorisation) (Placing on Market) (Use and Control of Biocidal Products) Regulations 2001; and (Amendment) Regulations 2006 to 2010
European Communities (Batteries and Accumulators) Regulations 1994
European Communities (Carriage of Dangerous Goods by Road) (ADR Miscellaneous Provisions) Regulations 2006 and 2007
European Communities (Carriage of Dangerous Goods by Road and Use of Transportable Pressure Equipment) Regulations 2011; and (Amendment) Regulations 2013
European Communities (Carriage of Dangerous Goods by Rail) Regulations 2010; and (Amendment) Regulations 2013
European Communities (Control of Major Accident Hazards Involving Dangerous Substances) Regulations 2006 ; and (Amendment) Regulations 2013
European Communities (Classification, Packaging and Labelling of Dangerous Preparations) Regulations 2004 and 2008; and (Amendment) Regulations 2007 and 2008
European Communities (Classification, Packaging, Labelling and Notification of Dangerous Substances) Regulations 2003; and (Amendment) Regulations 2006 and 2008
European Communities (Commercial Vehicles Roadside Check Forms) Regulations 2010
European Communities (Compulsory Use of Safety Belts and Child Restraint Systems in Motor Vehicles) Regulations 2006
European Communities (Construction Plant & Equipment) (Permissible Noise Levels) 1988; and Amendment Regulations 1990 and 1996
European Communities (Dangerous Substances and Preparations) (Marketing and Use) Regulations 2003; and (Amendment) Regulations 2003, 2004, 2006, 2007 and 2008
European Communities (Detergents) (Revocation) Regulations 2008
European Communities (Disposal, Processing and Placing on Market of Animal By-Products) Regulations 1994
European Communities (Drinking Water) Regulations 2000
European Communities (Efficiency Requirements for New Hot-Water Boilers Fired with Liquid or Gaseous Fuels) Regulations 1994; and (Amendment) Regulations 1995
European Communities (Electrical Equipment for Use in Potentially Explosive Atmospheres) Regulations 1981; and (Amendment) Regulations 1986, 1991 and 1998
European Communities (Electromagnetic Compatibility) Regulations 2007
European Communities (Equipment and Protective Systems Intended for Use in Potentially Explosive Atmospheres) Regulation 1999
European Communities (Export and Import of Certain Dangerous Chemicals) (Industrial Chemicals) (Enforcement) (Revocation) Regulations 2008
European Communities (General Product Safety) Regulations 2004
European Communities (Installation and Use of Speed Limitation Devices in Motor Vehicles) Regulations 2005
European Communities (Lifts) Regulations 1998; and (Amendment) Regulations 2008
European Communities (Low Voltage Electrical Equipment) Regulations 1992; and (Amendment)

Regulations 1994
European Communities (Machinery) Regulations 2008; and (Amendment) Regulations 2011
European Communities (Major Accident Hazards of Certain Industrial Activities) (Amendment) Regulations 1989 and 1992
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