

Corporate	CCC CO25: Provision of Use of Work Equipment Policy	
Version Number	Date Issued	Review Date
V1.2	April 2020	April 2022

Prepared By:	NECS Governance Manager (H&S/Fire/Security)
Consultation Process:	NHS Northumberland Clinical Commissioning Group
Formally Approved:	April 2020

Policy Adopted From:	CO25 Provision of Use of Work Equipment Policy (1.1)
Approval Given By:	Acting Head of Corporate Affairs

Document History

Version	Date	Significant Changes
1	March 2017	New Policy
1.1	April 2020	No legislation or impact on external environment factors identified. Extension request due to COVID19 priorities.
1.2	January 2021	Extended for 12 months in light of COVID19

Equality Impact Assessment

Date	Issues
December 2016	See section 9 of this document

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact norccg.enquiries@nhs.net



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1. Introduction

The Provision and Use of Work Equipment Regulations 1998 (PUWER 98) are made under the Health and Safety at Work etc. Act 1974 (HSW Act) and came into force on 5 December 1998. PUWER 98 brings into effect the non-lifting aspects of the Amending Directive to the Use of Work Equipment Directive (AUWED). The primary objective of PUWER 98 is to ensure that work equipment should not result in health and safety risks, regardless of its age, condition or origin.

1.1 Status

This policy is a corporate policy.

1.2 Purpose and Scope

The aim of this policy is to ensure that the CCG meets its statutory obligations in reducing the risks in relation to the provision and use of workplace equipment and any equipment used in the course of any CCG employees daily duties.

This policy is available to all employees, volunteer's contractors and any others identified as being at risk.

The purpose is to:

- Ensure the CCG provides a safe working environment;
- Ensure that the appropriate risk assessments and control measures are in place.

2. Definitions

There are no abbreviations, technical terms or acronyms within this policy.

3. Safe Use of Work Equipment

3.1 Procurement

All equipment purchased for use in the CCG including work and lifting equipment, must be procured in accordance with the organisations Standing Financial Instructions and Procurement Policy.

Equipment should be ordered via the Supplies Department, irrespective of the funding source. Details regarding on-going maintenance and servicing must be agreed and arranged at the time of purchase.

3.2 Equipment Risk Assessment and Suitability

There is a requirement under the Management of Health and Safety at Work Regulations 1999 (as amended) for a general risk assessment which may include:

- Weather conditions and environment that the equipment is used in;

- Selection of suitable work and lifting equipment and accessories for the tasks and processes that make it possible to eliminate or reduce risks;
- Safety measures that can be taken to make the use of equipment safer;
- The positioning of work and lifting equipment to make it safer.

3.3 Special Inherent Equipment Risks

Some equipment will have a specific risk associated with it and the manager must ensure that use of that equipment is restricted to those individuals who have been trained and given the task of using it.

3.4 Marking of Equipment Associated with Health & Safety Hazards

All equipment where necessary should be clearly marked in respect of any aspect relating to health and safety.

4. Duties and Responsibilities

Accountable Officer	The Accountable Officer has delegated responsibility to the Joint Locality Executive Board (JLEB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Governance Manager (H&S)	The Governance Manager (H&S) advise on: <ul style="list-style-type: none"> • adaptations required to enable employees with a disability to commence/remain in employment, including any adaptations required for the safe use of equipment; • advising managers on any work adjustments required for the safe use of working equipment; • advise on manual handling risk assessments for the safe use of work equipment; a • incidents relating to the use of work equipment.

<p>CCG Responsibilities</p>	<p>The CCG will ensure that:</p> <ul style="list-style-type: none"> • adequate resources are available to enable the organisation to comply with the statutory duties of the Health and Safety at Work etc. Act 1974, the Provision and Use of Work Equipment Regulations 1998, Lifting Operations and Lifting Equipment Regulations 1998; • adequate and suitable risk assessments are carried out for staff required under the Management of Health and Safety at Work Regulations 1999 and introduce control measures to eliminate or minimise the risks; • when selecting work equipment the working conditions and the risks to the health and safety of persons which exist in the premises or how that work equipment is to be used and any additional risk posed by its use are considered; • that work equipment is so constructed installed or adapted as to be suitable for purpose for which it is used or provided; • the equipment is accompanied by suitable safety measures, e.g. protective devices, markings, warnings; • work equipment is used only for operations for which, and under conditions for which, it is suitable; • only people who have received the relevant information, instruction and training are permitted to use the equipment. <p>An asset register of all equipment will be kept.</p>
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Managers Responsibilities	<p>All Managers are responsible for the health and safety of the staff, service users and workplaces. They must ensure when using equipment at work:</p> <ul style="list-style-type: none">• that appropriate training is provided;• adequate supervision is provided;• that testing, maintenance, inspection, service and calibration of equipment is in place;• all equipment is assessed to identify significant risks to employees and other persons;• control measures are implemented to eliminate or reduce risks to a minimum;• assessments and controls are recorded and reviewed;• safe working procedures are monitored and reviewed;• staff are competent to use equipment supplied for their workplace activities;• that staff are familiar with the equipment and it's use;• appropriate statutory signs relevant to the equipment used are displayed; <p>Any faulty equipment is removed from service and reported.</p>
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Employee's Responsibility	<p>All employees have a responsibility to:</p> <ul style="list-style-type: none"> • only use equipment if they have had the appropriate training; • check workplace equipment prior to use; • report any defect, failure, hazard or any risk that may arise from the use of equipment; • ensure that they are familiar with any risk assessments; • use safe working procedures. <p>It is the responsibility of all staff to report any defects of equipment which pose a risk to their manager.</p>
Commissioning Support Unit Staff	<p>Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures of their employing organisation.</p>

5. Implementation

- 5.1 This policy will be available to all Staff for use in relation to the specific function of the policy.
- 5.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

6. Training Implications

The sponsoring director will ensure that the necessary training or education needs and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.

7. Related Documents

No related documents within this policy.

8. Monitoring, Review and Archiving

8.1 Monitoring

JLEB have delegated the monitoring of the policy to Governance Group. Monitoring information will be recorded in the policy database.

8.2 Review

8.2.1 Governance Group will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. Governance Group will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process

8.3 Archiving

Governance Group will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice for Health and Social Care 2016.

9. EQUALITY IMPACT ASSESSMENT

As a public body organisation we need to ensure that all our strategies, policies, services and functions, both current and proposed have given proper consideration to equality and diversity, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership, Carers and Health Inequalities).

A screening process can help judge relevance and provides a record of both the process and decisions made.

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Lee Crowe

Role: Governance Manager, H&S, Fire, Security

Title of the service/project or policy

Provision of Use of Work Equipment Policy

Is this a:

Strategy / Policy

Service Review

Project

Who will the project/service /policy / decision impact?

Consider the actual and potential impacts:

- Staff
- service users/patients
- other public sector organisations
- voluntary / community groups / trade unions
- others, please specify:

If other, please specify:

What are the aim(s) and objectives of the service, project or policy:

The aim of the policy is to ensure CCG considers Health and Safety along with its other business objectives and to ensure that the CCG follows the details stipulated within H&S Regulations.

Questions	Yes	No
Could there be an existing or potential impact on any of the protected characteristic groups?		X
Has there been or likely to be any staff/patient/public concerns?		X
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		X
Could this piece of work affect the workforce or employment practices?		X
<p data-bbox="98 667 791 698">Does the piece of work involve or have an impact on:</p> <ul data-bbox="146 797 877 936" style="list-style-type: none"> <li data-bbox="146 797 877 864">• Eliminating unlawful discrimination, victimisation and harassment <li data-bbox="146 869 877 900">• Advancing equality of opportunity <li data-bbox="146 904 877 936">• Fostering good relations 		X

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

The procedure is a review of an existing procedure and has received only minor updates. There is no fundamental change to the content therefore the previous EIA which concluded 'no impact' remains appropriate.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document.

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening

Name	Job title	Date
Lee Crowe	Governance Manager	December 2016

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

A copy of all screening documentation should be sent to: **NECSU.Equality@nhs.net** for audit purposes.