

Health, Safety and Security Policy

2020-2023

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CONTROL RECORD			
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Title	Health, Safety and Security Policy		
Amendments	Updated to reflect Nottingham and Nottinghamshire single CCG status		
Purpose	To ensure, that the CCG fulfils its duty of care under the Health and Safety at Work Act 1974 for the health, safety and welfare of all employees and visitors to its premises with regards to areas under its control.		
Superseded Documents	<p>Nottingham City Health, Safety and Security Policy and Arrangements (2016). South Nottinghamshire CCGs' Health and Safety Policy (2018). Mid Nottinghamshire CCGs' Health and Safety Policy (2014). South Nottinghamshire CCGs' Electrical Safety. South Nottinghamshire CCGs' Protection of Lone Working Policy. NW CCG Policy for working from a base other than CCG headquarters. South Nottinghamshire CCGs' Violence, Aggression and Harassment in the Workplace. South Nottinghamshire CCGs' Manual Handling Policy.</p>		
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<p>This is a controlled document and whilst this policy may be printed, the electronic version available on the CCG document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</p>			

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1. Introduction

- 1.1. The Health & Safety at Work Act 1974 is the basis for Health and Safety law. It sets out the general duties employers have towards protecting all employees and the general public. It requires employers to provide employees with a safe place of work, safe equipment, safe systems of work, safe substances and competent fellow workers along with adequate information, instruction, training and supervision. It also sets out the responsibilities employees have to take reasonable care for their own health and safety and that of others who may be affected by their acts or omissions.
- 1.2. From April 2020, NHS England and Improvement introduced new security management standards that focus on Violence Prevention and Reduction. All commissioners and providers of NHS-funded services operating under the NHS Standard Contract should have regard to these new standards. At the time of writing, it is anticipated that all commissioners and providers of NHS-funded services operating under the NHS Standard Contract will, in future, be required to complete the Violence Prevention and Reduction Standards and provide Board assurance annually.
- 1.3. The role of NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) is to commission healthcare services whilst ensuring that valuable public resources secure the best possible outcomes for patients. The CCG recognises the importance of its workforce in supporting its objectives and this policy will help ensure that their working environment is the best and safest it can be.
- 1.4. This policy demonstrates the CCG's commitment to the health, safety and welfare of its workforce and that of anyone who may come into contact with the organisation's activities.
- 1.5. The Governing Body of the CCG will promote a culture of health and safety awareness and will provide the leadership to ensure that exemplary practices are firmly embedded throughout the organisation, which in turn will provide a secure and healthy environment in which to work.

2. Purpose

- 2.1 The purpose of this policy is to:
 - Ensure, as far as is reasonably practicable, the health, safety and welfare of all individuals;
 - Ensure, as far as is reasonably practicable, the health and safety of others, i.e. visitors, or anyone who may be affected by the organisation's activities;
 - Comply with all current health and safety legislation, regulations and codes of practice;
 - Provide safe and healthy conditions of work;

- Detail responsibility for the effective management of security and the provision of a safe and secure workplace environment.
- Provide a risk-based framework which supports staff to work in a safe and secure environment and safeguards against abuse, aggression and violence.
- Ensure knowledge on health and safety through the provision of education and training programmes; and
- Ensure that policies and procedures are in place so that risks are identified and measures put in place to eliminate or minimise those risks, so far as is reasonably practicable.

2.2 The CCG will take steps to ensure that statutory duties are met at all times, including the provision of sufficient funds and facilities to meet the requirements of this policy.

3. Scope

- 3.1. This policy applies to all permanent, temporary, work experience and contracted staff, regardless of where they carry out their duties. These are collectively referred to as 'employees' hereafter.
- 3.2. This policy does not cover the health and safety responsibilities for primary medical care which remain the responsibility of individual GP practices.

4. How the Health, Safety and Security Policy will be Delivered

- 4.1. Good practices in relation to health, safety and security and the delivery of statutory duties will be supported by:
- Utilising Health and Safety Executive (HSE) and British Safety Council (BSC) guidance;
 - Undertaking in-house risk assessments and acting upon any adverse findings;
 - Securing external competent advice where necessary;
 - Engaging individuals in the achievement of safe and healthy conditions and encouraging active participation through consultation;
 - The CCG nominated Security Management Director (SMD – Associate Director of Estates) and the services of a Local Security Management Specialist (LSMS) will assist in ensuring we comply with relevant security management standards and recommended good practice, notably NHS England and Improvement Violence Prevention and Reduction Standards;
- 4.2 In order to provide a safe working environment and to protect CCG property and assets arrangements have been put in place with regards to
- Safeguard against abuse, aggression and violence;

- Security of buildings, premises and assets;
- Equipment;
- Staff property; and
- Anti-crime and counter terror.

5. Definitions

Term	Definition
First Aid	An occasion where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained; and Treatment of minor injuries which would not need treatment by a medical practitioner or nurse.
Certified First Aider	Is a person who holds a valid certificate of competence in either First Aid at Work (FAW) or Emergency First Aid at Work (EFAW). Training in either FAW or EFAW will be provided by a HSE approved provider.
Appointed person	Is the identified person that takes charge of first aid arrangements and will call the emergency services if required. As part of their role, they will check and replenish first aid boxes.
Incident	An event that has, or may have, an adverse outcome for an individual or the organisation. Examples of incidents that may occur within a commissioning organisation may relate to, but are not limited to, the following areas: <ul style="list-style-type: none"> • Information governance (e.g. the disclosure of personal identifiable information or the loss of unencrypted IT equipment). • Health and safety (e.g. an accident that occurred during working activities or unsafe working practices). • Security (e.g. theft or unauthorised access to premises). • Aggression (e.g. verbal abuse).
Accident	An unplanned or unexpected event that resulted in, or could have been resulted in, injury or harm to staff or visitor.
Near miss	An event where one of the above almost occurred or had the potential to occur.
Lone working	Any situation or location in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague.

	The Health and Safety Executive (HSE) defines lone workers as <i>'those who work by themselves without close or direct supervision'</i> .
Manual handling	Manual Handling Operations Regulations 1992 (MOHR), manual handling is interpreted as the transporting or supporting of any load. This applies to a wide range of manual handling activities, including lifting, lowering, pushing or carrying. The load may be either animate such as a person or animal or inanimate such as a box or a trolley.
Portable or movable appliance	An item that can be moved either connected or disconnected from an electrical supply. Portable and movable equipment generally have leads or cables and a plug and includes the following: <ul style="list-style-type: none"> • Electrical equipment that can be easily moved around such as kettles, vacuum cleaners, floor polishers, portable heaters, fans, desk lamps, some TVs, radios, some small electric cookers, PC projectors, small appliances such as irons, hair dryers and kitchen equipment including food mixers and toasters. • Larger items that could be moved (but only rarely) such as water chillers, fridges, microwaves, photocopiers, vending machines, washing machines, electric cookers, fax machines, desktop computers and electric beds. • Hand-held items such as hairdryers, that do not have a plug but have been wired in (or fixed) are still considered to be portable appliances, but large electrical items, such as water boilers that are wired in, are not portable appliances as they are not designed to be moved and would come under the scope of fixed installation maintenance. • Mobile phone and other battery charging equipment that is plugged into the mains (but the phones themselves and any other battery operated equipment would not be included). • Connection leads, extension leads and multi-way adaptors.
New or expectant mother	Someone who is pregnant, has given birth within the previous six months, or is breastfeeding. In assessing risks, consideration must be given to the health of both the mother and the unborn/newly born child.

6. Roles and Responsibilities

6.1. Accountable Officer

The Accountable Officer has overall responsibility for all matters relating to health and safety and security within the organisation. The Accountable Officer will ensure, as far as it is practicable, that there are adequate resources to meet health and safety requirements.

6.2. **Governing Body**

The Governing Body is responsible for demonstrating visible and active commitment to the health and safety agenda and endorsing the violence prevention and reduction policy.

6.3. **Audit and Governance Committee**

The Audit and Governance Committee has delegated responsibility from the Governing Body for oversight of the health, safety and security agenda. This includes:

- Receiving regular updates and assurance on the delivery of all mandatory requirements of the Health and Safety at Work Act 1974;
- Overseeing the development, implementation and monitoring of the CCG's risk management arrangements, including those related to health and safety; and
- Monitoring all corporate incidents, including health and safety incidents, and the outcomes of any ensuing investigations.

6.4 **Health, Safety and Security Steering Group**

This Group has been established to operationally deliver the above duties. The Head of Corporate Assurance will be responsible for providing regular reports to the Audit and Governance Committee to demonstrate assurance that health and safety objectives and statutory duties are being met.

6.6. **Senior Leadership Team**

Each member of the Senior Leadership Team has delegated responsibility for health and safety within their areas of responsibility, which includes providing leadership, ensuring compliance with this policy and both demonstrating and promoting responsible attitudes towards health and safety.

The Associate Director of Estates is the CCG's designated Executive Violence Prevention and Reduction Lead who will ensure an appropriate level of financial resource to support delivery of the CCG's violence prevention and reduction programme that is aligned to assessed level of risk.

6.7. **Security Management Director (SMD)**

The Associate Director of Estates is the nominated Security Management Director with operational responsibility for overseeing security management work and ensuring compliance with relevant guidance and standards. The Associate Director of Estates also has a defined role and accountability for reviewing and approving the violence prevention and reduction policy (currently as defined as this Health, Safety and Security Policy) and supporting framework at regular defined intervals.

6.8. **Local Security Management Specialist (LSMS)**

The LSMS is responsible for the development and co-ordination of the CCG's security management arrangements. The LSMS will lead on the work to tackle offences and act as the focal point for the provision of advice and support within the organisation in respect of security management.

6.9. **Associate Director of Governance (supported by the Head of Corporate Assurance)**

The Associate Director of Governance/Head of Corporate Assurance has delegated responsibility for reviewing and monitoring the effectiveness of this policy and advising and assisting all individuals in meeting their responsibilities. This will include sourcing and securing external expertise where necessary.

In addition, the Associate Director of Governance/Head of Corporate Assurance will ensure that there are robust processes and procedures in place to support delivery of functions pertaining to health and safety, and provide advice on these as necessary. These include:

- Incident reporting, management and investigation;
- Risk identification, assessment and management;
- The dissemination of relevant health and safety information to all individuals via the organisation's internal communication mechanisms.

6.10. **Senior Managers and Line Managers**

All managers are responsible for ensuring that individuals within their teams receive all necessary health and safety training, instruction and information and that such activities are properly recorded. In addition, they will:

- Organise working areas within their teams so that work is carried out to a satisfactory standard of safety;
- Maintain good housekeeping within their team's working areas;
- Ensure all individuals within their team are aware of the organisation's health and safety procedures, ensure that staff undertake health and safety training, both at induction and as per the organisation's ongoing statutory and mandatory training requirements;
- Consult with the organisation's employees where necessary and promptly escalate any issues of concern to the Head of Corporate Assurance and/or the Executive Management Team;
- Ensure that all staff are aware of and adhere to supporting procedures and processes (i.e. through training, information and incident reporting).

- Encourage positive behaviours of staff by setting a good example with respect to health and safety.

6.11. **Facilities Management Contractor**

At the CCG's main sites, the Facilities Management Contractor is responsible for the management and maintenance of property and security systems to maintain the physical safety and security of the premises as follows:

- NHS Property Services provide site maintenance at Birch House. This will be managed through the NHS Property Services' Facilities Management Team for the East Midlands.
- Community Health Partnerships manage the maintenance for Stapleford Care Centre.
- Gedling Borough Council's Estates Management Team for occupancy at the Gedling Civic Centre.
- Integral UK Limited independent facilities contractor is responsible for the management and maintenance of property and security systems at Standard Court in order to maintain the physical safety and security of those in occupancy.
- Nottinghamshire County Council's Estates Management Team for occupancy at Trent Bridge House.

6.12. **Individuals**

All individuals, whilst at work, have a legal duty to take reasonable care for the health and safety of themselves and others who may be affected by their acts or omissions. They also need to co-operate fully with the arrangements made by management to meet legal responsibilities in relation to health and safety.

Individuals have a responsibility for bringing to the immediate attention of their manager, the Head of Corporate Assurance or the Executive Management Team, any failings that could be detrimental to themselves and others, including visitors. Specific responsibilities of individuals are:

- To comply with local fire procedures.
- To comply with local first aid procedures.
- To report any incidents or near misses in accordance with the CCG's Incident Reporting Policy.
- Not to attempt to repair any item of electrical equipment but to report it to their manager, the Facilities Management Team or the Head of Corporate Assurance.
- Not to bring personal mains electrical equipment into work.

- To report to their manager or the Head of Corporate Assurance, any obstructions to walkways, entrances and exit areas and avoid creating such obstacles.
- Not to move any equipment unless they have received the relevant manual handling training.
- To report any building and/or equipment defects/hazards and/or shortfalls in cleanliness to the Facilities Manager.
- To set a good personal example with respect to health and safety and security behaviours.
- To be proactive in meeting their own health and safety and security responsibilities.
- Ensure that they have read and understood the health safety and security policy.
- Wear identification badges at all times on duty and having confidence to challenge anyone who is not appropriately identified.
- Undertake all relevant mandatory training.
- Ensure that they avoid putting themselves or their colleagues in situations where they are at risk.

6.13. **Health and Safety Lead**

The Health and Safety lead for the CCG is the Head of Corporate Assurance who has responsibility to provide leadership, consult with employees, ensure compliance and promote responsible attitudes towards health and safety by:

- Ensuring that staff are aware of and understand the CCG Security, Health and Safety Policy.
- Ensuring that suitable and sufficient risk assessments are undertaken and to develop suitable elimination or control measures as far as is reasonably practicable.
- Ensuring effective training is provided along with information and supervision to enable employees to carry out their work safely.
- Ensuring that appropriate processes are in place at each CCG site for reporting incidents, accidents and near misses including those reportable under RIDDOR as stated in: *A guide to the reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013*.
- Monitoring the effectiveness of the Security, Health and Safety Policy and the performance of staff in fulfilling their responsibilities.
- Advise the organisation on systems, processes and procedures to improve personal safety of lone workers and make sure that proper preventative measures are in place.

- Ensure that any incidents of violence, aggression or harassment are reported, investigated and lessons are learnt.
- Carry out a full investigation of any incident including incidents of violence, aggression or harassment and where necessary liaise with the Police to allow follow up action to be taken.
- Maintain details of Certified First Aiders and appointed persons, their training records and training renewal dates.
- Ensure there is adequate provision to cover for the First Aider(s) planned leave or other absences.
- Communicate the location and names of Certified First Aiders and appointed persons to all staff within each respective work area.

6.14. **Estates Officer**

The Estates Officer will, for each CCG site:

- Ensure that arrangements are in place for PAT testing of equipment at appropriate intervals to include equipment being labelled and dated on completion of tests.
- Ensure that user checks continue to be carried out on equipment that has been tested. This is because portable appliance testing can only give an indication of the safety of an appliance at the time of the test and does not imply that the item will be safe for a further period of time.
- Ensure that damaged or faulty equipment is recognised and removed from use without delay and either:
 - Repaired by someone competent with suitable skills, training and knowledge for the task to prevent injury; or
 - Disposed of to prevent its further use.

6.15. **Lone Working Staff**

Lone working staff have a responsibility to do all they can to ensure their own safety and that of their colleagues. This is in line with current health and safety legislation and they should:

- Undertake all relevant training including conflict resolution training before entering a lone worker situation.
- Seek advice from their line manager, action guidance, procedures and instruction to avoid putting themselves or their colleagues at risk.
- Conduct proper planning prior to a visit/event and utilise continual dynamic risk assessment.

- Be aware that staff should never put themselves or their colleagues at risk and if they feel at risk they should withdraw immediately and seek further advice or assistance.
- Report all incidents even where they consider it to be a minor incident, including 'near misses' to enable appropriate follow up action to be taken.

7. Management of Security (including a Safe and Secure Environment)

7.1. The CCG need to continuously improve security management provision to safeguard the organisation for the future. In order to ensure this continuous improvement, the CCG has five strategic aims:

- To provide **leadership** for all security management work by applying an approach that is strategic, co-ordinated, intelligence-led and evidence based.
- To **work in partnership** with providers and other commissioners, as well as key stakeholders, such as the Police, the Crown Prosecution Service, local authorities, NHS England/Improvement (NHSE/I) and other professional organisations to co-ordinate the delivery of the CCG work and to take action against those who commit offences against the organisations.
- To **establish a safe and secure environment** that has systems and policies in place to protect staff from violence, harassment and abuse and safeguard NHS property and assets from theft, misappropriation or criminal damage.
- To conduct investigations into security breaches and suspected criminal offences against members of staff and NHS property.
- The delivery of security management work with stakeholders to ensure the highest standard is consistently applied.

These aims will be met by working in accordance with the three key principles (see section 7.2), which underpin all anti-crime work in the NHS.

7.2. Three Key Principles for Action

In order to reduce crime, it is necessary to take a multi-faceted approach that is both proactive and reactive. The following principles apply across the sector, at national and local and at strategic and operational levels. The three key principles are:

- Inform and involve** those who work for or use the NHS about crime and how to tackle it. NHS staff and the public should be informed and involved with a view to increasing the understanding of the impact of crime against the NHS.
- Prevent and deter** crime in the NHS to take away the opportunity for crime to occur or to re-occur and discourage those individuals who may be tempted to commit crime.

- iii. **Hold to account** those who have committed crime against the NHS by detecting and prosecuting offenders seeking redress and sanctions where possible.
- 7.3. The CCG will contract professionally trained and accredited specialists who will tackle crime and ensure they continue to meet the required standard. Crimes must be detected and investigated, suspects prosecuted or disciplined where appropriate and sanctions brought against them through internal or external support. Redress will be sought where possible. Where necessary and appropriate, this work should be conducted in partnership with the Police and other crime prevention agencies.
- 7.4. In relation to economic crime, investigation and prosecution should take place locally wherever possible. Where recovery of monies lost to crime is viable, this should be pursued.
- 7.5. In relation to crimes against NHS staff, criminal damage or theft against NHS property, investigation and prosecution should be undertaken in liaison with the Police and Crown Prosecution Service.
- 7.6. The three key principles for action (see section 7.2) provide a foundation for the work that needs to be undertaken to tackle crime. In order to deal with the specific needs of the health sector, the NHS Counter Fraud Authority (formerly NHS Protect) developed standards, which will be further developed by NHSE/I and which provide a more detailed framework of requirements that apply to organisations involved in the delivery of NHS care. These standards, give more detail on what is expected at organisation level when implementing this strategy and working in accordance with the key principles of action.

8. Personal and Physical Security

In order to provide a safe working environment and to protect the CCG's property and assets, the following arrangements have been put in place:

8.1. Identification Badges

Staff will be issued with a photo identification (ID) badge which bears the CCG logo and the individual's name and job title. Staff should wear it at all times whilst on duty, including working at other locations.

Lost or damaged cards should be reported to the staff member's line manager immediately and a replacement ID badge requested without delay. An incident report should be completed for lost cards.

ID badges must be surrendered to the individual's line manager on leaving the employment of their organisation.

Temporary staff should be issued with an ID badge if they are likely to be working for the CCG for a considerable period of time. Volunteers and lay members who represent the CCG should be issued with an ID badge.

8.2. Signing in

All visitors and contractors will be asked to sign in on arrival where appropriate, detailing their name, date, purpose of visit or person visiting and the registration of any vehicle parked on the premises.

Visitors and contractors will be issued with a Visitor badge where appropriate. Visiting staff should wear their own ID badges.

8.3. Access Control Systems

Where appropriate, access control proximity or swipe cards will be issued to staff on induction.

Staff should ensure that access control doors are closed behind them. They should not allow entry to anyone else without asking who they are and requesting that they sign in where appropriate.

Access cards should not be loaned to anyone else. Access cards must be surrendered to the individual's line manager on leaving employment or moving base to another role or location.

8.4. Key Security

Keys to buildings or offices should be kept in a secure key press. Access to the key press should be limited to relevant staff only. An incident report should be completed for lost keys.

8.5. Security Alarm Systems

Where security alarm systems are in operation, local procedures should be in place for correct setting and deactivation.

Where staff work out-of-hours, they must ensure that they are familiar with instructions for opening and locking the building and for setting and deactivating the alarm and feel confident to do so.

8.6. CCTV and Security Lighting

CCG premises are fitted with CCTV. Some sites employ security staff to monitor images during the building's operational hours. However, at other sites, images are not monitored on an ongoing basis. In these locations, they are used mainly retrospectively to retrieve stored images where it has been identified that a crime or breach of security has occurred and evidence is required as part of the investigative process.

Buildings are fitted with security lighting which is activated by light or movement sensors.

Integral, NHS Property Services, Community Health Partnerships for Local Improvement Finance Trust (LIFT) buildings, Gedling Borough Council and

Nottinghamshire County Council are responsible for ensuring that both CCTV and security lighting are in full working order. They are also responsible for ensuring that the use of CCTV is compliant with relevant legislation and guidance.

8.7. Leaving the Workplace

It is the responsibility of all staff to ensure that they leave their workplace secure by closing all windows and drawing blinds where appropriate on leaving the building.

Staff should ensure that adequate measures are taken to protect CCG equipment and that it is not left vulnerable to potential theft, loss, malicious/criminal damage or misuse.

When not in use, equipment should be stored in a secure place out of view. Equipment carried in vehicles should be placed out of sight and locked in the vehicle when unattended. All incidents of theft, loss, malicious/criminal damage and misuse of CCG equipment should be reported (please refer to the Incident Reporting Policy).

8.8. Staff Property

All staff should take responsibility for their own personal property by locking it away and not leaving valuable items unattended at any time.

Staff should bring only essential items and minimum quantities of cash to work.

The CCG is not responsible for the loss or damage to personal property at work.

9. **Counter Terrorism/Handling Threats**

9.1 CONTEST is the UK's Counter-Terrorism Strategy which aims to reduce the risk to the UK and its interests overseas from terrorism, so that people can go about their lives freely and with confidence. There are four principal workstreams:

- i. **PURSUE** - to stop terrorist attacks;
- ii. **PREVENT** - to stop individual people from becoming terrorists or supporting;
- iii. **PROTECT** - to strengthen protection against a terrorist attack;
- iv. **PREPARE** - to mitigate the impact of an attack where it cannot be stopped.

9.2 PREVENT is the main part of the CONTEST strategy for the NHS. The key challenge for the healthcare sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, the healthcare worker can interpret those signs correctly, is aware of the support which is available and is confident in referring the person for further support. Preventing someone from becoming a terrorist or from supporting terrorism is substantially comparable to safeguarding in other areas, including child abuse or domestic violence.

9.3 The guidance for handling bomb threats is attached as **Appendix E** along with the checklist to be used upon receiving threats at **Appendix F**.

10. Protection of Lone Working

- 10.1. The CCG will ensure the safety of lone workers or staff who sometimes work alone by minimising the risks that they face and putting in place appropriate measures to improve their safety.
- 10.2. Lone working may be part of a person's usual job or it could occur infrequently, as and when circumstances dictate. Lone working is not unique to any particular group of staff, working environment or time of day.
- 10.3. As a commissioning organisation with little direct patient contact, the CCG is classed generally as a low risk organisation in relation to lone working by comparison to NHS organisations who employ staff providing direct care services to patients or staff who support those services. The occasions for lone working are limited for CCG staff, however, there are some situations where staff are exposed to the risks of working alone. Typical examples of these situations are listed below:
- Staff who attend events outside of their normal working environment.
 - Staff who have to travel between NHS sites and premises.
 - Staff who are working from home due to COVID-19.
 - On-call managers required to respond to clinical or non-clinical emergencies out-of-hours and off-site.
 - Those who open (or re-open) and close NHS buildings either early in the morning or late at night as a regular part of their role or on ad-hoc occasions.
 - NHS staff who use areas off-site to smoke.
 - NHS staff travelling to and from vehicles/bicycles parked on NHS premises or in the community.
- 10.4. The CCG will ensure that suitable and sufficient risk assessments are undertaken to identify risks in relation to lone working. This will include using information from any previous incidents (including near misses), operational experience and feedback from staff working in lone working situations.
- 10.5. The CCG will, wherever possible, try to eliminate the risk by examining the need for the lone working situation and whether the task can be completed in a different way. Where it is not possible to eliminate the risk entirely, the CCG will endeavour to reduce the risk. The lone working risk assessment template can be found at **Appendix H**.
- 10.6. During the COVID-19 global pandemic, it has been necessary for individuals to work from home wherever possible. Line managers are responsible for keeping in touch with individuals in relation to their working arrangements including their welfare, mental and physical health and personal security.
- 10.7. Safe systems of work will also be put in place. This will include the lone worker's whereabouts and movements being known by the line manager or appropriate

colleague during the lone working event with regular 'check-ins' and final check that the staff member has returned safely. It is the lone worker's responsibility to remain in close contact with their line manager and or appropriate colleague and check in at designated times. If a person who has these details is off, then they should be passed on to an appropriate colleague ahead of the lone working event.

- 10.8. In the event that the lone worker cannot be contacted, or if they fail to contact the relevant individual within the agreed or reasonable timescales, the line manager or appropriate colleague will notify the senior officer in charge in their absence or the senior manager on-call if out of normal working hours.

The senior manager on-call will notify the Police ultimately if contact with the lone worker cannot be established.

- 10.9. If a lone worker uses their own vehicle, it should be properly maintained. The following process should be followed for all lone workers driving alone:

- Before setting out, lone workers should ensure that they have adequate fuel for their journey. They should give themselves enough time for the journey to avoid rushing or taking unnecessary risks.
- Items such as bags, cases and other equipment should never be left visible in the car. These should be out of sight, preferably stored in the boot of the vehicle.
- A visual check should be made of the outside of the vehicle. The inside of the vehicle should also be checked for possible intruders before entering.
- Once inside the vehicle, all doors should be locked, especially when travelling at slow speed, when stationary at traffic lights and when travelling in high-risk areas.
- Lone workers driving alone, especially after dark, should not stop, even for people who may appear to be in distress or require help. In this case, the lone worker should stop in a safe place and contact the emergency services as appropriate.
- In case of vehicle breakdown or accident, lone workers should contact their manager or appropriate colleague immediately. If they need to leave the vehicle to use an emergency telephone, they should put their hazard lights on, lock their vehicle and ensure that they are visible to passing traffic.
- Lone workers should avoid having items in their vehicle that contain personal details, such as their home address.

- 10.10. Wherever possible lone workers should only use reputable taxi companies as contracted by the NHS organisation and book in advance. Minicabs should not be used, other than licensed or registered Hackney carriages.

- 10.11. Lone workers should stay on well-lit pavements in areas that are populated and provide natural surveillance. Routes should be clearly planned, highlighting known areas of concern and crime hot spots.
- 10.12. When using public transport, lone workers should prepare their journey being aware of bus routes/rail service timetables, ideally using busy and well-lit bus stops or train stations. The line manager or appropriate colleague should be aware of the details of all parts of the lone worker's journey including train changes and underground routes. If they have to vary their route or experience a significant delay, they should inform the relevant individual.
- 10.13. For the personal safety tracking procedures for Primary Care Pharmacists/ Technicians, please see **Appendix G**.
- 10.14. Staff are encouraged to report all lone working incidents via the CCG's Incident Reporting Policy. This will ensure that any lessons learned can be fed back into risk management processes to make sure similar incidents do not recur and further preventive measures can be developed.
- 10.15. This fosters a pro-security culture amongst NHS staff and professionals, raising their awareness of how and why incidents should be reported to facilitate the prevention process and contribute to the future security and safety of staff.
- 10.16. Incidents that occur in lone working situations, whether they involve assaults on staff, theft or criminal damage to NHS property, have a direct impact on both the human and financial resources allocated to the NHS to deliver high-quality patient care.
- 10.17. Line managers will provide support to any member of staff who have been subject to an incident, which may include a debrief following the incident, counselling services, and access to the staff member's professional or trade union representative.

11. Management of Violence, Aggression and Harassment in the Workplace

- 11.1. The CCG define work-related acts of violence as '*Any incident in which a member of staff is verbally abused, threatened or assaulted by a patient or member of the public in circumstances relating to his or her employment*' (Health and Safety Executive 1997). It is important to acknowledge that violence can be either physical or non-physical and the two must be distinguished and recorded as different from one another.
- 11.2 The definition of physical assault used in the 2003 directions to the NHS from the secretary of state for Health was '*the intentional or unintentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort*' and non-physical assault as '*the use of inappropriate words or behaviour causing distress and/or constituting harassment*'. The NHS has a 'zero

tolerance' attitude towards violence and believes that staff should be able to come to work without fear of violence, abuse or harassment.

- 11.3. This policy applies to all employees of the CCG and, in particular, deals with the issue of violence, aggression and abuse against a member of its staff by a member of the public (i.e. patient, member of the patient's family, member of the public etc). If a member of staff feels that they are experiencing any violence, aggression or abuse by another member of staff, they should refer to the CCG's Acceptable Behaviours Policy.
- 11.4. Violence prevention and reduction forms part of the overall organisational strategy and workforce planning process. Risk assessments are managed and reviewed as part of an ongoing process and are documented within appropriate risk registers and inform the Prevention and Management of Violence and Aggression (PMVA) staff training programme.
- 11.5. Action to be taken when physical assault has taken place on a member of staff:
 - Police to be contacted immediately by the person assaulted, their line manager or a relevant colleague. The views of the victim will be taken into consideration on a case-by-case basis following an internal review. The review will take into consideration the zero tolerance approach to violence that the CCG holds and the seriousness of the assault.
 - The Associate Director of Estates (the CCG's Security Management Director) is to be contacted as soon as practicable by the person assaulted, their line manager or a colleague.
 - The Associate Director of Estates will:
 - Contact, as soon as is reasonably practicable, the Head of Corporate Assurance with specific information on the assault.
 - Arrange for full co-operation to be given to the Police or the Head of Corporate Assurance, and any subsequent action.
 - Ensure those details of the incident are recorded on the CCG's incident reporting system.
 - Arrange for an acknowledgement of the report to be sent to the injured party and copied to the line manager to ensure that the necessary support arrangements, such as counselling and or occupational health are offered. The acknowledgement should state what action is being undertaken and the injured party should be kept informed of the progress and outcome.
 - Ensure that all possible preventive action is taken to minimise the risk of a similar incident reoccurring.
 - Keep the line manager apprised of the ongoing Local Security Management Specialist's situation.

- The line manager will:
 - Contact the employee directly to offer support, e.g. ensure the employee is aware of the counselling facilities available and the services of the Local Security Management Specialist which is provided by a third party via 360 Assurance.
 - Offer support on an ongoing basis as appropriate.

11.6. Where a patient, relative or member of the public is alleged to have carried out an act of violence, abuse or aggression then the CCG reserve the right to respond to the alleged incident, as deemed necessary in light of the circumstances.

The level of response will be dependent upon the seriousness of the incident. The potential responses or actions available to the CCG include:

- Verbal warnings.
- Written warnings from the Accountable Officer.
- Police presence at consultations.
- Withdrawal of medical services.
- Criminal prosecution.
- Civil prosecution.

11.7. All incidents of violence, aggression or abuse, including near misses should be reporting via the CCG's Incident Reporting Policy.

12. Management of First Aid at Work

12.1. People at work can suffer injuries or be taken ill. Whether the injury or illness is caused by the work they do or not, it is important to give them immediate attention and know when to summon professional help. First Aid at Work legislation covers the arrangements an employer should make to ensure this happens.

12.2 Under the Health and Safety (First Aid) Regulations 1981 it is the statutory duty of the employer to provide adequate and appropriate first aid equipment, facilities and people to ensure that employees, and anyone else who may be affected by work activities, can be given immediate help if they are injured or taken ill whilst at work.

12.3 It is the statutory duty of employees to comply with health and safety legislation and any other procedures and policies that are designed to protect them from the risks associated with workplace activities.

12.4. The CCG's Associate Director of Governance (supported by the Head of Corporate Assurance) has overall responsibility for the First Aid arrangements within the organisation (see section 6 for Roles and Responsibilities).

12.5. Each site must have a designated person trained in First Aid who will, for their site premises, liaise with the Health and Safety Lead to undertake the following:

- Carry out and regularly review a first aid needs assessment (**Appendix B**) to ascertain the required level of first aid provision and document the findings in the organisational risk assessment (**Appendix C**).
 - Identify work areas where first aid support and provision is required.
 - Identify employees who are prepared to take on responsibilities of the Certified First Aider and the associated training.
 - If an employee has a current first aid qualification other than FAW/EFAW, the employer may consider whether it would be suitable in relation to the role of workplace first aider and their needs assessment.
 - Ensure there is appropriate provision and maintenance of first aid equipment (**Appendix D**).
 - Assess first aid requirements for all lone working staff.
 - Where automatic external defibrillators (AEDs) are available, ensure that they are checked and maintained on a regular basis, as determined by the manufacturer.
- 12.6. Staff should make themselves aware of the names and locations of the nominated First Aiders within their workplace. It is also the duty of all staff to report any deficiencies within the first aid arrangements, and to cooperate (where appropriate) in developing a safe outcome to identified deficiencies.
- 12.7. It is the duty of all staff, and any others who may be affected by the work activities of the CCG, to report all injuries, accidents or instances of ill health in line with the CCG's Incident Reporting Policy.

Where first aid has been administered, the first aider should document the following information on the incident report:

- Date, time and the nature of first aid treatment given;
- Details of injured ill person;
- Place of incident;
- Type of injury/illness; and
- Action taken and what occurred after the event (e.g. did the person return to work, go home or go to hospital, etc.).

13. Management of Manual Handling

- 13.1 The CCG has a duty of care under the Health & Safety at Work Act (1974), the Management of Health and Safety at Work Regulations (1999) and the Manual Handling Operations Regulations 1992 (as amended 2002) and is fully committed to safeguarding the health and safety of its staff.
- 13.2 This document sets out the CCG's approach to minimising the incidence of manual handling injuries within its premises and the impact of manual handling on health and wellbeing, delivery of service, the environment and property. It applies to all CCG staff functions, actions and services.

- 13.3 Line managers are responsible for ensuring:
- Staff are appropriately trained in manual handling;
 - Risk assessments of manual handling activities are carried out and appropriate control measures put in place to manage the risks as far as reasonably practicable;
 - Any moving and handling equipment is maintained in a safe and serviceable working state;
 - Any moving and handling risks are identified and reported to the CCG's Head of Corporate Assurance;
 - Any moving and handling risks that are outside of the usual roles and responsibility for the individuals are reported to their line manager and the CCG's Head of Corporate Assurance.
- 13.4 All staff are responsible for actively co-operating with managers in the application of this policy to enable the CCG to discharge its legal obligations and, in particular, Regulation 5 of the Manual Handling Operations Regulations 1992 (as amended).
- 13.5 More specifically, all employees have a duty under the Health & Safety at Work Act (1974) to:
- Report any areas where they feel they are working at risk to themselves or their colleagues;
 - Take care of their own health and safety and that of others who may be affected by their activities when involved in manual handling operations;
 - Participate in any training (including required updates) given in manual handling principles relevant to their work prior to undertaking any hazardous manual handling operations;
 - Ensure they are competent in the use of, and do utilise any equipment that has been provided to reduce the risk of injury in moving and handling activities;
 - Bring to their manager's attention any equipment that is needed to reduce the potential risk of injury in moving and handling operations or report any defects/problems in mechanical aids relating to this activity;
 - Report to their manager any medical conditions (including pregnancy) that might affect their ability to undertake manual handling operations;
 - Promptly report to their manager any accidents and incidents resulting from moving and handling operations and complete an incident report form.
- 13.6 Any member of the CCG can self-refer to the designated Occupational Health service in relation to back care treatment.
- 13.7 A risk assessment of all manual handling activities must be undertaken before commencement of the task. The purpose of a risk assessment is to carry out a systematic analysis of all the work undertaken by employees to identify manual handling operations and to ascertain which of these pose a significant risk of injury. Factors to be considered are the task, the load, the individual and the working environment including available equipment and a risk assessment for assessing the

manual handling of objects is provided at **Appendix K** (General Risk Assessment Guidelines for Manual Handling).

- 13.8 **Appendices I and J** (Lifting and Carrying Techniques and Good Handling Techniques for Lifting) outline measures to reduce the risk of injury.

14. Management of Work Equipment

- 14.1. Work equipment provided by the CCG must conform with the relevant legislation relating to its design and construction, and that it is maintained to this standard. Work equipment provided within the CCG is generally limited to office equipment (furniture and furnishings), IT equipment (provided and maintained by NHIS), other electrical office equipment (e.g. photocopiers) and kitchen equipment (water boiler/microwave etc).
- 14.2 Arrangements are in place to ensure electrical equipment is portable appliance tested (PAT) by the Facilities Management (FM) services at each of the CCG sites. When deciding whether to test electrical equipment, the construction of the equipment in use should be considered. There are two basic types of electrical construction – Class I (earthed) and Class II (double insulated).
- 14.3 A portable appliance test (PAT) does not need to be carried out by an electrician, but greater knowledge and experience is needed than for inspection alone, and the person performing the test must have the right equipment for the task. They should know how to use the test equipment and how to interpret the results.
- 14.4 It is important to continue to carry out user checks on electrical equipment that has been tested. This is because portable appliance testing can only give an indication of the safety of an appliance at the time of the test and does not imply that the item will be safe for a further period of time.
- 14.5 Prior to utilising electrical equipment (with the equipment disconnected), CCG staff should look to ensure there is no damage to the outside of the equipment, the lead or the plug. Any suspected damage should result in the equipment not being used.
- 14.6 Arrangements are also in place to ensure furniture, furnishings and kitchen equipment are maintained by the facilities management service at the CCG sites.

15. Management of Young Persons at Work

- 15.1. A young person is defined as a person who has not reached the age of 18. A child is anyone who has not yet reached the official age at which they may leave school. Young persons have a responsibility to co-operate in meeting health and safety requirements and not to interfere with or misuse anything provided in the interests of health and safety.

- 15.2. Line managers will need to consider whether the work the young person will do:
- Is beyond their **physical or psychological** capacity;
 - Involves harmful **exposure to substances** that are toxic or can chronically affect human health in any way;
 - May result in risk of **accidents** that cannot reasonably be recognised or avoided by young people due to their insufficient attention to safety of lack of experience or training;
 - May result in risk of health from **extreme cold, heat or noise**.
- 15.3. Many young people are likely to be new to the workplace and in some cases will be facing unfamiliar risks from the job they will be doing and from their surroundings. Young persons (including students on placement) must receive sufficient training in their role to ensure that they do not put themselves and other people at risk. Appropriate supervision relevant to the role should be put in place.
- 15.4. Working hours are not governed by health and safety law but by the Working Time (Amendment) Regulations 2003. Young people have different employment rights from adult workers and are subject to protections in relation to the hours they can work. The European Union Working Time Directive is represented in UK law by the Working Time Regulations. The directive places controls on the hours that can be worked by a young person.

16. Management of New and Expectant Mothers

- 16.1 The Management of Health and Safety at Work Regulations 1999 impose specific provisions relating to pregnant women, women who have recently given birth or who are breast feeding (expectant and new mothers).
- 16.2 This policy applies to all pregnant employees of the CCG from the date they inform their line manager of their pregnancy to six months post birth, or while the mother is still breastfeeding, whichever is longer. The CCG will use the process of risk assessment to review the risks associated with the working environment, the working tasks and work methods.
- 16.3 The expectant mother must inform her line manager either verbally or in writing that she is pregnant. Her manager can ask for written medical evidence to confirm this and the employee is obliged to provide it. The reason for this is so that the CCG can carry out a specific risk assessment for the employee.
- 16.4 On learning of a staff member's pregnancy, the employee's line manager will need to undertake a health and safety risk assessment. Further guidance is provided at **Appendix L**, alongside the Risk Assessment of New and Expectant Mothers at Work template at **Appendix M**.

- 16.5 Where the individual is experiencing health problems, Occupational Health should be contacted. The line manager should advise the employee that she is being referred to Occupational Health for further advice and guidance regarding the impact of her health. Occupational Health should also be sent a copy of the pre and post-natal risk assessments.
- 16.6 It is for the mother to decide for how long she wishes to breastfeed and returning to work does not mean that has to stop. On returning to work, she should provide her line manager with written notification that she is breastfeeding. Ideally she should do this before returning to work. The line manager must then carry out a specific risk assessment. Although not a legal requirement, employers are encouraged to provide a healthy, safe and private environment for nursing mothers to express and store milk. This could be provided in suitable rest facilities.

17. Occupational Health (OH) Services

- 17.1 Occupational Health (OH) Services are provided by Sugarman, via a contract with the CCG. Sugarman OH Services help resolve workforce health issues by addressing them professionally through absence management, rehabilitation, health surveillance and bespoke health and wellbeing programmes.
- 17.2 For further information on OH referrals, staff can speak with their line manager or directly with HR.

18. Incident Reporting

- 18.1 All incidents of violence, aggression or abuse, theft, criminal damage or security breaches (including near misses) should be reported via the CCG's Incidents Reporting Policy.
- 18.2 All incidents, including security are monitored through the Health, Safety and Security Steering Group and reported to the Audit and Governance Committee via the Health, Safety and Fire Annual Report.

19. Equality and Diversity Statement

- 19.1 The Nottingham and Nottinghamshire CCG pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as a commissioner and an employer.
- 19.2 As a commissioning organisation, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

- 19.3 We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.
- 19.4 As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.
- 19.5 To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

20. Communication, Monitoring and Review

- 20.1 Managers will be required to give staff access to this policy during their induction period. The document will be stored on the CGG's Intranet and Internet sites.
- 20.2 Application of this policy will be monitored through the Health, Safety and Security Steering Group, with annual reporting to the Audit and Governance Committee and the NHS Counter Fraud and Security Management Standards statutory annual return to the NHS Counter Fraud Authority.
- 20.3 The Head of Corporate Assurance is responsible for implementing and monitoring the use of this policy on an ongoing basis and ensuring the policy is updated in accordance with any of the following:
- Legislative changes;
 - Good practice guidance;
 - Significant incidents reported;
 - Near misses;
 - New vulnerabilities; and
 - Changes to organisational infrastructure.
- 20.4 The policy will be reviewed every three years. Amendments and reviews will be undertaken as necessary to ensure best practice is in place and compliance is maintained.
- 20.5 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the Head of Corporate Assurance.

21. Staff Training

- 21.1 Training on health, safety and security matters will be performed as part of the organisation's mandatory and statutory training and induction matrix. This will include annual fire training (online) and three-yearly health and safety training (online) and moving and handling training (online).
- 21.2 Where individuals may have different requirements in relation to training and meeting their individual responsibilities (e.g. children and young people or lone workers) this will be identified by line managers and reported to the Head of Corporate Assurance. This may include, for example, conflict resolution training.

22. Interaction with other Policies

- 22.1 This policy should be read in conjunction with the following CCG policies and procedures:
- Incident Reporting Policy (including Serious Incidents);
 - Display Screen Equipment Use Policy;
 - Fire Safety Policy;
 - Complaints Concerns and Enquiries Policy;
 - Relevant HR Policies (e.g. Acceptable Behaviours; Disciplinary; Learning, Education and Development, etc.)

23. References

- 23.1 The following guidance was used in the development of this policy:
- Department of Health (2013) Health Technical Memorandum 05-01: Managing Healthcare Fire Safety (2nd Edition)
 - Health and Safety Executive (2013), Management of Health and Safety at Work
 - Health and Safety Executive (2013), Leading Health and Safety at Work: Actions for Directors and Board Members, Business Owners and Organisations of all sizes
 - Health and Safety Executive (2013), Working with Display Screen Equipment
 - NHS CFA Security Management Standards for CCGs (<https://cfa.nhs.uk>)
 - Improving Safety for Lone Workers: A Guide for Managers
 - Health and Safety Executive Working Alone – Health and Safety Guidance on the risks of Lone Working
 - Health and Safety Executive First Aid at Work – Guidance on the Health and Safety (First-Aid) Regulations 1981.
 - The Manual Handling Operations Regulations 1992, as amended in 2002.

24. Equality Impact Assessment – Health, Safety and Security Policy

Date of assessment:	April 2020			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age¹	Yes	Individual Risk Assessments will be undertaken as per Section 15 of this policy - Young Persons at Work (<i>under the age of 18 years</i>).	The Risk Assessor will identify what, if any, risks are identified in the workplace and plans agreed to mitigate them for people within this group.	This policy is aimed at all staff and they should follow the procedures set out in the policy to enable them to work in a safe and secure environment. All staff are mandated to undertake Statutory training.
Disability²	Yes	Display screen equipment and working environment will be assessed for people in this group.	Any necessary adaptations to the working environment and/or equipment will be agreed and actioned.	Each staff member in this group will have their own personal Risk Assessment and Action Plan.
Gender reassignment³	No	N/A	N/A	N/A

¹ A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

² A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

³ The process of transitioning from one gender to another.

Date of assessment:	April 2020			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Marriage and civil partnership⁴	No	N/A	N/A	N/A
Pregnancy and maternity⁵	Yes	Section 16 of this policy addresses health and safety for this group.	Individual Risk Assessments will be undertaken and best outcome actions agreed with individuals.	Each staff member in this group will have their own personal Risk assessment and action plan.
Race⁶	No	N/A	N/A	N/A
Religion or belief⁷	No	N/A	N/A	N/A
Sex⁸	No	N/A	N/A	N/A
Sexual orientation⁹	No	N/A	N/A	N/A
Carers¹⁰	No	N/A	N/A	N/A

⁴ Marriage is a union between a man and a woman or between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

⁵ Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

⁶ Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

⁷ Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

⁸ A man or a woman.

⁹ Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

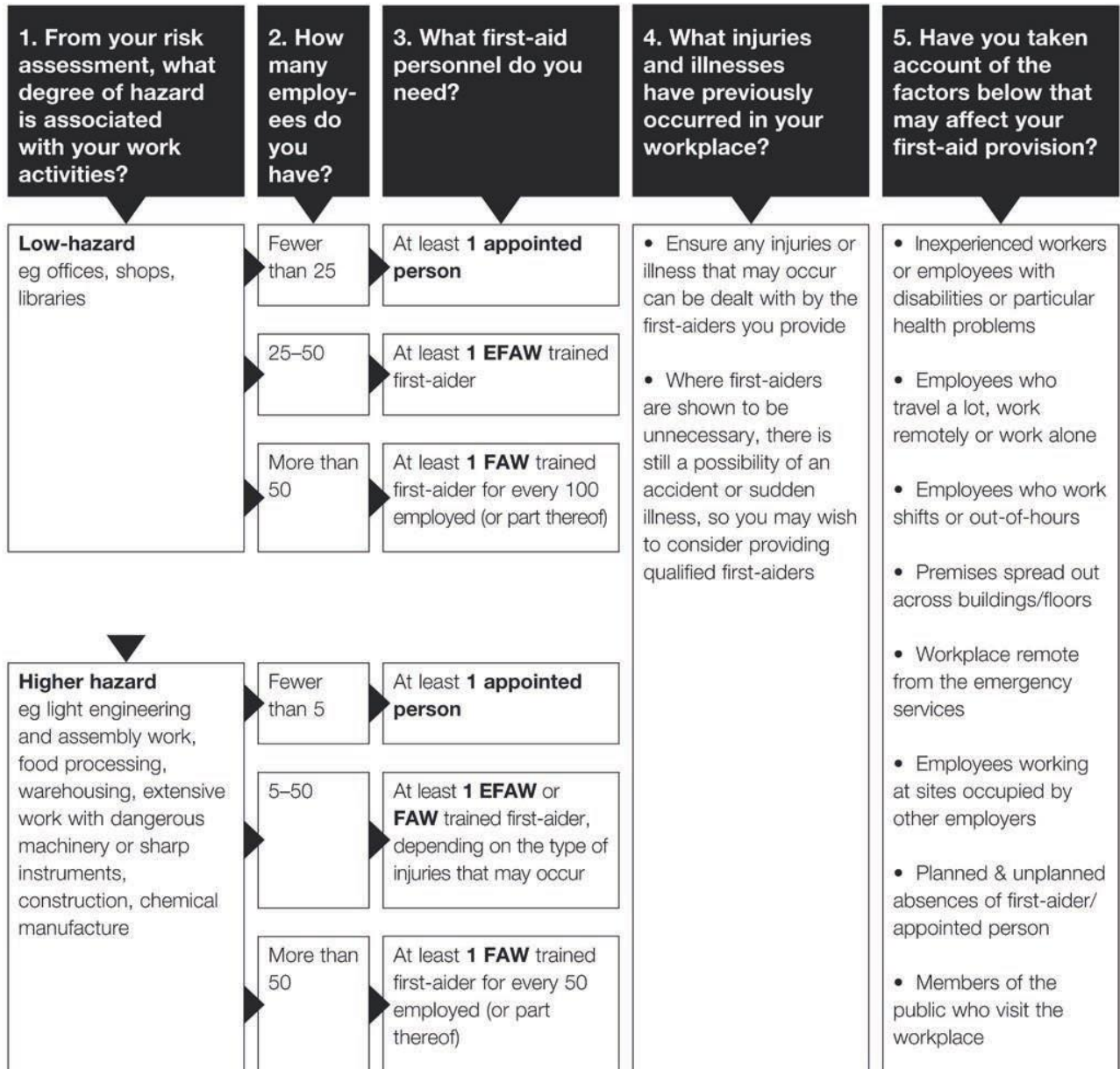
¹⁰ Individuals within the CCG which may have carer responsibilities.

Appendix A: Fire Risk Assessment

Fire Risk Assessment	
1	<p>Identify the hazard:</p> <ul style="list-style-type: none"> • Sources of ignition. • Sources of fuel. • Sources of oxygen.
2	<p>Identify people at risk:</p> <ul style="list-style-type: none"> • People in and around the premises. • People who are especially at risk for example with limited mobility or sensory impairment.
3	<p>Evaluate, remove or reduce and protect from risk:</p> <ul style="list-style-type: none"> • Evaluate the risk of a fire starting. • Evaluate the risk to people from a fire. • Remove or reduce fire hazards. • Remove or reduce the risks to people from a fire. • Protect people by providing fire precautions.
4	<p>Record, plan, inform, instruct, and train:</p> <ul style="list-style-type: none"> • Record any major findings and action you have taken. • Discuss and work with other responsible people. • Prepare an emergency plan. • Inform and instruct relevant people. • Provide training.
5	<p>Review</p> <ul style="list-style-type: none"> • Review fire risk assessment annually. • Make changes where necessary.

Appendix B: First Aid Needs Assessment

An employer should make an assessment of first aid needs appropriate to the circumstances (hazards and risks) of each workplace:



Appendix C: Organisational Risk Assessment

CCG	Location	Date
Completed by:		
First Aid Personnel	Required Yes/No	Number Needed
First aider with an emergency first aid at work certificate		
First aider with a first aid at work certificate		
First aider with additional training (specify)		
First-Aid Equipment and Facilities	Required Yes/No	Number needed
Dust and damp proof first aid container		
Kit contents		
Additional equipment (specify), eg foil blankets, eye wash bottles, shears, microporous tape		
Defibrillator		
Travelling first aid kit		
First aid room		

Appendix D: First Aid Equipment

There is no mandatory list of items to be included in a first aid container. The decision on what to provide is influenced by the findings of the first aid needs assessment. As a guide, where work activities involve low hazards, a minimum stock of first-aid items is:

- A leaflet giving general guidance on first aid (for example, HSE's leaflet *Basic advice on first aid at work*);
- Individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- Sterile eye pads;
- Individually wrapped triangular bandages, preferably sterile;
- Safety pins;
- Large sterile individually wrapped non medicated wound dressings;
- Medium-sized sterile individually wrapped non medicated wound dressings;
- Disposable gloves (see HSE's leaflet *Latex and you*).

Travelling First Aid Kit Contents

There is no mandatory list of items to be included in first aid kits for travelling workers. They might typically contain:

- A leaflet giving general guidance on first aid (for example HSE's leaflet *Basic advice on first aid at work*);
- Individually wrapped sterile plasters (hypoallergenic plasters can be provided, if necessary);
- Individually wrapped triangular bandages, preferably sterile;
- Safety pins;
- Large sterile un-medicated dressing;
- Individually wrapped moist cleansing wipes;
- Disposable gloves (see HSE's leaflet *Latex and you*).

First aid at work does not include giving tablets or medicines to treat illness. Therefore it is recommended that tablets and medicines should not be kept in the first aid container. If an individual needs to take their own prescribed medication, the first aider is generally limited to helping them do so and to contact the emergency services as appropriate.

Appendix E: Guidelines for Handling Threats

1. Guidelines for handling bomb threats

- 1.1 Most bomb threats are made over the phone and the overwhelming majority are hoaxes, often the work of malicious jokers, although terrorists do make hoax calls with the intent of causing alarm and disruption. Any hoax bomb threat is a crime and no matter how ridiculous or unconvincing it may seem, it must be reported to the police.
- 1.2 Calls may be of two kinds:
 - Hoax threats designed to disrupt, test reactions or divert attention;
 - Threats warning of a genuine device – these may be attempts to avoid casualties or enable the terrorist to blame others if there are casualties. However, genuine threats can provide inaccurate information about where and when a device might explode.
- 1.3 Staff based in Gedling Borough Council's Civic Centre premises must also use this document in conjunction with the Council's Security Emergency Evacuation Procedures.

2. Guidelines for staff on handling a telephone threat

- 2.1 Even though staff may be unable to assess a threat's accuracy or origin, their impressions of the caller could be important. The following guidelines should be followed:
 - Stay calm and listen.
 - Obtain as much information as possible – try to get the caller to be precise about the location and timing of the alleged bomb and whom they represent. If possible, keep the caller talking.
 - Ensure that any recording facility is switched on.
 - When the caller rings off, dial 1471 (if that facility operates and you have no automatic number display) to see if you can get their number.
 - Immediately report the incident to the relevant manager or security team to decide on the best course of action and notify the Police on 999. If you cannot get hold of anyone, and even if you think the call is a hoax, inform the Police directly. Give your impressions of the caller and an exact account of what was said.
 - If you have not been able to record the call, make notes for the security staff or Police using the checklist at **Appendix F**. Do not leave your post – unless ordered to evacuate – until the Police or security arrive.

3. On discovering a suspect package/bomb

- **Immediately** inform the Police on 999 and the senior manager on site.
- DO NOT open/move/touch the suspect package.
- In so far as is practical, keep all personnel away from the area concerned and do not create undue panic.
- Ensure personnel carrying bleeps/radios/mobile phones do not go within 15 metres of the suspect area.
- Stay by the telephone used to report the package for instructions from the Police.
- Standby for instruction for evacuation, ensuring patient care is maintained in clinical areas whilst doing so.
- If the threat is regarded as credible, the Police will instruct regarding what action should immediately be taken i.e. evacuation of the building if deemed necessary.

4. Management of threat

- 4.1. Once the threat has been confirmed and with advice from the Police, activation of the CCG's Business Continuity Plan will be effected by the on-call Director.
- 4.2. Unless determined differently at the time by the Accountable Officer, the Director on call will lead the response to the incident, liaising with Police and other agencies including for each building the respective Property Management Service as required in managing the situation, supported by staff as appropriate.
- 4.3. A secondary evacuation point will be utilised under instruction from the Police.
- 4.4. The Director on call in conjunction with Police advice will decide when to stand down from the incident.

Appendix F: Checklist to be used on receiving a Bomb Threat

DO NOT PUT DOWN THE HANDSET OR CUT OFF THE CALLER

- Immediately alert someone else if possible (so that the security service may be informed);
- Switch on the recorder/voicemail (if connected);
- Tell the caller which town/district you are calling from;
- Record as accurately as possible the exact wording of the threat;
- Obtain as much information as you can.

Complete this form as you go along, asking questions in sequence:

Threat Message [exact words]:

Where is the bomb right now?	
What time will it explode?	
What does it look like?	
What kind of bomb is it? [type of explosive]	
What will cause it to go off?	
Did you place the bomb?	
Why?	
Who do you represent?	
What is your name?	
What is your address?	
What is your telephone number?	

**IF THE THREAT RELATES TO ANOTHER SITE OR LOCATION,
CONTACT THE POLICE AT ONCE BY DIALLING 999**

Complete the following as soon as practicable on call ending:

Extension Number at which Call was received	
Date of Call	
Time of Call	
Length of Call	

Details of Caller	Threat Language
<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Child	<input type="checkbox"/> Well-spoken [educated] <input type="checkbox"/> Foul <input type="checkbox"/> Irrational <input type="checkbox"/> Taped <input type="checkbox"/> Incoherent <input type="checkbox"/> Message obviously being read
<input type="checkbox"/> Young <input type="checkbox"/> Old	
Approximate Age:	

Caller's Voice					
<input type="checkbox"/> Calm	<input type="checkbox"/> Angry	<input type="checkbox"/> Excited	<input type="checkbox"/> Slow	<input type="checkbox"/> Deep	<input type="checkbox"/> Cracking Voice
<input type="checkbox"/> Soft	<input type="checkbox"/> Rapid	<input type="checkbox"/> Loud	<input type="checkbox"/> Laughter	<input type="checkbox"/> Ragged	<input type="checkbox"/> Disguised
<input type="checkbox"/> Crying	<input type="checkbox"/> Normal	<input type="checkbox"/> Distinct	<input type="checkbox"/> Slurred	<input type="checkbox"/> Clearing Throat	<input type="checkbox"/> Accent
<input type="checkbox"/> Nasal	<input type="checkbox"/> Stutter	<input type="checkbox"/> Lisp	<input type="checkbox"/> Raspy	<input type="checkbox"/> Deep Breathing	<input type="checkbox"/> Familiar
If voice is familiar, who did it sound like?					

Background Sounds			
<input type="checkbox"/> Interruptions	<input type="checkbox"/> Someone in Background	<input type="checkbox"/> Street Noises	<input type="checkbox"/> Crockery
<input type="checkbox"/> Voices	<input type="checkbox"/> PA System	<input type="checkbox"/> Music	<input type="checkbox"/> House Noises
<input type="checkbox"/> Motors	<input type="checkbox"/> Office Machinery	<input type="checkbox"/> Booth	<input type="checkbox"/> Factory Machinery
<input type="checkbox"/> Animal Noises	<input type="checkbox"/> Clear	<input type="checkbox"/> Static	<input type="checkbox"/> Local
<input type="checkbox"/> Long Distance	<input type="checkbox"/> Aircraft	<input type="checkbox"/> Children	<input type="checkbox"/> Others
Remarks			

Details of Person Receiving Call	
Name	
Site/Department	
Extension Number	
Has the Call been Taped at your End?	
Signature	

Appendix G: Lone Working Staff

(Personal safety tracking procedures for Primary Care Pharmacists/Technicians)

Home visits should only be considered after all other options have been explored. All primary care pharmacists/technicians **MUST** also comply with this Policy, as well as the below procedure:

1. All staff must complete the personal details form. This form will be held in the 'Home Visits File' prescribing team offices at locality bases.
2. All staff, on duty, each day must leave a schedule of any planned home visits with another primary care pharmacist/technician, their 'buddy'.
3. The schedule should also include:
 - Patients name;
 - Patients address;
 - Patients telephone number;
 - The car registration number of the member of staff;
 - Mobile telephone number (either pool, personal, or both, whichever is applicable).

A home visit **MUST NOT** be undertaken without the member of staff having a mobile phone (and a personal alarm).

4. Before visiting a patient's home, the primary care pharmacist/technician should liaise with another primary care pharmacist/technician to be their 'buddy' and to notify them that they are carrying out a home visit and state the information listed in point 3 along with:
 - The estimated time of the home visit;
 - The estimated time of departure from the patient's home.

If either of these estimated times change, the primary care pharmacist/technician should notify the primary care pharmacist 'buddy'.

5. After leaving the patient's home, the primary care pharmacist/technician should contact the primary care pharmacist/technician 'buddy' to inform them that the visit has ended (this call **MUST** be made within 15 minutes of leaving the patient's home).
6. If the primary care pharmacist/technician has not telephoned within 30 minutes of their estimated time of departure to notify that they have left the patient's home, then the primary care pharmacist/technician 'buddy' will contact them via their mobile.
7. If an afternoon visit is required it **MUST** be completed by 16:30pm.
8. Any changes to the planned visit **MUST** be notified to the primary care pharmacist/technician 'buddy'.

9. Risk assessments **MUST** be carried out prior to visiting any new patient to determine any potential hazards/known risks. Any potential hazards/known risks **MUST** be documented using Risk Assessment Form.
10. If a patient is new to the practice and a primary care pharmacist/technician is unable to obtain patients medical records, lone visits should be avoided if at all possible. If unavoidable it should be discussed, prior to the visit, with their manager.
11. All staff must inform the manager of any changes to their personal details, including car details, as they occur.
12. If an incident of any kind occurs during a home visit the primary care pharmacist/technician **MUST** complete an incident form upon returning to base and report this to their manager.
13. If at any time the primary care pharmacist feels unsafe they should leave the house immediately and report it to their manager.
14. If necessary the emergency statement to use during communication is '*I can't make the cancer meeting*'.
15. In the event of the primary care pharmacist/technician being unavailable, please contact the prescribing advisor.

Appendix H: Lone Working Risk Assessment

Assessment	
Department:	Location:
Employee name:	Date of assessment:
Risk Assessment carried out by:	Review date:

Main Risk and Issues of Concern	Yes	No
Does the employee work alone?	(1)	(0)
Does the employee work out of hours?	(1)	(0)
Does the employee have a Lone Worker Device?	(0)	(1)
Does the employee meet with patients and the public in isolated locations (including client homes)	(1)	(0)
When working away from base, does someone at base know where the employee is working/visiting and when they intend to return?	(0)	(1)
Are there adequate emergency procedures and an effective means of communication should an incident occur?	(0)	(1)
Is the building secure?	(0)	(1)
Is there adequate access to the building?	(0)	(1)
Is there access to first aid if the employee becomes ill or has an accident?	(0)	(1)
Will the employee be working in confined spaces?	(1)	(0)
Are entrance security systems in use (swipe cards)	(0)	(1)
Is there security lighting around access points?	(0)	(1)
Are reporting and checking in systems in place?	(0)	(1)
Are employees trained on basic personal safety?	(0)	(1)
Has the staff member completed their Conflict Resolution training?	(0)	(1)
Do employees have access to forms for reporting incidents or near misses and appreciate the need to follow this process?	(0)	(1)
TOTAL SCORE		

Total up the scores from the questions above to ascertain the overall level of risk appropriate to the lone worker.

Score	Level of risk	Timescale for next scheduled lone worker risk assessment and follow up required
0 - 4	Low	One year
5 - 10	Medium	Six months
11 - 14	High	Three months – seek advice on reduction of risk from Head of Corporate Governance. Consider changes to working practices
15 - 17	Extreme	Seek immediate advice on reduction of risk from Head of Corporate Governance as immediate changes to working environment may be necessary

Action Plan to Manage the Risks

Action Plan to Manage the Risk				
(Consider what needs to be done to reduce the level of risk identified above, being as specific as possible. Examples might be provision of staff training, improving security, changes to working practices, calling estates to repair something)				
What action needs to be taken?	Who will do it?	By what date?	What could prevent this from happening?	Date action completed

Appendix I: Lifting and Carrying Techniques

Poor lifting and carrying techniques can result in discomfort and increase the risk of injury. In extreme circumstances, these injuries can have permanent effects. These risks can be reduced by adopting the following simple precautions:

The Task:

- Bending and stooping to lift a load significantly increases the risk of a back injury – *Use the legs and knees to bend and lift - do not stoop or bend the back.*
- Items should ideally be lifted from no higher than knee height to no higher than shoulder height.
- Outside this range, lifting capacity is reduced and the risk of injury is increased – *Store heavy items between the shoulder and hip height. Where possible only store small, light items above shoulder or below knee height.*
- When items are required to be lifted from above shoulder height, a stand or suitable means of access should be used.
- Items which are pushed or pulled should be as near to waist level as possible – *Pushing is preferred, particularly where the back can rest against a fixed object to give leverage.*
- Carrying distances should be minimised, especially if the task is regularly repeated.
- Repetitive tasks should be avoided whenever possible – *Ensure that regular rest breaks are taken to prevent the onset of fatigue.*
- Tasks which involves lifting and carrying should be designed in such a way as to allow for significant rest breaks (rotation of tasks) thus avoiding fatigue.
- Avoid tasks which require twisting the body where ever possible.

The Load:

- The Load should be kept as near as possible to the body trunk to reduce strain and should not be of such size as to obscure vision.
- An indication of the weight of the load and the centre of gravity should be provided where appropriate. Unstable loads should be handled with particular caution. The change in the centre of gravity is likely to result in over balancing.
- Ensure there is a secure hand hold. Using gloves were necessary to protect against sharp edges, hot or cold edges or splinters as these could cause injury.

The Individual (employee):

- The consideration must be given to age, body weight and physical fitness.
- Regard must be given to personal limitation; employees must not attempt to handle those which are beyond their individual capability. Employees are advised to seek assistance where necessary.
- Persons with genuine physical or clinical reasons for avoiding lifting should be made allowance for, as should pregnant women, who should not be required to undertake hazardous lifting or carrying tasks.
- Knowledge and understanding of the work is an important factor in reducing the risk of injury.
- Make full and proper use of aids to lifting and carrying, such as trolleys and lifting equipment.
- Report any problems or concerns associated with manual handling operations to the CCG without delay.

The Working Environment:

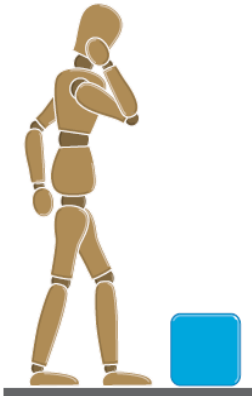
- There must be adequate space to enable the activity to be conducted in safety and the transportation route must be free from obstruction.
- Ensure that walkways are free from obstructions.
- Lighting, heating and weather conditions must be taken into account.
- Floors and other working services must be in a safe condition.

Other Factors:

- The use of personal protective equipment may be necessary whilst carrying out manual handling activities. If the use of personal protective equipment restricts safe and easy movement, this should be reported.

Appendix J: Good Handling Techniques for Lifting

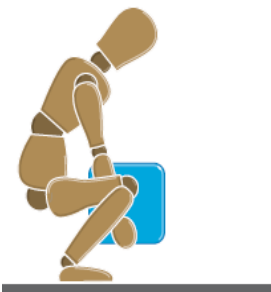
Here are some practical tips, suitable for use in training people in safe manual handling.



Think before lifting/handling. Plan the lift. Can handling aids be used? Where is the load going to be placed? Will help be needed with the load? Remove obstructions such as discarded wrapping materials. For a long lift, consider resting the load midway on a table or bench to change grip.



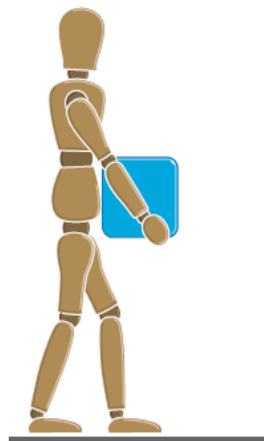
Adopt a stable position. The feet should be apart with one leg slightly forward to maintain balance (alongside the load, if it is on the ground). The worker should be prepared to move their feet during the lift to maintain their stability. Avoid tight clothing or unsuitable footwear, which may make this difficult.



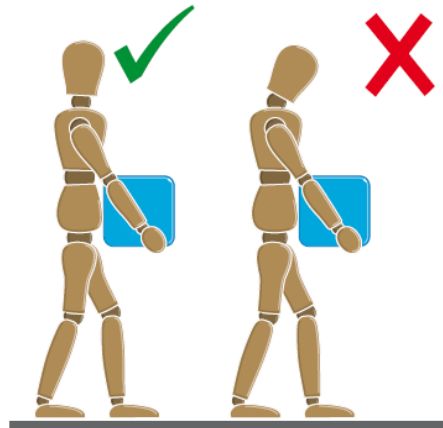
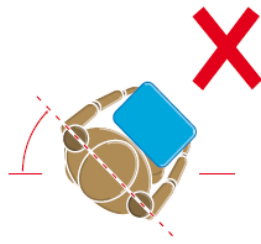
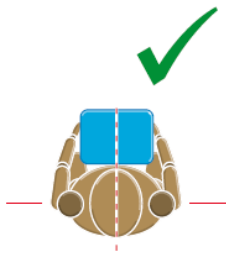
Get a good hold. Where possible, the load should be hugged as close as possible to the body. This may be better than gripping it tightly with hands only.

Start in a good posture. At the start of the lift, slight bending of the back, hips and knees is preferable to fully flexing the back (stooping) or fully flexing the hips and knees (squatting).

Don't flex the back any further while lifting. This can happen if the legs begin to straighten before starting to raise the load.



Keep the load close to the waist. Keep the load close to the body for as long as possible while lifting. Keep the heaviest side of the load next to the body. If a close approach to the load is not possible, try to slide it towards the body before attempting to lift it.

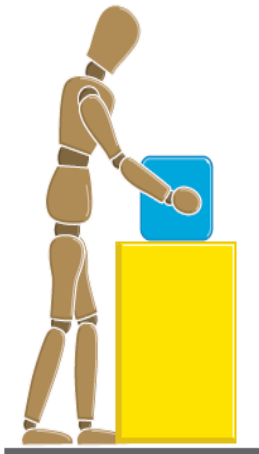


Avoid twisting the back or leaning sideways, especially while the back is bent. Shoulders should be kept level and facing in the same direction as the hips. Turning by moving the feet is better than twisting and lifting at the same time.

Keep the head up when handling. Look ahead, not down at the load, once it has been held securely.

Move smoothly. The load should not be jerked or snatched as this can make it harder to keep control and can increase the risk of injury.

Don't lift or handle more than can be easily managed. There is a difference between what people can lift and what they can safely lift. If in doubt, seek advice or get help.



Put down, then adjust. If precise positioning of the load is necessary, put it down first, then slide it into the desired position.

Further information can be found at: <https://www.hse.gov.uk/msd/manual-handling/index.htm>

Appendix K: General Risk Assessment Guidelines for Manual Handling

There is no such thing as a completely ‘safe’ manual handling operation. However, working within the following guidelines will cut the risk and reduce the need for a more detailed assessment.

- ‘Figure 1’ is a quick and easy assessment. Each box contains a guideline weight for lifting and lowering in that zone. As you can see, the guideline weights are reduced if handling is done with arms extended, or at high or low levels, as that is where injuries are most likely to happen.
- Observe the work activity you are assessing and compare it to the diagram. First, decide which box or boxes the lifter’s hands pass through when moving the load. Then, assess the maximum weight being handled. If it is less than the figure given in the box, the operation is within the guidelines.
- If the lifter’s hands enter more than one box during the operation, use the smallest weight. Use an in between weight if the hands are close to a boundary between boxes.
- The guideline weights assume that the load is readily grasped with both hands and that the operation takes place in reasonable working conditions, with the lifter in a stable body position.

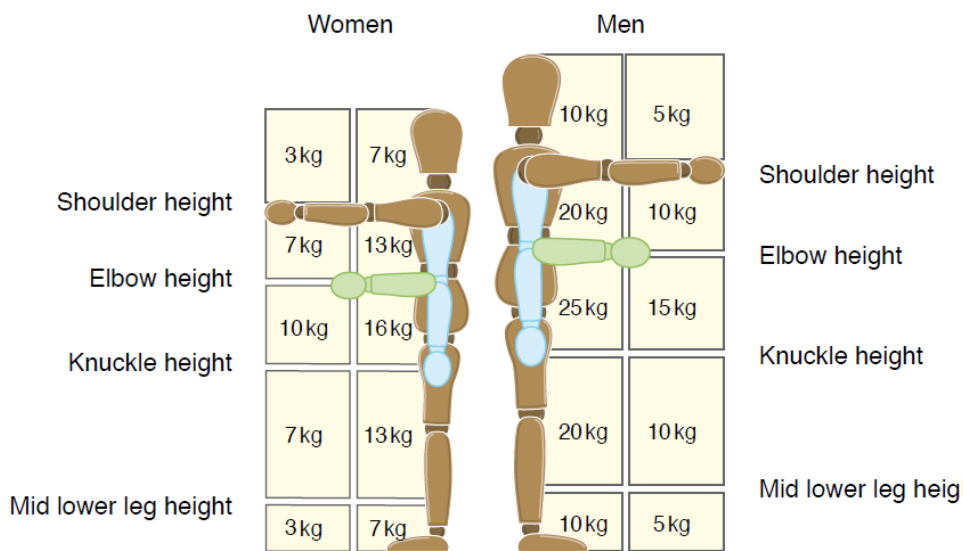


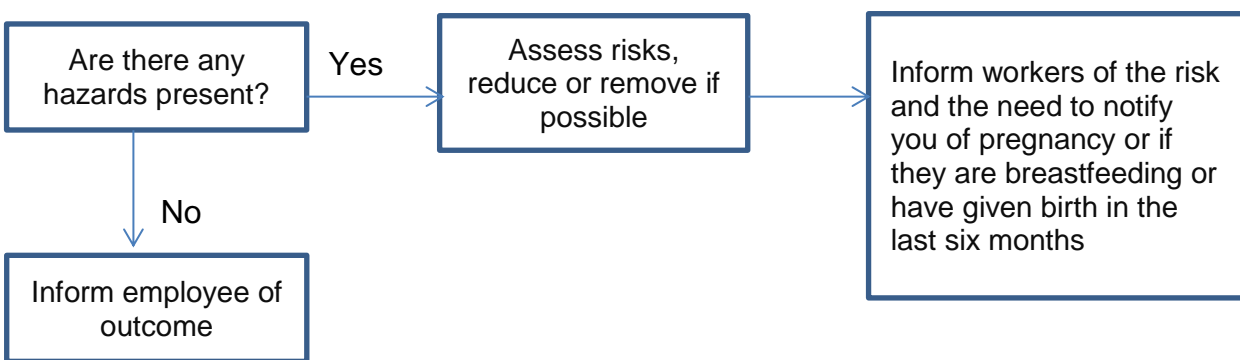
Figure 1 Lifting and lowering

Appendix L: New and Expectant Mothers at Work Guidance for carrying out Assessment of Risk

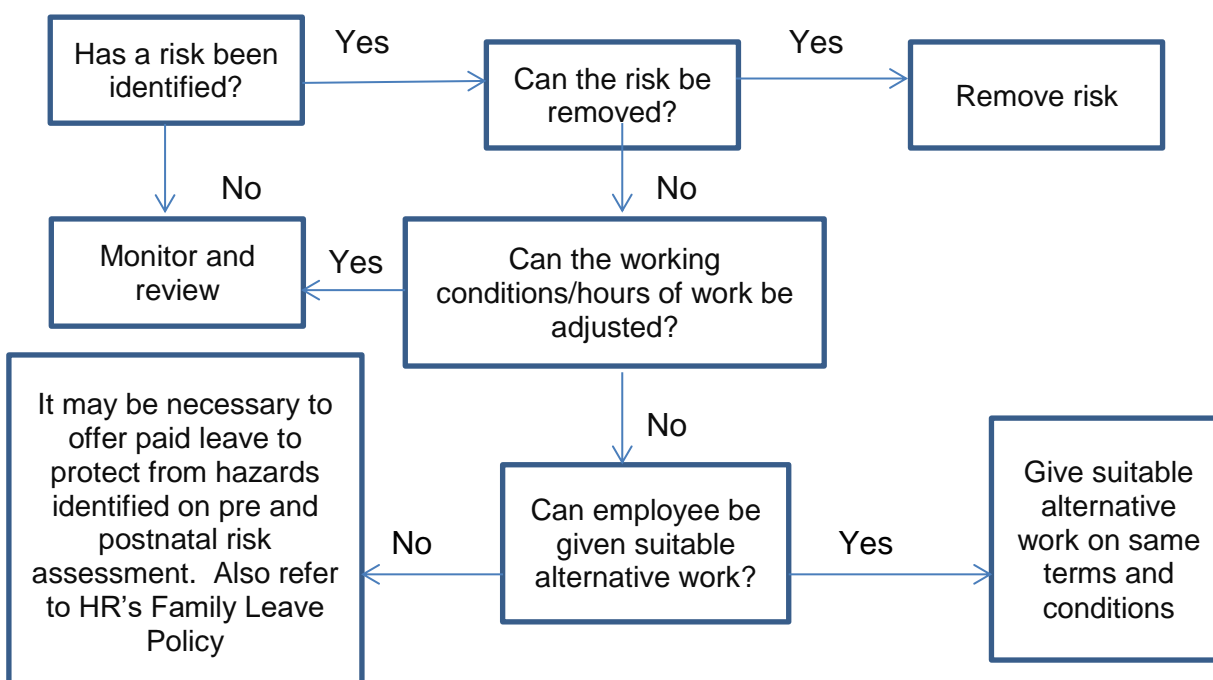
There are two assessment stages the CCG must take:

Stage One: Managers must:

- Look for hazards and risks in relation to pregnancy and nursing mothers.
- Decide if mother and/or unborn child might be harmed and how.
- Consult employees and inform them of any risks identified.
- Inform employees that it is important for them to provide written notification that they are pregnant or breastfeeding as early as possible.



Stage 2: Managers should arrange to conduct a specific risk assessment on receipt of written notification of an employee that she is pregnant, has given birth in the past six months or is breastfeeding. This must take into account any advice provided by the woman's health professional and/or Occupational Health. If any risks are identified then managers must take action to remove, reduce or control the risk:



Action after Risk Assessment: If, after taking whatever action is reasonable, there is still a significant risk which goes beyond the level of risk to be expected outside the workplace, then the CCG must take the following steps to remove the employee from that risk:

- Temporarily adjust working conditions or hours of work.
 - If that is not possible or would not avoid the risk, then offer alternative work, or working arrangements, if any is available.
-

On being advised by the employee that she is pregnant, or returning to work following the birth of a baby, the Line Manager or nominated Health and Safety Lead must meet with the employee to carry out a Health and Safety Risk Assessment. The Line Manager/Health and Safety Lead must:

1. Request that the employee confirm her pregnancy and expected period of confinement/length of time at work in writing.
2. Complete the Risk Assessment at **Appendix M**. This is not an exhaustive list and other identified potential hazards should be added and numbered appropriately.
3. Evaluate each risk to health in terms of **Nil, Low, Medium or High** by entering 0, 1, 2, or 3 in the **“Risk Level”** column.
4. Record all risks, precautions and control measures required to eliminate, reduce or control the potential hazard.
5. Risks identified as ‘medium’ or ‘high’ must be evaluated by the Line Manager. If either of the risks cannot be reduced further by additional precautions, the following shall apply:
 - a) **Medium** risk – consideration should be given to remove the pregnant employee from risk.
 - b) **High** risk – pregnant employee must be removed from the risk.
6. The completed form must be signed and dated by the Risk Assessor and if different shared with the Line Manager.
7. The completed form must be discussed by the Line Manager with the individual employee and she should also sign and date the form in recognition of the requirements of the assessment.
8. The completed Expectant Mothers Risk Assessment form must be retained in the employee’s personal file. A copy should be forwarded to Occupational Health for information.
9. Information available to assist with completion of an Expectant Mothers Risk Assessment can be obtained from Occupational Health.
10. The risk assessment should be reviewed monthly.

Appendix M: Risk Assessment Form for New and Expectant Mothers at Work

Date	<input style="width: 90%;" type="text"/>	Review Date	<input style="width: 90%;" type="text"/>
Name and job role of person being assessed	Name of Assessor		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

Consideration should be given to the following work related conditions and demands, and should be discussed between manager and the individual as to **if** and **how** they may have an effect.

A Risk Level Rating of 2 or 3 (Med-High) will require a more detailed assessment to be documented with a detailed description of the hazard, existing controls in place and any additional measures to be taken.	YES	NO	Risk Level 0,1,2,3
NEM1 Does the work normally involve lifting/pushing heavy objects ie. people, equipment etc.?			
NEM2 Does the work normally involve standing/squatting for long periods?			
NEM3 Does the work normally involve a lot of walking?			
NEM4 Does the work normally involve climbing steep stairs/steps?			
NEM5 Does the work normally involve the need to enter confined spaces?			
NEM6 Does the job involve meeting challenging deadlines?			
NEM7 Does the job involve rapidly changing priorities and demands?			
NEM8 Does the job involve a high degree of concentration?			
NEM9 Can the worker participate in discussions about the pace of work?			
NEM10 Does the work involve dealing with emergencies?			
NEM11 Does the worker have the opportunity to discuss concerns at any time with their manager?			
NEM12 Will any task be made more hazardous to the worker's changing shape and size?			
NEM13 Are there any obstacles in place of work that could cause problems for pregnant workers in the event of emergency evacuation?			
NEM14 Does the job involve any home working?			
NEM15 Does the job involve dealing with members of the public?			
NEM16 If so, does it involve dealing with distressed or disturbed people?			
NEM17 Does the job involve contact with young children or sick people?			
NEM18 Have emergency procedures (with regard to the pregnancy) been considered and documented?			

NEM19	Does the job involve working alone or working in isolated conditions?			
NEM20	Does the job involve unpredictable working hours?			
NEM21	Are toilet facilities accessible to a pregnant worker?			
NEM22	Can the worker take toilet breaks when necessary?			
NEM23	Is there any other form of indoor air pollution eg. fumes, dust, etc.?			
NEM24	Is the temperature in the working environment comfortable?			
NEM25	Will there be enough room for the worker to get in/out of workstation as the pregnancy develops?			
NEM26	Are there any slips, trips or falls hazards in the place of work?			
NEM27	Does the worker have an adjustable seat with a backrest?			
NEM28	Does the work involve working with chemicals?			
NEM29	Is there any exposure to vibration eg. by the use of hand tools?			
NEM30	Does the worker need to wear any personal protective clothing?			
NEM31	If yes, will this present a problem as the pregnancy develops?			
NEM32	Are there any specific medical needs or conditions that the employer should consider?			

**THIS ASSESSMENT MUST BE REVIEWED REGULARY
THROUGHOUT THE PREGNANCY**

**Once completed, a copy of this form should be retained by the employee
and their line manager.**

<p>Employee Signature:</p> <p>Date:</p>	<p>Line Manager's Signature:</p> <p>Date:</p>
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