

## **AGE UK EXETER**

### **Controlled Document**

#### **Document Name: Health and Safety Policy**

Document Version Number: 11

Agreed by Risk and Quality Committee on: 24.03.26

Approved by Board of Trustees on: 28.04.26

Review Schedule: Every year

Next review due: April 2027

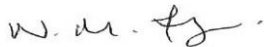
Owner (Responsibility) CEO

Amendments to: Governance Lead

Revision History: See end of document

Document location: [www.ageuk.org.uk/exeter/about-us/policiesandguidelines](http://www.ageuk.org.uk/exeter/about-us/policiesandguidelines)

Signed:



### **Document Description**

This document outlines Age UK Exeter's (AUKE's) position on health and safety. AUKE, as an employer and service provider, recognises the importance of health and safety. The following policy outlines the control measures to create a safe environment.

### **Implementation and Quality Assurance**

Implementation is immediate and this policy shall stay in force until any alterations are formally agreed.

The policy will be reviewed every year by the Board of Trustees, sooner if legislation, best practice, or other circumstances indicate this is necessary.

All aspects of this policy shall be open to review at any time. If you have any comments or suggestions on the content of this policy, please contact the CEO on [info@ageukexeter.org.uk](mailto:info@ageukexeter.org.uk)

# **Health and Safety Policy**

## **1. Statement of Intent**

AUKE, as an employer and service provider, recognises the importance of health and safety. The following policy outlines the control measures to create a safe environment.

Our Health and Safety Policy aims to:

- Prevent accidents and cases of work-related ill health
- Manage health and safety risks in our workplace
- Provide clear instructions and information and adequate training to ensure employees and volunteers are competent to do their work
- Provide personal protective equipment where necessary
- Consult with employees and volunteers on matters affecting their health and safety
- Maintain safe and healthy working conditions
- Implement emergency procedures, including evacuation in case of fire and other significant incidents
- Review and revise policy regularly in consultation with the Board of Trustees.

## **2. Responsibilities for Health and Safety**

Over-all and final responsibility for health and safety lies with the Board of Trustees and Nicky Flynn (CEO). Through committees, analysis, staff consultation and regular review, the Risk and Quality Committee, Board and CEO will review compliance.

Day to day responsibility for ensuring this policy is put into practice lies with individual service leads/line managers and all staff members.

To ensure health and safety standards are maintained and improved, all staff and volunteers work together and have good methods of communication and sensible, effective arrangements for health and safety as detailed below.

## **3. Arrangements for Health and Safety**

### **a) Risk Assessment**

Responsibility: CEO, Line Managers, Service Leads, Governance Lead.

Individual service leads and officers will prepare risk assessments for their service or group in conjunction with the governance lead and actions arising out of those risk assessments will be implemented. Staff and volunteers will agree at induction that they can work within the remit of the risk assessment and risk assessments will be reviewed annually or sooner if conditions or best practice change.

### **b) Training**

Responsibility: Staff member with responsibility for training/ currently Social Support Lead. Also, Line Managers and Governance and Administration Team.

Training needs are identified by line managers, policy, and best practice requirements. The governance lead is responsible for collating online training reports to help ensure training is up to date and the training administrator plans and collates other training records. Good quality in-house training is delivered by our Social Support Lead.

Current mandatory training for staff includes general training, manual handling, safeguarding, and boundary training. Equity, Diversity and Inclusion, GDPR training and Display Screen Equipment training is also mandatory and actioned online two yearly. Dementia awareness training is delivered to all staff within the probationary period. Service Leads complete Devon County Council (DCC) level 2 safeguarding training three yearly. They also complete DCC mental capacity training. Some staff are required to complete first aid training and/or food hygiene training. This is mandatory if required. The fire marshals must complete online fire warden training annually.

Volunteers are required to complete general training three yearly, safeguarding training two yearly and manual handling training annually if required.

Trustees are asked to complete general training three yearly.

Staff and volunteers can access further training in consultation with their line manager as required. Staff have access to Flourish, an online training suite provided free of charge by Age UK national. This has excellent health and social care training, fire safety training, display screen equipment training, and other training that supports our health and safety procedures.

### **c) Consultation**

Responsibility: Board, CEO, Governance, Line Managers.

Staff and volunteers are routinely consulted on all matters, through staff meetings, Senior Management Team meetings, regular engagement, and one-ones. Staff are encouraged to voice concerns as they arise and we have a suggestions, concerns, and complaints form, easily obtainable for all visitors. Health and Safety concerns are expressly addressed at the beginning of every one-one session.

### **d) Accident reporting and investigation**

Responsibility: CEO, Risk and Quality committee, Administration, Governance.

The administration team actively collates accident, incident and near miss reports. All line managers, staff, and volunteers must report any accidents, incidents or near misses. The governance lead is responsible for analysis of accident and incident reports and reporting to the Risk and Quality committee and Board. The Risk committee and CEO note any trends and review and action changes required.

### **e) Monitoring**

Responsibility: Board, Risk committee, CEO, Governance, Administration.

Health and safety arrangements are monitored through relevant committees and meetings. This Health and Safety Policy and Risk Assessments are reviewed annually. The workplace is inspected annually, including systems and alarms

checks, fire safety checks, heating checks, water quality checks and portable appliance tests (PAT). We have a buildings management compliance list that is a live document that is regularly updated with systems checks and dates.

We also have a good relationship with the fire safety partnership who provide us with advice and expertise quarterly. [www.dsfire.gov.uk](http://www.dsfire.gov.uk).

#### **f) Outside providers**

Responsibility: CEO, HR and Finance Manager, Governance and Operations Manager.

It is ensured that all out-side providers are legally compliant and have the relevant health and safety certificates and insurance relevant to their trade or area of expertise.

#### **g) Safe systems of work**

Responsibility: CEO, Operations Manager, Finance and HR Manager and Line Managers.

All members of staff and volunteers complete an induction, including manual handling training. We also have a bespoke induction PowerPoint to help ensure all essential points are covered. The workplace is assessed to be a safe place of work and risk assessments are completed of the site. All offices have windows and good airflow, and office-based staff complete a workstation self-assessment in consultation with their line manager. Toilets, hand-washing facilities and drinking water are provided and there is a system in place to report defects and get facilities repaired. The building is kept warm in winter, and staff have access to extra equipment, including personal, protective equipment (PPE) if requested.

Staff are asked to remain out of the office or client's home if they have signs of active infection. They must stay off work for 48 hours if they have had a case of diarrhoea or vomiting. All staff must report into the duty phone by 9am to report any incident of ill health.

If a client has active signs of infection, they are offered a remote or doorstep drop service and staff are encouraged to wear extra PPE to deliver items in the client's home. Staff are under no pressure or expectation to complete a visit if they feel unsafe due to a client's ill health or otherwise.

Relevant staff and volunteers are instructed in the safe handling/use of substances hazardous to health and are encouraged to wear gloves to carry out cleaning tasks where required.

Staff receive guidance on lone working and have work phones where appropriate.

Driving checks are carried out on all staff and volunteers who require use of their car to complete their work.

All staff have at least basic DBS checks, appropriate to their role.

## **h) Emergency Procedures/Evacuations**

Responsibility: Fire Marshals, First Aiders, Administration Team, Staff Members.

Evacuation plans are tried and tested and updated if necessary. Escape routes are well sign posted and always kept clear. Fire alarms are tested weekly. Six members of inhouse staff are appointed as fire marshals and receive the appropriate training annually. Fire drills take place every three months.

## **i) Equipment**

Responsibility: CEO, Line Managers, Administration Team.

The Health and Safety Law Poster is displayed in the lobby at the main site.

Personal, protective equipment (PPE) is provided to staff if requested. Staff have access to workstation devices to aid their work and can access other devices to aid the service they deliver where required.

## **j) First Aid**

Responsibility: Line Managers, First Aiders, Administration Team.

The First Aid box is located in the main reception area at Sycamores. Accidents and ill health at work is reported under RIDDOR: (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). The accident and incident forms are clearly visible next to the first aid kit in the foyer. The first aider on duty is marked on the white board in the foyer, as are the fire marshals on duty. A list of current first aiders can be obtained from the Governance Lead or a member of the SMT. We also have a defibrillator next to the first aid kit in the foyer that is tested weekly.

## **k) Visitor Safety**

Responsibility: All staff

A risk assessment is carried out for the main site. The building is well lit and has wheelchair access. The building also provides accessible toilets. Staff are available to aid visitors if required. All staff and visitors are asked to sign in and sign out.

## **l) Welfare**

Responsibility: CEO, Line Managers.

Welfare is put at the top of one-one sessions. The team has access to clinical supervision three monthly provided by an NHS psychotherapist. The staff team also have access to the Employee Assistance Programme through Age UK national. We also have links with Able Futures who can provide a free, confidential 9-month intervention for staff.

## **m) Environmental Controls**

Responsibility: CEO, Administration Team, Cleaning.

Special consideration is given to the disposal of waste materials. Items for recycling are disposed of in one outside bin. If sharps/needles are found around the site, they are safely disposed of by the neighbouring Health Centre team.

## **n) Arrangements for the control of Specific Hazards, eg. Hazardous Substances**

Responsibility: CEO, Administration Team, Cleaning  
 Training is given if staff are required to handle or dispose of hazardous substances.  
 PPE is provided if requested, risk assessments are completed, and cleaners are encouraged to wear gloves.

**o) Adherence to best practice**

Responsibility: Board, Risk and Quality Committee, CEO, Governance.  
 Attention is given to changes in best practice, law, and legislation in line with the Health and Safety Executive (HSE).

<b>Revision date</b>	<b>Summary of Changes</b>	<b>Other Comments</b>
12 January 2016	Approved by the Board of Trustees	Next review due January 2017
10 January 2017	Approved by the Board of Trustees	Next review due January 2018
9 January 2018	Approved by the Board of Trustees	Next review due January 2018
7 January 2019	Routine review by the Standards Committee – minor amendments relating to location of first aid boxes.	Recommended to the Board for approval.
15 January 2019	Approved by Board of Trustees	Next review due January 2019
14 January 2020	Reviewed and approved by Board of Trustees	Next review due January 2020
25 October 2022	Rewrite based on Health and Safety Executive (HSE) Template, approved by Risk Committee 10.11.22. Approved by Board 13.12.22	Next review November 2023
15.11.23	Annual review. Updated to outline current practice, added about Grey Matter Learning, taken out MIS provisions and updated responsibilities.	Approved 13.02.24
14.03.25	Updated in line with current best practice.	
27.02.26	Updated to reflect new training requirements and to take out the need for covid testing. New format to improve readability.	