



# Integrated Governance Department

## Health & Safety Inspection Checklist



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### Health & Safety Inspection Checklist

This checklist has been designed in order to achieve some consistency of content for Health and Safety standards across the Trust.

It is designed to be used at local level, being completed by staff who are familiar with the service. Once the initial inspection has been undertaken it is to be discussed with the manager and any remedial actions agreed before being filed in the ward/department that it describes. The checklist can then be reviewed and amended at such times as the prescribed corrective actions have been completed and prior to the commencement of the next inspection.

**The frequency of use will depend on the service being provided and this will be identified by the environmental risk assessment for the areas / service. The check list should be used to support the Local Environmental Risk Assessment and ensure that the control measures defined in the assessment are in place and are working. It should be used regularly in patient areas, e.g. at least monthly and is primarily about the environment in which staff work as well as where client care is provided.**

The ward/department manager will be responsible for ensuring that any agreed remedial action is completed. Findings from the inspection will be used to assist in reviewing the local risk assessments and the local risk register

The checklist will form part of the monitoring arrangements introduced as a result of the Health and Safety Executive recommendations and as part of the Trust Risk Management Strategy.

The checklist is available electronically and if there are sections of the checklist that do not apply to your service then they can be omitted. The list can also be supplemented should the local risk assessment identify additional items that need to be checked on a regular basis. Any addition or omission should be supported by a written rationale preferably in the form of a risk assessment.

- Section I: Checklist for General Areas
- Section II: Checklist for Food Hygiene
- Section III: Action Plan
- Section IV: Good Housekeeping Guidelines.

## HEALTH & SAFETY CHECK LIST

<b>DIRECTORATE/MANAGEMENT:</b>	
<b>PREMISES: (Name &amp; Address)</b>	
<b>AREA TO BE INSPECTED:</b>	
<b>Inspected by:</b>	<b>Date:</b>
<b>Signature:</b>	<b>Job Title:</b>
<b>Date for re-inspection:</b>	

Signed off by Manager \_\_\_\_\_ Date \_\_\_\_\_

When was Workplace/Environmental Risk Assessments last reviewed?

**This CHECK LIST is based on the following work place regulations:**

- **WORKPLACE (HEALTH, SAFETY AND WELFARE) REGULATIONS**
- **PROVISION AND USE OF WORK EQUIPMENT (PUWER)**
- **LIFTING OPERATION AND LIFTING EQUIPMENT REGULATIONS (LOLER)**
- **MANUAL HANDLING OPERATIONS REGULATIONS**
- **PERSONAL PROTECTIVE EQUIPMENT REGULATIONS**
- **DISPLAY SCREEN EQUIPMENT REGULATIONS**
- **CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH)**
- **FIRE SAFETY**
- **FOOD SAFETY AND HYGIENE**
- **SECURITY**
- **FIRST AID**
- **WASTE MANAGEMENT including Waste Electrical Equipment Regulations (WEE Regs)**



## Section I

## *General Areas*

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>General Housekeeping</i></b>				
<ul style="list-style-type: none"> <li>• are all work areas kept sufficiently clean</li> <li>• are all floor coverings clean &amp; in good repair</li> <li>• are walls and ceilings clean and in good repair</li> <li>• are all windows &amp; glass door panels clean &amp; in good repair</li> </ul>				
<ul style="list-style-type: none"> <li>• are appropriate washing &amp; sanitary facilities provided and work effectively for;</li> <li>• staff</li> <li>• clients</li> <li>• disabled Persons</li> <li>• public /visitors</li> </ul>				
<ul style="list-style-type: none"> <li>• are all corridors &amp; passageways free from obstruction, trips, slips &amp; fall hazards</li> </ul>				
<ul style="list-style-type: none"> <li>• are all goods &amp; materials stored correctly</li> </ul>				
<ul style="list-style-type: none"> <li>• do all staff have suitable and sufficient P.P.E. to deal with</li> <li>• infections/hazardous substances</li> <li>• general cleaning duties etc</li> </ul>				
<b>Additional Comments:</b>				

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>General Safety</i></b>				
<ul style="list-style-type: none"> <li>• are stairs &amp; slopes in good condition and have secure handrails fitted</li> </ul>				
<ul style="list-style-type: none"> <li>• are windows capable of being adjusted</li> <li>• do windows on ward areas have restricted openings to prevent egress</li> <li>• do window catches present a problem for the group in clinical areas</li> </ul>				
<ul style="list-style-type: none"> <li>• is the drug fridge's kept locked</li> </ul>				
<ul style="list-style-type: none"> <li>• do domestic fridge's only contain food/drink</li> <li>• do staff fridges only contain food/drink</li> <li>• are food items stored in fridge dated and in date</li> </ul>				
<ul style="list-style-type: none"> <li>• <b>Asbestos</b> – are there any areas that have been identified as containing asbestos.</li> <li>• such areas will be identified and labelled by facilities are the labels clear and intact.</li> <li>• is there any damage to the area identified</li> </ul>				<p>Damage to any area identified as containing asbestos should be immediately reported to facilities. The area should be sealed off until cleared by facilities. Any workman wishing to work on walls etc Identified as containing asbestos must have written permission from facilities.</p>
<b>Additional Comments</b>				

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>Ventilation</i></b>				
• are all areas ventilated sufficiently				
• are there any fixed or portable air/fume/dust extraction units				
• are the filter screens / mesh guards free from any build up of dust or debris				
• are there any fixed or portable air conditioning units / fans				
Date of last service / test: _____				
• is all equipment clean & in good repair				
<b>DATE EQUIPMENT LAST TESTED</b> _____				
<b>Additional Comment:</b>				

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>Lighting</i></b>				
<ul style="list-style-type: none"> <li>are all areas efficiently lit</li> <li>is the lighting provided suitable for the purpose it is to be used for</li> </ul>				
<ul style="list-style-type: none"> <li>are all lights/fittings in good repair</li> <li>is defective lighting repaired within a reasonable time</li> </ul>				
<b>Additional Comments:</b>				



CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>Heating</i></b>				
• do all areas have a suitable working temperature after the first working hour				
• is a thermometer available to check room temperatures				
• where extremes of temperatures occur are un blinds, fans, portable heaters available				Portable electrical equipment requires a P.A.T record.
• does the surface temperature of radiators/pipes present a hazard for staff or our client group				Note: In client areas radiators suitably covered.
<b>Additional Comments:</b>				

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<p style="text-align: center;"><i><b>Water</b></i></p>				
<ul style="list-style-type: none"> <li>• is there an adequate supply of fresh drinking water</li> <li>  b) is it labelled as drinking water</li> </ul>				
<ul style="list-style-type: none"> <li>• is the temperature of hot water in client areas less than <b>43°C</b></li> <li>• is there a thermometer available to test water temperatures</li> <li>• how often is the water temperature checked, who checks the temperatures, where is it recorded, and where are records kept</li> <li>• is the Legionella / water flushing policy implemented</li> <li>• are flushing records up to date</li> </ul>				
<ul style="list-style-type: none"> <li>• is the outlet in staff areas clearly marked <b>OT WATER'</b> if more than <b>50°C</b></li> </ul>				
<p><b>Additional Comments:</b></p>				

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>Provision of work equipment</i></b>				
<ul style="list-style-type: none"> <li>• is all equipment in good working order and regularly maintained</li> <li>b) is date of last service known</li> <li>c) does all workplace equipment have appropriate guards</li> <li>d) are relevant warning signs clearly displayed</li> </ul>				Please note; work equipment include Beds and Wheelchairs etc,
<ul style="list-style-type: none"> <li>• have all staff received adequate instruction/training/information in use of equipment</li> </ul>				
<ul style="list-style-type: none"> <li>• has all work equipment been registered and numbered by facilities</li> <li>• is all equipment listed on the ward/department equipment list</li> </ul>				
<ul style="list-style-type: none"> <li>• are there any outstanding repairs involving work equipment</li> <li>• what is the facilities hotline job ref number</li> </ul>				(if yes refer to the facilities HOT LINE)
<b>Additional Comments:</b>          				

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>Electricity at work</i></b>				
<ul style="list-style-type: none"> <li>• has all portable electrical equipment been tested in the last 12 months</li> <li>• is all electrical equipment logged on the ward department equipment register</li> <li>• are there any visible signs of damage to the appliance, outer cables or plug</li> <li>• are all cables properly routed to eliminate tripping hazards</li> </ul>				*Date of last test .....
<ul style="list-style-type: none"> <li>• are all electrical sockets and switches in good repair</li> <li>• has the fixed wiring been inspected by a competent person</li> </ul>				Check with facilities. Date last full fixed wirer exam completed.
<ul style="list-style-type: none"> <li>• are any extension leads and/or plug adapters in permanent/semi permanent use</li> </ul> <p><b>The above should not be in use unless authorised by facilities directorate</b></p>				If yes refer to Facilities for advice.
<ul style="list-style-type: none"> <li>• are there any new items of equipment that require testing</li> </ul>				
<b>Any Faults should be reported immediately &amp; the equipment taken out of use until repaired</b>				<b>(if yes refer to the facilities HOT LINE)</b>
<b>Additional Comments:</b>				

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>Manual Handling</i></b>				
<ul style="list-style-type: none"> <li>do you have a 'Key Trainer'</li> <li>has the trainer been suitably trained</li> </ul>				Name .....  Designation .....  Date of training .....
<ul style="list-style-type: none"> <li>have all staff received adequate training/instruction in manual handling and the use of mechanical equipment</li> <li>do all staff have an individual training record</li> </ul>				Refer to Trust Back Care and Manual Handling Policy for assessment and training records.
<ul style="list-style-type: none"> <li>do you have suitable &amp; sufficient mechanical aids to make your tasks safer</li> </ul>				
<ul style="list-style-type: none"> <li>are all your mechanical aids in working order, in good repair and have they been serviced</li> </ul>				Date of last service checked
<ul style="list-style-type: none"> <li>have written assessments been carried out on all tasks involving manual handling</li> <li>are moving &amp; handling risk assessments for individual patients contained in their care plans</li> <li>have conditions changed significantly since the last risk assessment was completed</li> </ul>				Refer to Trust Back Care and Manual Handling Policy for assessment and training records
<b>Additional Comments:</b>				

CHECKLIST	Please Tick			Findings & Comments																																				
	Yes	No	N/A																																					
<b><i>Personal Protective Equipment</i></b>																																								
<ul style="list-style-type: none"> <li>• has anyone been identified to monitor its use</li> <li>• are all staff aware of when and how to use</li> <li>• P.P.E.</li> <li>• is the P.P.E. used suitable and adequate for the task</li> <li>• are the arrangements for the storage, cleaning or disposal of infected contaminated P.P.E adequate</li> <li>• are staff aware of the Trust Latex policy/guidance and the restrictions on using latex gloves etc</li> </ul>				Name: .....																																				
<p>■ are staff provided with any P.P.E. if yes please tick:</p> <table border="0"> <tr> <td><b><u>Protective Clothing</u></b></td> <td></td> <td></td> <td><b><u>Protective Equipment</u></b></td> <td></td> <td><b><u>Other - please state</u></b></td> </tr> <tr> <td>Overalls</td> <td>[ ]</td> <td></td> <td>safety helmets</td> <td>[ ]</td> <td></td> </tr> <tr> <td>Gloves</td> <td>[ ]</td> <td></td> <td>safety goggles</td> <td>[ ]</td> <td></td> </tr> <tr> <td>safety footwear</td> <td>[ ]</td> <td></td> <td>face/dust masks</td> <td>[ ]</td> <td></td> </tr> <tr> <td>outdoor/waterproof clothing</td> <td>[ ]</td> <td></td> <td>earplugs/defenders</td> <td>[ ]</td> <td></td> </tr> <tr> <td>aprons</td> <td>[ ]</td> <td></td> <td>respiratory equipment</td> <td>[ ]</td> <td></td> </tr> </table>					<b><u>Protective Clothing</u></b>			<b><u>Protective Equipment</u></b>		<b><u>Other - please state</u></b>	Overalls	[ ]		safety helmets	[ ]		Gloves	[ ]		safety goggles	[ ]		safety footwear	[ ]		face/dust masks	[ ]		outdoor/waterproof clothing	[ ]		earplugs/defenders	[ ]		aprons	[ ]		respiratory equipment	[ ]	
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<b><i>Infection Control</i></b>																																								
<ul style="list-style-type: none"> <li>■ Have all staff received basic infection control training.</li> <li>■ Have all staff been made aware of the 'Clean Your Hands Campaign'</li> </ul>																																								
<b>Additional Comments:</b>																																								

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>Display Screen Equipment</i></b>				
<ul style="list-style-type: none"> <li>• does your department use display screen equipment</li> </ul>				
<ul style="list-style-type: none"> <li>• have you an identified a person to assist in completing assessments for V.D.U's in your department</li> <li>• have they been given enough information / instruction to undertake the task</li> <li>• have all work stations been               <ul style="list-style-type: none"> <li>a) assessed</li> <li>b) do you have '<b>dated</b>' written records</li> </ul> </li> </ul>				Name .....  Designation .....
<ul style="list-style-type: none"> <li>• do you have written records of identified users (including training information &amp; dates) have all '<b>identified users</b>' completed a self assessment check list as detailed in the Trust display screen equipment policy</li> <li>• have all users received adequate information/instruction training</li> <li>• do you have written records of eye tests etc</li> <li>• have any significant changes been made to work stations since the risk assessments were completed</li> </ul>				
<b>Additional Comments:</b>    				

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>C.O.S.H.H.</i></b>				
<ul style="list-style-type: none"> <li>do you have a COSHH File</li> <li>who completes the COSHH assessment for your department/ward/unit</li> <li>has the assessor received sufficient information/instruction/training to carry out the task</li> </ul>				Name .....  Designation .....
<ul style="list-style-type: none"> <li>have all hazardous substances in your department been identified and a written assessment carried out</li> <li>are copies of the material safety data sheet and the assessment available to all staff</li> <li>have any new substances been introduced since the last assessment</li> </ul>				
<ul style="list-style-type: none"> <li>are all staff aware of the correct use of substances</li> <li>are all substances stored according to the details of the assessment</li> <li>is the cleaners store containing COSHH materials kept locked in areas accessible by clients, visitors or the public</li> </ul>				
<b>Additional Comments:</b>				



CHECKLIST	Please Tick			Findings & Comments
<i>Security</i>	Yes	No	N/A	
<ul style="list-style-type: none"> <li>• is there a system in place to prevent unauthorised access to premises</li> <li>• have all staff been provided with identity badges and are they being worn</li> <li>• are all restricted areas adequately signed &amp; secured</li> <li>• are all nurse call systems;               <ul style="list-style-type: none"> <li>a) in full working order</li> <li>b) regularly tested</li> <li>c) adequate for the department</li> </ul> </li> <li>• are all personal alarms in full working order, regularly checked and suitable for the department</li> <li>• have all staff attended the Trust two day Conflict Resolution training</li> </ul>				
<ul style="list-style-type: none"> <li>• has all portable equipment been registered with the Facilities Department and security marked</li> <li>• is there a secure area for staff personal items to be stored while on duty</li> </ul>				
<ul style="list-style-type: none"> <li>• is a copy of Security policy available</li> <li>• has a local risk assessment been completed regarding security and any identified risks added to the local risk register</li> <li>• are local protocols in place to protect staff</li> </ul>				
<b>Additional Comments:</b>				

CHECKLIST	Please Tick			Findings & Comments
<i>Lone Working</i>	Yes	No	N/A	
<ul style="list-style-type: none"> <li>• has lone working been identified in your area/department/ service</li> <li>• have staff that are classed as lone workers been identified</li> <li>• has a suitable lone worker risk assessment been completed</li> </ul>				Lone working is not just confined to people who work in the community or into other organisations services. Staff who work in isolation for periods of time are equally at risk i.e. housekeepers working on their own in laundry areas, Cook/house keepers cleaning or preparing meals out of normal working hours on their own or any staff working late or out of hours in trust buildings.
<ul style="list-style-type: none"> <li>• are staff aware of the Trust lone worker policy</li> <li>• are personal safety plans in place for staff identified as lone workers</li> <li>• are there written protocols for lone working.</li> </ul>				
<ul style="list-style-type: none"> <li>• do all staff who work in the community have access to a mobile phone</li> <li>• is there a written protocol for identifying staff is safe and well at the end of the working day?</li> <li>• is there written protocol that includes what to do if lone worker is over due.</li> </ul>				
<b>Additional Comments:</b>          				

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>Fire Safety</i></b>				
<ul style="list-style-type: none"> <li>are all exit routes kept clear and free from obstruction</li> <li>are emergency instructions clearly displayed</li> <li>are all relevant fire emergency direction signs kept clear and unobstructed</li> </ul>				
<ul style="list-style-type: none"> <li>is the fire alarm system tested weekly and are records of tests available</li> <li>are all extinguishers, fire blankets in place and easily accessible</li> <li>has all fire equipment been tested within the last 12 months</li> </ul> <p><b>date of last fire equipment tests .....</b></p> <p><b>extinguishers .....</b></p> <p><b>fire blankets .....</b></p> <ul style="list-style-type: none"> <li>has the emergency lighting been tested</li> </ul> <p><b>date of last test .....</b></p>				
<ul style="list-style-type: none"> <li>are all fire/smoke doors kept closed and not held open by unauthorised methods i.e. Wedging with waste bins etc</li> </ul>				
<b>Additional Comments:</b>				

CHECKLIST	Please Tick			Findings & Comments
<i><b>Fire Safety, Continued.</b></i>				
<ul style="list-style-type: none"> <li>• are all fire/smoke door closers effective and working correctly</li> <li>• are all fire doors that are fitted with magnetic catches working correctly</li> </ul>				
<ul style="list-style-type: none"> <li>• has a local 'Fire Risk Assessment' been completed</li> <li>• is it kept on site and available to view</li> <li>• has it been reviewed in the last 12 months</li> </ul>				
<ul style="list-style-type: none"> <li>• have staff attended a fire lecture or completed the on line fire training within the last 12 months</li> <li>• has a fire evacuation drill been carried out within the last 12 months</li> </ul> <p>have records of all fire drills been kept,</p> <p>a) listing defects and details of remedial action taken</p> <p>b) are they available to view</p>				<p>Note; it is recommended that staff should only be allowed to complete the online fire training twice before attending a full trust fire lecture with the trust fire officer.</p> <p>Date of last evacuation drill .....</p>
<b>Additional Comments:</b>				

CHECKLIST	Please Tick			Findings & Comments
<i><b>First Aid/Accident/Incident Reporting</b></i>	Yes	No	N/A	
<b>Has an assessment of first aid needs been completed?</b> <ul style="list-style-type: none"> <li>do you have a qualified first aider</li> </ul>				Name ..... Location ..... Date qualified .....
<ul style="list-style-type: none"> <li>do you have an appointed person who can take over in the absence of a first aider</li> </ul>				Name ..... Location ..... Date qualified .....
<ul style="list-style-type: none"> <li>do you have a first aid box that is correctly stocked and readily available</li> </ul>				Location of First Aid Box
<ul style="list-style-type: none"> <li>are first aid notices clearly displayed giving names of nominated first aiders and location of first aid boxes</li> </ul>				
<ul style="list-style-type: none"> <li>for staff accidents is the yellow copy of the accident/incident form kept by the manager in a secure location and on site</li> </ul>				The yellow copy of the accident incident report form is kept to replace the old type accident book and to meet data protection requirements.
<ul style="list-style-type: none"> <li>are all staff aware of accident/incident reporting procedures for staff/patients and visitors and how to complete and accident/incident form</li> <li>are all staff aware of how to report a serious (moderate +) incident</li> <li>are copies of the accident incident form, the cause group booklet and the grading matrix readily available to all staff</li> </ul>				
<b>Additional Comments</b>				

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>Waste Management</i></b>				
<ul style="list-style-type: none"> <li>• do you have a copy of the waste management policy</li> <li>• are staff aware of the waste disposal procedures for domestic, clinical and confidential waste</li> <li>• are waste handling instructions displayed</li> </ul>				
<ul style="list-style-type: none"> <li>• are suitable containers provided for the collection of waste</li> <li>• are all waste bags/containers properly sealed and labelled</li> <li>• are arrangements for collection adequate to prevent build up in work areas</li> <li>• is waste awaiting collection stored in a suitable, lockable area</li> </ul>				
<ul style="list-style-type: none"> <li>• are staff aware of the procedures for collecting special waste such as clinical waste, fluorescent light fittings and waste electrical equipment (WEE Regulations)</li> </ul>				
<b>Additional Comments:</b>   				

## Section II

## *Food Hygiene & Safety*

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>Food Hygiene &amp; Safety</i></b>				
<b>* hand washing facilities</b> <i>is the basin clean</i> <i>is there any liquid soap</i> <i>are there paper towels</i>				
<b>* are the sinks</b> <i>clean and in good repair</i>				
<b>* is the waste disposal unit</b> <i>clean and working correctly</i>				
<b>* is the dishwasher</b> <i>clean and working correctly</i>				
<b>* is the refrigerator</b> <i>clean and working correctly</i> <i>door seal in good repair</i>				
<b>* is the deep freeze</b> <i>clean and working correctly</i> <i>door seal in good repair</i>				
<b>Additional Comments</b>          				

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>Food Hygiene &amp; Safety (cont.)</i></b>				
* is the cooker <i>clean, working correctly and in good repair</i>				
* is the combination oven <i>clean, working correctly and in good repair</i>				
* is the microwave <i>clean, working correctly and in good repair</i>				
* are all items of equipment <i>clean, working correctly and in good repair</i>				
* are all items of crockery/cutlery <i>clean, in good repair and stored hygienically</i>				
* are cupboard units <i>clean and in good repair</i>				
* are all worktops <i>clean and in good repair</i>				
* are floors <i>clean and in good repair</i>				
<b>Additional Comments</b>				



CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>Food Hygiene &amp; Safety (cont.)</i></b>				
* are the walls and paint work <i>clean and in good repair</i>				
* is the ceiling <i>clean and in good repair</i>				
* are the windows <i>clean and in good repair</i>				
* is the mechanical extractor <i>clean and working correctly</i>				
* are the light fittings <i>clean, working correctly and in good repair</i>				
* are all food items <i>within use by dates and stored correctly</i>				
* are food storage containers <i>clean and in good repair</i>				
Additional Comment:				

CHECKLIST	Please Tick			Findings & Comments
	Yes	No	N/A	
<b><i>Food Hygiene &amp; Safety (cont.)</i></b>				
* are cleaning materials <i>clearly labelled, stored correctly and securely</i>				
* are the fridge/freezer temperatures being recorded • do the records indicate that the current temperatures are being maintained				
* is the kitchen waste disposed of safely				
• have all items of electrical equipment been listed and checked / inspected				In addition to portable appliances all fixed / hard wired electrical equipment (i.e. items permanently wired in and not on a plug and socket) in kitchen area or food preparation area should be checked and inspected on a regular basis by a competent person. Contact estates to confirm inspection and testing.
<b>Additional Comments:</b>				

## Section III

## *Action Plan*

Any item that is found not to conform or requires remedial action should be listed below along with the name of the person responsible. On completion the date of completion should be entered to close the action.

Items requiring Action	Action By: <a href="#">Date Completed:</a>



## Section IV

### **GOOD HOUSEKEEPING GUIDELINES**

1. Good housekeeping is important in preventing accidents, spotting and removing the hazards is an important part of managing the workplace. These guidelines apply as much to offices and workshops, as they do to inpatient areas, daycentres and clinics, etc. Keeping work areas tidy will create a better working environment and mean fewer accidents.
2. Get workplace conditions right in the first place will make tackling such issues as slip and trip risks easier. Having the right floor surfaces and in good condition, ensuring suitable lighting for the task /environment, properly planning pedestrian and traffic routes separating them where ever possible and avoiding overcrowding are all important in providing a good safe environment.
3. Appropriately trained staff, particularly in the correct and safe use of any lifting and cleaning equipment is important. Having clear instructions and information as to who is responsible for what will help to minimise risks.
4. Ensure that cleaning methods and equipment are suitable for the type of surface being cleaned. These depend on several factors such as the type of surface, the materials being used and the location; these will have been identified by a suitable risk assessment. Take care not to create additional slip and trip risks, for example from residues not properly removed from a surface during cleaning.
5. While cleaning and maintenance work is being carried out, take care to avoid creating hazards. If possible fence off wet surfaces until dry or ensure warning signs are set out, take care with trailing leads from cleaning equipment and if possible carry out cleaning and maintenance during quieter hours. In inpatient areas discuss with clinical staff regarding cleaning times to ensure times of high activity are avoided.
6. A proper programme of maintenance will ensure that the steps you have taken remain effective. All necessary inspection, maintenance and repairs must be carried out promptly and by suitable qualified and authorised persons. Any defects or damage that may create a risk must be reported and steps taken to make the item /area safe. In addition it is important that suitable records are kept so that the system can be monitored and reoccurring problems identified.
7. **Lighting**

Lighting should suitable and sufficient to enable people to see any obstructions or hazards such as potentially slippery areas on floors etc, so they can work and move about safely. Replace, repair or clean lights before lighting levels become insufficient and create a hazard.

## **GOOD HOUSEKEEPING GUIDELINES Continued**

10. Arrange lighting and light fittings so they do not create dazzling light or glare that can make it difficult to see. Ensure light levels are not reduced by for example, goods stacked in such a way as to block light or cast shadows.
11. Local lighting should always be provided at staircases and changes of level; it is usually also needed at ramps where there is no change in colour, texture or flooring material from level walkway to ramp.

### **Flooring**

12. Poor floor conditions are a major cause of slips and trips. Regular checks should be made for loose flooring, holes and cracks in surfaces, loose and worn out rugs and mats, etc.
13. Even a good surface will become dangerous in certain conditions, for example if liquids are spilt onto it. Ideally, working practices and machinery should be arranged to prevent spills. However, where they do occur they should be cleaned up immediately or the area fenced off to make people aware until they can be cleaned up. Where floors are unavoidably wet or dusty through work activity, take special care in the choice of floor coverings or floor surface.

### **Obstructions**

14. Failure to tidy up properly and objects left in walkways and on corridors can easily go unnoticed and cause a fall. Where it is not possible to remove obstacles, take precautions to reduce the risk of accident by preventing access or warning people of the dangers, for example by using warning signs or hazard cones.

### **Footwear**

15. While much can be done to reduce hazards in relation to slip, trips and falls, there will always be some level of risk remaining. It is important to ensure all staff are wearing appropriate footwear for the task they are undertaking and for the area they are working in. Unless there is a specific need, identified and supported by a suitable risk assessment, open toe, flip flop style footwear is not appropriate in the workplace.