

## Health and Safety Policy

Reviewed:-29/07/21

### Why we have this Policy.

The Health and Safety at Work Act (1974) and the Management of Health and Safety at Work (Amendment) Regulations 2006 places duties on both employers **AND** employees. Often seen as a hierarchy of risk management:

#### Employees are also required to be responsible by:

- Report any shortcomings in health & safety arrangements
- Report dangerous situations
- Use equipment in accordance with training and instruction
- Take reasonable care of their own health & safety and those of others who may be affected by their acts or omissions

**This policy applies to all employees of the practice, dental associates, dental hygienists and other contractors providing services to the practice, such as anaesthetists.**

**The Act (H&S at W Act 1974) also requires employees to take reasonable care and co-operate with their employer to ensure their own and others' safety.**

### How our practice meets these standards

The practice management have undertaken all appropriate risk assessments, evaluated and recorded any significant findings, (because there are 5 or more employees).

The practice has appointed **Naomi Callaghan** to be the person who leads on health and safety and ensure safe working practices are always followed. If you believe that the practice management have failed to consider and manage a potential risk, it is your duty to bring it to the immediate attention of the appointed person.

#### This Practice has:

- Either displayed the approved poster *Health and safety law Poster OR* provided each worker with a copy of the HSE approved leaflet
- Published this updated Health and Safety Policy
- Identified what could constitute a hazard
- Recorded any findings and acted upon these to minimise and where possible eliminate risk
- Introduce precautions to protect all who might be affected
- Kept records of health and safety checks, inspections, written documentation
- provided evidence of compliance with the relevant legislation to any person who requests information

### What hazards have been considered?

There are many types of potential hazard that we all face in everyday life. A dental practice is not unique and we all must be vigilant.

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Assessing the risks to determine safe working practices is fundamental to much of the health and safety legislation and which also affect dental practices, for example COSHH, display screen equipment, fire safety, slips trips and falls and manual handling; to mention just a few.

There are a few which are more associated with dental practice procedures such as safe mercury handling, sharps injury from needle sticks or matrix bands, use of X Ray equipment and safe handling of hazardous waste.

### **Safety is EVERYONES responsibility**

The practice management will take considerations of safety at work extremely seriously and encourage all the staff members to immediately report any matters of safety to the named responsible person.

This practice uses the RP4 Blueprint system to help it to meet and exceed the legal duties placed upon employers by Management of Health and Safety at Work (Amendment) Regulations 2006.

You will be asked to take responsibility by performing the practice specific walk around risk assessment. This audit tool asks you to provide an unbiased assessment of how well you feel this practice management have addressed areas of safety within your place of employment. There is a updated Section which asks you to record details of when you have completed risk control procedures within the practice. The whole of **POISONED CHALICE** can be downloaded as a dated PDF document as evidence of compliance.

There is a Section towards the end '**Your Verdict Please**' which asks you to suggest areas which you feel could be improved.

We have adopted this system also for all new staff members to acquaint them with where emergency equipment is stored.

### **Great communication**

Open lines of communication and a clear and transparent sharing of information between staff at this practice is an essential part of health and safety management. Consultation on health and safety matters will be facilitated by means of practice meetings every month or as often as is deemed necessary.

### **Responsibilities**

1. The practice has appointed **Naomi Callaghan** to be the person who leads on health and safety and ensure safe working practices are always followed.
2. All employees and self-employed contractors share responsibility to achieve a healthy and safe workplace and to take reasonable care of themselves and others.
3. The following are responsible for safety in particular areas:

Angie Yilmaz	infection control, including waste
Kayleigh Whitehead	Medical emergency training, drugs, equipment and First Aid
Simon Holmes	radiation safety
Angie Yilmaz	amalgam/mercury hygiene
Angie Yilmaz	COSHH, manual handling, DSE

4. Other people responsible:

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Laura Woods	Safety training/ Fire Marshall
Naomi Callaghan	Investigating accidents
Naomi Callaghan	Monitoring maintenance of equipment
Samantha Atkins	Safety and security building
Samantha Atkins	Data Security
Liz Taylor	Safeguarding

### Fire safety

RP4 Blueprint strongly suggest that the fire risk assessment is frequently updated. The interactive document is found in RP4 Library as [Fire Risk Assessment RP4 docs 2017.docx](#) and that you use the

All staff in the practice should be aware of the action to be taken in the event of a fire, the evacuation procedure and the arrangements for calling the fire brigade. It is recommended that this is practised, and a note made in Practice Meeting Minutes that this has been done.

Staff are only expected to tackle a fire if it poses no threat to their personal safety to do so.

CQC will expect to see timed and logged fire drills on a regular basis (annual at least)

Escape routes must be free from obstruction at all times and adequately signposted. Fire alarms and smoke detectors are tested weekly with a log kept.

Fire extinguishers are inspected annually.

It is recommended that a **VISITORS BOOK** be kept identifying those who could be in the building other than patients and staff in the event of fire.

### Accidents and medical emergencies

The practice has appointed two people responsible for First Aid. The Policy of the practice is in line with requirements regarding qualification: <http://www.hse.gov.uk/firstaid/> (not mandatory)

There is a first-aid box and a list of telephone numbers of doctors and hospitals available to the practice. The sharps injury flow chart has emergency (local) contact numbers which are up to date and were last checked on Weekly basis.

Medical emergency drugs and equipment are all kept together, and a weekly log sheet of checking is maintained.

There is a hazard sign warning of the storage of oxygen.

All staff will be required to attend annual CPR/BLS certified training on site at the practice. There should be arrangements for any staff absent on the training day to receive training within as short a timeframe as possible to keep everyone similarly up to date

All accidents must be entered in the accident report book, reported to the named lead who will decide whether the accident or incident should be reported to the Health and Safety Executive. There are Forms for this purpose.

It is extremely important that accidents are prevented wherever possible and that when an incident or near miss occurs, it is fully written up in a report form and discussed in a Practice meeting so that measures can be taken to prevent future occurrences.

### Display screen equipment

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Staff who use display screen equipment (DSE) regularly will receive appropriate training. This should reduce the risk of untoward repetitive strain injury and optimise the ergonomics of working.

Eyesight tests can be arranged on request and corrective eyewear, if required for use with DSE can be provided. A footrest and wrist pad is provided if required by the user. Suitable regular breaks should be made during long periods of screen use.

### Electrical and gas safety

There are regular visual inspections on all portable electrical equipment at the practice. All staff members are expected to be alert to any areas which may present a risk such as unsuitable positioning of electrical apparatus near a water source, frayed or damaged wiring, evidence of overheating or scorch marks etc.

Records of inspections are maintained and kept and also form a part of the **POISONED CHALICE**.

A combined inspection and test of portable electrical equipment is carried out every three years (PAT test) and every five years for fixed electrical items.

Gas appliances are tested annually and a CO detector placed near to any relevant item, such as gas boiler.

### Manual handling operations

Where there is a risk of injury, manual handling operations must be correctly planned to avoid injury. An assessment of the task should be undertaken taking into account the load, the working environment and the capability of the individual involved and the correct lifting technique. Assistance should be requested from other staff members within the practice.

### Personal protective equipment

Personal protective equipment is provided in those circumstances where employees are exposed to risks to their health that cannot be controlled by other means. Comprehensive training on its use, maintenance and purpose is provided as appropriate.

The practice management maintains such equipment and further supplies and requires that all staff performing exposure prone procedures are expected to use full PPE.

It is the responsibility of all staff members to inform the relevant appointed lead person if PPE equipment is damaged or requires replacement.

### Training

All staff will require training and it is individual staff members responsibility to record their training in individual training files which are kept at this practice and to ensure that the lead person has a record of their training on the Training Matrix summary sheet.

Training requirements and personal development needs should be regularly discussed at an appraisal meeting.

Training includes advice on the use and maintenance of personal protective equipment appropriate to the task concerned and emergency contingency plans.

Special training is required for the following due to their hazardous nature:

- Use of the autoclave for the sterilisation of instruments
- Decontamination of equipment prior to sterilisation
- Disposal of used local anaesthetic cartridges and needles
- Changing of metal matrix band strips
- Taking of any dental radiographs

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- Processing of radiographs

#### **Visitors and contractors**

All visitors to the practice (with the exception of patients) should sign the Visitors Book and be made aware of the hazards present and what precautions might be required.

#### **Work equipment**

All equipment used in the practice is maintained in good working order and repair. Where appropriate, equipment is clearly marked with health and safety warnings and staff provided with adequate protection. Equipment maintenance is undertaken as recommended by the manufacturer.

In the event that a staff member becomes aware of a malfunction, it is their responsibility to report this immediately to the appropriate person.