

Last Updated Nov 2018

Staff and Patient Safety Level 1

Non-Direct Clinical Staff

Three Yearly

- Avoid printing this document if possible
- **Please ensure you complete and sign the declaration form once completed**

Learning Outcomes

- Understanding health and safety legislation and how the processes work.
- Understanding health and safety structures in accordance with the Health and Safety Policy including employee responsibilities.
- How to report incidents via the Trust adverse event form process.
- Understanding safety in the workplace, cause 1s and risk rating by reading contents of scenario 1 and 2 and answering relevant questions.
- Understanding what is meant by a risk assessment, serious incident and never event.
- Health and safety awareness including slip, trip, falls, control of substances hazardous to health; violence and aggression; display screen equipment positioning; preventative measures regarding prevention of drain blockages; and emergency planning.
- Contact numbers for prompt reporting of hazards and risk to prevent incidents and ext numbers and contact details for health and safety, emergency planning and quality and safety leads.

Health and Safety Law

All workers have a right to work in places where risks to their health and safety are properly controlled.

Health and safety is about stopping you getting hurt at work or ill through work activities. Your employer is responsible for health and safety, although you are to support by working safely and support health and safety by :

1. Attending mandatory training and any other relevant training to ensure that you are competent when carrying out tasks.
2. Taking reasonable care of your own and other people's health and safety.
3. Co-operating with your employer on health and safety.

Tell someone (your employer, supervisor, or health and safety representative) if you identify any hazards or risks or have any health and safety concerns that may put yourself or others at risk.

Health and Safety at Work Act

Duties for both the employee and the employer

Employers Health and Safety Responsibilities	Employees Health and Safety Responsibilities
Provision of a safe place of work	To take reasonable care of your actions and think about how your actions affect others
Provision of safe plant and equipment	To co-operate with the employer
Provisions of safe systems	Not to interfere with safety arrangements

Other Relevant Health and Safety Legislation

Legislative Regulation	This Covers
Workplace Health, Safety and Welfare	Space, heating, ventilation, changing and toilet facilities etc.
Management of Health and Safety at Work	Risk assessments including pregnancy risk assessments
Manual Handling	Lifting, handling, pushing and pulling. Ensure that your training is up-to-date.
Personal Protective Equipment	Gloves, goggles, safety shoes, ear defenders etc
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).	Your manager to inform Health and Safety Co-ordinator of incidents resulting in over 7 days work related sickness or a major injury eg broken bone (other than toes and fingers) for reporting to the Health and Safety Executive
Display Screen Equipment at Work	Workstation assessments to be carried out for all workstation users, if one of these has not been completed for your workstation area contact your manager for this to be carried out

Remember:

All staff have the right to highlight concerns about health and safety issues, through their manager, or their appointed health and safety representatives, some of whom sit on the Trust's Health and Safety Operational Group and Health, Safety and Resilience Committee.

HEALTH AND SAFETY STRUCTURE AT AIREDALE NHS FOUNDATION TRUST

Trust Board - the Trust Board has the overall accountability for health and safety and is responsible for collectively and individually providing health and safety leadership and the development and implementation of the Health and Safety Policy.

The Quality and Safety Operational Group – has delegated Trust Board responsibilities to provide assurances of clinical effectiveness, quality of clinical practice and safety of patients and staff.

The Executive Assurance Group (EAG) – provides the Trust Board with assurances that risks are properly managed and controlled and reviews the management of corporate risk (scored 9 and above). It provides the Trust Board with the information it needs to understand progress against its objectives and highlights serious risks (scored 12 and above)

Procedural Documents Ratification Group – responsible for ratifying all Trust policies, guidelines and SOPs

The Health and Safety Operational Group and the Joint Health, Safety and Resilience Committee – these groups oversee the implementation of the Health and Safety Policy; they review, monitor and makes recommendations with regard to health and risks to individuals working for/ contracted to or visiting the Trust. These groups also oversee staff incident statistics and instigate relevant actions/follow up of further information as required.

Chief Executive – has the overall responsibility for Health and Safety in the Trust.

Directors/General Managers/Heads of Service/Departmental Managers – have the responsibility for allocating roles and responsibilities for health and safety including overall achievement of the Trusts policy and for the completion of risk assessments.

Line Managers – directly responsible for ensuring that rules, regulations, procedures and codes of practice relating to health and safety of employees, trainees and others are adhered to.

Employees Responsibilities – to adhere to Trust policies, processes and attend relevant mandatory and other training sessions. Also to take reasonable care of their own health and safety and that of other persons who may be affected by their actions and promptly report hazards and risks and complete relevant adverse event forms as required.

Staff responsibilities include:

- Proactively identifying risks in relation to working environments and reporting risks, hazards and equipment faults to the relevant persons as soon as possible e.g:
 - Departmental Manager
 - Domestic Services (Ext 4102) or Domestic Supervisor (Bleep 3145) or (3147)
 - Estates Maintenance helpdesk on (Ext 4444) (identified hazards for example damaged flooring, faulty equipment, lighting issues etc). Please note the job number on the adverse event form if one has been completed.
- To report incidents and near misses via the Trust Adverse Event Form for investigation. Any actions put in place to prevent a recurrence of incidents will be recorded on the outcome section of the Adverse Event Form.
- Please note that all Adverse Event Forms (AEF) are reported electronically. If you are not able to access a computer as part of your work role inform your supervisor or manager of the incident and ask for them to complete the form on your behalf or ask them to assist you in completing the AEF.

REPORTING INCIDENTS VIA THE ADVERSE EVENT FORM (AEF)

Use the Online Adverse Event Form (AEF) to report ALL incidents and near misses. This includes anything from falls to leaking roofs.

Access an AEF by going onto AIRESHARE and clicking onto the AEF tile



Sign in with your normal everyday Airedale password.

Click on New Incident in top left corner of screen. This opens a new form.

Work your way down the form

All Yellow sections MUST be completed

Do not include patient or staff names in the free text boxes

Complete the cause group and then the cause 1.

Include immediate actions and any injuries

Complete the actual Impact / harm as you know it at that time. Do not predict what *could* happen.

For equipment related incidents – include all details/ bar codes and job numbers if reported via estates helpdesk on ext 4444.

Remember to isolate the equipment and clearly label it as faulty so that it is not used by someone else.

Also when reported to the Estates Maintenance Helpdesk please quote the job number on the AEF.

The DEPARTMENT entered on the form (where the incident occurred) will determine which group on managers receive the notification emails.

When the AEF is complete press **SUBMIT.**
A notification email will be sent to relevant managers.
They will investigate and feedback any learning.

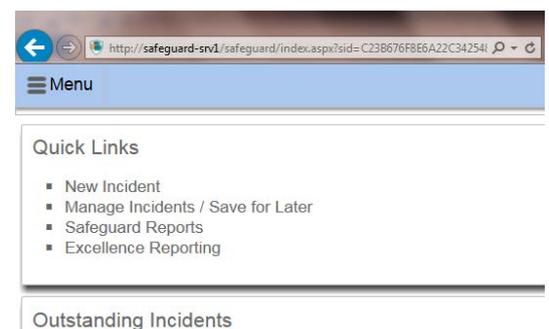
The Quality and Safety team does run face to face training on Reporting and Investigating AEFs.

Please contact the Quality and Safety team for details
(QualityAnd.SafetyTeam@anhst.nhs.uk)

For any queries when completing the electronic adverse event form please contact Karen Walton on ext 4364 or Lydia and Jayne on ext 4366 and speak to the relevant person or leave an answer machine message.

Excellence Reporting

Running alongside the AEFs, and using the same online system, is the **Excellence form**; this form can be found listed next to the AEF form.



The Excellence form is there to report all the good events that occur in our working day; if your colleague goes that extra mile, suggests a new way of working or has a new idea to improve patient care and safety, then this is a way of recognising that good work.



Instead of cause 1's the form has themes based on the right care values and behaviours.

The form is quick to complete and once submitted will notify the manager of the department you have entered on the form.

Any member of staff can complete an excellence form about another member of staff.

Once the manager is notified, they will inform the staff member that there has been an excellence form entered. The staff member can then print it off for their portfolio. The manager may decide to put the event forward for consideration for an instant Pride of Airedale award.

If the event is something that can be adopted by the team, the idea or good work may be taken down the service improvement route.

It all starts with you completing an excellence form!

Additional Face to Face Training available:

- Basic AEF reporting – For All Staff unfamiliar with the AEF system
- Routine Investigation of AEF's for Managers
- Advanced Lead Investigator Training for managers
- Risk Assessment training for managers
- Duty of Candour training for managers.

For any queries or if you wish to book onto any of the above training sessions please e-mail (QualityAnd.SafetyTeam@anhst.nhs.uk) or phone ext 4366.

A Selection of Cause Groups and Cause 1s utilized on the Adverse Event Form.

Cause Group	Cause 1
Infrastructure & Environment	Building Or Room In State Of Disrepair
Infrastructure & Environment	Equipment Failure/Malfunction Non-Medical
Infrastructure & Environment	Work Related Risk Concerns (Eg Noise, Vibration)
Infrastructure & Environment	Power Failure
Infrastructure & Environment	Waste Disposal
Disruptive Aggressive & Violent	Violence No Injury - Patient On Staff
Disruptive Aggressive & Violent	Violence With Injury - Patient On Staff
Disruptive Aggressive & Violent	Verbal Abuse – Patient on Staff
Disruptive Aggressive & Violent	Verbal Abuse – Non Patient on Staff
Staff Incident	Burns & Scalds (Staff)
Staff Incident	Collision With Object (Staff)
Staff Incident	Contact With Bodily Fluids (Staff)
Staff Incident	Contamination Injuries (Near Miss)(Staff)
Staff Incident	Contamination Injuries Cleaning Of Equipment (Staff)
Staff Incident	Contamination Injuries Incorrect Disposal In Envir (Staff)
Staff Incident	Contamination Injuries Needle Disposal (Staff)
Staff Incident	Fracture Other - Slip, Trip, Fall (Staff)
Staff Incident	Manual Handling Incident (Staff)
Staff Incident	Slip/Trip/Fall (Staff)
Staff Incident	Staff Unwell (Unexpected) (Staff)
Staff Incident	Work Related Stress (Staff)

Risk scores for the Adverse Event Form online form

LIKELIHOOD OF IT HAPPENING AGAIN:

5=Almost Certain	More than once a week
4=Likely	Once or twice a month
3=Possible	Once or twice per year
2=Unlikely	Once every 3 to 5 years
1=Rare	Not in the next 5 years

IMPACT/HARM CAUSED

5=Catastrophic	Death or significant <u>loss</u> of key Trust services
4=Major	Permanent injury, amputation, <u>disruption</u> of key Trust services
3=Moderate	Semi-permanent injury/damage (recovery takes longer than 1 month but no more than 1 year) e.g.: A fracture
2=Minor	Short term injury/damage (recovery within 1 month) e.g.: skin tear
1=Insignificant	No injury or Near miss

INCIDENT SCENARIO: 1

On starting a new job within a ward environment, in organisation 1, you are asked to collect a drip stand from the clean utility room. On entering this room it is immediately apparent that this room is utilised as a dumping ground for unused and broken equipment. There are also several clinical and non clinical waste bags, dirty laundry bags on the floor and 2 sharps bins.

There is a pool of water on the floor possibly due to a leaking roof as it has been raining hard over the past 2 days. You have to lift equipment and bags out of the way to get to the drip stand. You feel unable to ask for help from other staff as they are visibly busy dealing with patient cares and you don't feel confident to disturb anyone to request help.

You stand back and think of what to do and feel that you have no option other than to clear a path to get to the drip stand to take to the ward as requested. Some of the equipment is difficult to lift as this requires you to lift over other equipment within tight space constraints and also avoid slipping on the water present on the floor.

You lose your balance whilst stepping over the waste bags and fall, bruising your arm and side in the process.

This is your first day and you are not familiar with organisational processes so don't report this to your manager. In addition you have not yet attended the Trust mandatory training sessions including manual handling or induction training to the ward.

Health and Safety processes are clearly either not in place or not practiced in this organisation. This incident is not reported via the incident reporting process as you don't know how to do this or who to ask.

By looking at the cause groups and cause 1 list above please state what type of incident you have just had:

A risk assessment would be required to record the hazards and additional actions, with lead persons and target dates to make this area safer and protect staff.

Please list the issues and actions to be taken to make this area safe for yourself and other colleagues to prevent harm.

Issues	Actions

INCIDENT SCENARIO: 2

On obtaining a similar job, in organisation 2, you are again asked to collect a drip stand from the clean utility. Remembering how you felt last time carrying out this task, you walk towards the clean utility room with dread. You have attended the required mandatory training before commencement of work including quality and safety which includes that you are aware of how to report incidents and report hazards and faulty equipment, infection prevention to ensure you contact this team following a needlestick injury or splash incident, manual handling to ensure when lifting and handling you will do this in compliance with this training and to ask for help when needed.

You are aware of processes and policies and to that these are accessible on Aireshare and you have received ward induction training. You slowly open the door and expect to be met by the same sight as in organisation 1. To your relief there is no broken equipment stored or leaks as issues are promptly reported by ward staff via the estates maintenance helpdesk on ext 4444 for logging and remedial action. The clinical, non clinical waste and sharps boxes are segregated as stored in a separate dirty utility room and access to the drip stands is clear. You safely collect the drip stand and take it to the ward area as requested. Health and Safety processes are clearly in place in this organisation with a strong health and safety culture in place. This includes you receiving the relevant training to remain safe whilst at work and maintain a safe working practice and environment for yourself and others.

What is in place in organisation 2 that was not in place in organisation 1 to protect staff?

RISK ASSESSMENTS

A risk assessment can be carried out following identification of a hazard or a risk, as a result of an identified issue, from discussions in meetings and monitoring of the adverse event form quarterly reports, before project work commences or following an incident. The risk assessment form is used to:-

- record the hazard(s),
- state what measures are in place to mitigate the risk,
- state who is at risk, scoring the risk (and escalate accordingly),
- decide on additional actions (with the lead person and target dates)
- ensure that a review date is agreed to keep the risk assessment live until the issue is resolved.

Risk Assessments are uploaded to the risk register and monitored by departmental teams, sub-groups and meetings inc Health and Safety Op Group, Joint Health, Safety and Resilience Committee, Executive Assurance Group and Trust Board.

The risk assessment templates are found on Aireshare on the Risk Assessment tile.

SERIOUS INCIDENTS

These are incidents that are rated at harm levels of 3 – moderate and above.

The Quality and Safety team are required to report these externally to the NRLS or coroner. An AEF must be completed and escalated to your immediate line manager if you think an incident fits the serious incident criteria. Examples are:

Avoidable or unexplained deaths

A cluster of Category 3 or 4 pressure ulcers in one department

Incidents resulting in severe / significant harm

Maternal deaths

Information Governance breaches and Never Events

Examples of Serious Events at Airedale NHS Foundation Trust

Slip, trip, fall incidents resulting in the sad death of a visitor to the hospital.

This was classed as a serious incident as this was an avoidable or unexplained death.

This incident highlights the importance of reporting hazards and risks via the Estates Maintenance helpdesk on ext 4444 (see incident prevention sheet).



A faulty wheelchair was allowed out of the hospital for use by patient who was going home. There was a screw missing on the footplate which led to the amputation of the patient's leg. The patient's leg had slipped off the footplate whilst being pushed by relatives from the taxi to his house.

This was classed as a serious incident as it resulted in severe/significant harm.

This incident highlights the importance of taking faulty equipment out of use and reporting it via the Estates Maintenance helpdesk on ext 4444.



NEVER EVENTS

“Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.”
(NPSA 2010).

Full details of current Never Events are available on AireShare.

Following a review in 2014/15 the current number of Never Events is 14.

They are:

1. Wrong Site Surgery.
2. Wrong implant/prosthesis.
3. Retained foreign object post-procedure.
4. Mis-selection of a strong potassium containing solution
5. Wrong route administration of Medication.
6. Overdose (tenfold) of Insulin due to abbreviation of ‘unit’ despite having electronic prescribing system in place or using an administration device incorrectly.
7. Overdose of methotrexate for non-cancer treatment.
8. Mis-selection of high strength midazolam during conscious sedation.
9. Failure to install functional collapsible shower or curtain rail.
10. Falls from poorly restricted windows.
11. Chest or neck entrapment in bed rails.
12. Transfusion or transplantation of ABO – incompatible blood components or organs.
13. Misplaced naso– or oro–gastric tubes.
14. Scalding of patients.

Incidents that involve any of the above are only classed as never events if the 'barrier' that is in place to prevent the Never Event fails.

The barrier to prevent the scalding of patients is thermostatically controlled taps in all patient areas and the barrier to prevent insulin overdose is Electronic Prescribing on the wards.

Should ANY member of staff feel a Serious Incident or Never Event has occurred they should immediately escalate it to the most senior staff member of their team on duty at that time.

The senior staff member should then inform the Quality and Safety team at the earliest opportunity; the trust has 72 working hours to evaluate the facts to establish whether it is a Serious Incident or Never Event, and report it externally.

The decision to report a Serious Incident is made by the Medical Director or the Director of Nursing.

Remember: An AEF should always be completed

STATEMENTS

If there has been a serious incident you may be asked to write a statement by a member of the management team. Your statement must be legible if hand written. Include all your input with the care of that patient and use the patient notes to ensure all facts, dates and times in your statement are correct. Remember to sign and date the statement. Help and support is available from the Quality and Safety team.

Coroners can also request statements. Should a coroner contact you directly please inform the Quality and Safety Team before sending your statement. All coroner statement requests should go through the Quality and Safety Department.

SLIP, TRIP, FALL AWARENESS



The majority of slips, trips and fall incidents can be avoided by reporting hazards, and promptly clearing up spillages using appropriate cones/warning signs.

Domestic processes are in place to ensure safe working practice when cleaning floors in wards and departments.

Remember : If you spill it you are responsible for cleaning it up. Or ensure the spillage is removed.

By clearing up spillages promptly and ensuring flooring faults are reported to the Estates Maintenance Helpdesk (ext 4444) immediately can help prevent incidents occurring.

- Promptly clear up spillages and make sure cones/wet floor signs are visible.
- Ensure Loose Cables are secured in work areas.
- Ensure that good housekeeping is adhered to
- Promptly report flooring hazards (internal and external) and loose stair edging on ext 4444.
- Ensure that correct footwear is worn at all times
- Ensure that lighting sufficient especially when cleaning tasks carried out.
- Ensure that cones are put in place when the flooring is wet either from cleaning, wintery weather or flooding.

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH) AWARENESS

Using chemicals or other hazardous substances at work can put people's health at risk, so the law requires employers to control exposure to hazardous substances to prevent ill health.

They have to protect both employees and others who may be exposed.

If you work with substances hazardous to health ensure that you know where your COSHH file is kept and you are familiar with the information on the COSHH risk assessments.

Precautions are to be considered before use of substances and you may need to refer to this if you spill a substance or get it on your skin, in your eyes or swallow it.

This information will inform you how to clear a substance up or advise you on first aid treatment if required.

If you work with substances hazardous to health and do not know where the COSHH file is in your area of work ask your manager/supervisor.

Skin checks for dermatitis

Regularly check your skin for early signs of dermatitis

Look for...

Dryness Itching Redness ...which can develop into:

flaking , scaling cracks,swelling and blisters.

If you think you may have dermatitis, *report it to your Manager*

Contact Employee Health and Wellbeing on extension 4401 for further advice and treatment of your skin condition.



An Adverse Event Form will need to be completed, for assistance contact Quality and Safety Department on (ext 4364) and if confirmed by EH&W requires reporting under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations.

VIOLENCE AND AGGRESSION IN THE WORKPLACE AWARENESS

Report all incidents via AEF, so your line manager is aware and can consider appropriate actions.

Preventative Measures

- Conflict Resolution Training provided
- Provide employees with any information they might need to identify clients with a history of violence or to anticipate factors which might make violence more likely.
- Provide better seating, decor, lighting in public waiting rooms and more regular information about delays.
- Security Team on site contactable (ext 2655)

Lone working

- Arrange for staff to be accompanied by a colleague if they have concerns about a patient or relatives in the community.
- Make arrangements for any employees, who work away from their base, to keep in touch.

DISPLAY SCREEN EQUIPMENT POSITIONING AND ASSISTANCE AWARENESS

- Balanced head not leaning forwards
- Screen approximately arms length from you
- Top of screen about eye level
- Sit back in chair ensuring good back support
- Forearms parallel to desk
- Space behind knee
- Feet flat on floor/on a foot rest

Computer users are to ask their manager to complete a workstation risk assessment where these have not been completed.

If the answer on the display screen equipment questionnaire is yes to “Do you experience any health problems you relate to computer useage” then a copy of the assessment is to be sent to Employee Health and Wellbeing for their information/follow up.

Please remember that Employee Health and Wellbeing are on site to assist with work related health issues and you can make an appointment to see one of their nurses and be fast tracked to physiotherapy if this is required.

INCORRECTLY DISPOSED WASTE AND CONSEQUENCES AWARENESS

- Items such as hand wipes, cotton buds, baby wipes, nappies, incontinence pants, sanitary towels, packaging and hand towels can become trapped in the sewer system, often held by waste fats and oils that solidify. Clearing blockages is costly, and can result in fines by the water authority, as well as the additional inconvenience and consequences of further clean-up after flooding incidents.

If you see wipes located in toilet areas please remove these to avoid these being placed down the toilet by others.

- The consequences of incorrect disposal of items is costly. Drain line back-ups (inc fields and hospital clinical areas), blocked sewers and foul odours can carry potential penalties as well as disruption to services within the hospital.



EMERGENCY PLANNING

The Trust has in place several types of plan

- **Contingency Plans** – put in place specific steps to manage the response to a specific scenario, e.g. IT failure, loss of staff, failure of key suppliers, evacuation etc. Can be corporate or local to your department
- **Major Incident (MAJAX) Plan**– how the Trust responds and coordinates with Third parties including the Ambulance Services, Fire, Police and Local Authorities to respond to a major event, e.g. large road traffic accident
- **Corporate Contingency plan** – explains how the Trust will manage a Major incident or disaster

These plans are all available on the Emergency Planning Aireshare site. It is important that you are aware of the location and contents of these plans where they are relevant to your role.

Prompt reporting of hazards can prevent incidents and injury to others.

If you spot any hazards at the Trust please report these via the below numbers.

If you are aware of faulty equipment ensure that this is taken out of use and reported.

It is easier to stop something happening in the first place than to repair the damage after it has happened.

USEFUL EXTENSION NUMBERS FOR REPORTING HAZARDS AND RISKS

Useful Information

Estate Maintenance	Contact Number(s)
Issues with buildings (including flooring), external grounds, paths & pavements	4444
Issues with heating and plumbing, electrical power, lighting and faulty window restrictors.	4444
Faulty fire doors (gaps 5mm and over)	4444
Medical Equipment	3413
To contact a bleep holder	Dial 77. Pause/wait for automated voice, Enter 4 digit bleep number. Enter 4 digit ext number.
To contact a bleep holder URGENTLY.	Dial 2222 – Switchboard staff will fast bleep the required person.
Health and Safety	Contact Number(s)
Health and Safety (H&S) Queries	4364/2724 – Health & Safety
Adverse Event Form Queries	4364/294366 Quality & Safety
Manual Handling	2112
COSHH Support	2724
Fire	4808
Infection Prevention (Complete an AEF)	Contact Number
Needlestick/Exposure to bodily fluids & eyes	4848
Contact switchboard out of hours	0
Security	Contact Number
Lone Working & Violence and Aggression	2655
Parking & Safety (including escorting)	2655
Security	Bleep 5555

Facilities	Contact Number
Domestic Supervisor	4102
Mopping Issues	4102
Domestic Supervisors	Bleep 3145/3147
Issues with pest control	Ants 4102 Rats 4532
Employee Health and Wellbeing	Contact Number
Stress	4401
Display Screen Equipment	4401
Existing Musculoskeletal Problems	4401
Vaccinations & Wellbeing	4401
Workplace Options Employee Support	0800 243 458

If you have any questions or health and safety related queries please contact your Manager or the Quality & Safety or Health and Safety team, on the numbers as below.

SOURCES OF HELP & ADVICE

Tracy Kershaw, Quality and Safety Lead	Ext. 4363
Karen Walton, Quality and Safety Co-ordinator	Ext 4364
Elaine Green, Patient Safety Manager/Legal Services	Ext 4361
Lydia Wright, Quality and Safety Support Clerk	Ext. 4366
Jayne Gillam, Quality and Safety Support Clerk	Ext. 4366
Carol Woolgar, Resilience and Governance Manager	Ext. 2724
Health and Safety Co-ordinator	Ext. 4367

You have now finished the [Staff and Patient Safety Workbook Level 1](#)

Please complete and sign the workbook declaration sheet to confirm you have read and understood this workbook.

This must be submitted to: Training.dept2@anhst.nhs.uk