Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

ELECTRICAL SAFETY POLICY

POLICY

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	x		
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CONTENTS

APPENDICIES

1.0 INTRODUCTION

This policy is issued and maintained by the Director of Strategic Planning & Commercial Development [the sponsor] on behalf of Sherwood Forest NHS Foundation Trust [herein known as the Trust], at the issue date defined on the front sheet, which supersedes and replaces all previous versions.

The Trust is responsible for ensuring the health, safety and welfare of its employees, patients and others on its premises relating to Electrical safety. This commitment is demonstrated through compliance with all statutory requirements and codes of practice in all premises for which it is responsible.

The Health and Safety at Work etc. Act 1974 places a duty on the Trust to ensure that all equipment, plant and machinery is adequately maintained in a safe condition so as not to present a risk to its employees or other persons.

The Electricity at Work Regulations 1989 further extend the Act placing a duty on employers (Directors, Managers and Heads of Service) to ensure that all electrical equipment and electrical supply systems are maintained in a safe condition and that only competent persons are permitted to work with, repair or maintain electrical systems or apparatus. The Electricity at Work Regulations applies to all places of work and to electrical systems at all voltages.

The primary objective of this policy is to ensure a robust management system for the effective control of electrical systems throughout the Trusts premises, to minimise the risk of causing harm or fire to patients, visitors, contractors, staff and property

2.0 POLICY STATEMENT

This policy sets out the management approach to be adopted by the Trust and their PFI Partners [herein known as partners] [Central Nottinghamshire Hospitals Plc. [CNH Plc. or 'Project Co']] and their service providers [herein also known as partners] [SFS]]; for operating, inspecting and maintaining the High Voltage and Low Voltage Electrical Infrastructure.

The Partners for the Trust complete all maintenance of High Voltage and Low Voltage systems across the various properties the Trust occupy or own [This includes Mansfield Community Hospital]. The Trust recognises it retains a duty of care to ensure these electrical systems are being managed appropriately.

The Trust will establish the conditions whereby the use of both electrical power and equipment connected to the electrical installation will, so far as is practicably, be adequately controlled and safe.

This policy aims to ensure that all risks to staff and others from exposure to electrical hazards at work are adequately controlled and that all electrical systems are maintained to a high standard by performing in-service inspection and testing.

This policy seeks to both set out and define the Trust's management approach and commitment to maintaining a safe electrical system on its premises, as well as providing a framework for

partners to adopt when coordinating the management of risk.

This policy and the procedures outlined require the cooperation of all employees, all regular building users and contractors who also have responsibilities to ensure a safe and healthy working environment is maintained at all times.

For the purposes of this policy the Trust Estate comprises all the buildings owned or occupied under a full maintenance lease or otherwise by the Trust. This policy applies to all the properties owned or managed on behalf of Sherwood Forest Hospitals NHS Foundation Trust

This policy should also be read in conjunction with local Standing Operational Procedures (SOP) and the safe systems of management that they describe, for working and managing electrical systems on a day-to-day basis.

Complimentary or relevant trust policies to be read in conjunction with this policy:

- Control of Contractors Policy.

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust: This means Sherwood Forest Hospitals NHS Foundation Trust.

Staff: Means all employees of the Trust including those managed by a third party organisation on behalf of the Trust.

Private Finance Initiative [PFI]: The initiative under which the Trust has entered into an agreement with partners to build and provide certain services [such as Planned Preventative Maintenance [PPM]] at its hospitals.

PFI Project Agreement: The agreement or contract between the Trust and partners for the building of the new hospital buildings and the provision of a facilities management services.

Project Co.: This is the term used for the Central Nottinghamshire Hospitals PLC [or CNH]. It is the organisation appointed by the Trust who built the new hospital buildings, provide facilities services and then manage these facilities for the life of the contract, at which time they are then handed back to the Trust

Skanska Facilities Services [SFS]: This is the organisation appointed by Project Co to provide certain facilities management services including estates and maintenance functions.

Schedule 14 Specification The part of the PFI Project Agreement mainly concerned with the facilities management services provided by Project Co through their subcontract with SFS.

Schedule 22 variations The part of the PFI Project Agreement mainly concerned with Trust variations enquiries in regards to the PFI contract

High Voltage: A voltage in excess of 650 volts AC

Low Voltage: A voltage exceeding 50v AC or 120v DC between conductors or earth, but not exceeding 1000v AC or 1500v DC between conductors or 600v AC or 900V DC between any conductor and earth.

PAT: Portable Appliance Testing is the testing of portable appliances (at a frequency that would be sensible for the items use based on its environment, this can be risk based) to meet the requirements of the IEE code of practice for In-service Inspection and Testing of Electrical Equipment.

Electrical Equipment: Anything used, intended to be used or installed for use, to generate, transmit, transform, rectify, convert, conduct, distribute, control, store, measure or use electrical energy.

Mansfield Community Hospital NHS Property Services are the owners of Mansfield Community Hospital and therefore have a responsibility as a duty holder. Sherwood Forest Hospitals NHS Foundation Trust occupies certain areas of the building for services to the local community. The Trust's Partners through Skanska Facilities Services [SFS] provide the maintenance via the PFI agreement.

Nottinghamshire Health Informatics Service [NHIS] provide information, communication and technology [ICT] services for the Trust and therefore have the same responsibilities as the Trust and its partners.

Mobile units (MRI/Theatres etc.): Medical facilities units, mobile theatres, scanners, etc. are self-contained with their own installation and designed to be connected to a supply by, for instance, a plug and socket. The standard installation protective measures against shock are required with the added requirement that the automatic disconnection of the supply should be by means of an RCD. A valid Inspection and Testing certificate should be provided with the unit prior to connection to the Trust's infrastructure. Copies of the certificate should be made and retained by the department for the duration of the use.

4.0 ROLES AND RESPONSIBILITIES

This section details the general responsibilities of all relevant persons and groups. An 'organogram' showing responsibility structure is appended to this policy [Refer to Appendix 1].
The Trust and its partners all have responsibilities as duty holders to ensure they maintain the electrical safety in all its premises.

Below the responsibilities are defined for each role within the Trust and its partners.

4.1 Trust Board

The Trust Board, through The Chief Executive (who is the Trust Duty Holder), has overall responsibility for Health and Safety within The Trust, and as so carries the ultimate responsibility for providing a safe and appropriately functioning environment for patient care.

4.2 Collective Responsibilities (Policy & Procedures)

The Trust and its PFI partners both have responsibilities as duty holders to ensure they maintain the provision of electrical safety. Each key party of the PFI scheme (Trust, Project Co and Skanska Facilities Services) has relevant responsibilities to develop, implement, manage and monitor the safety and quality and resilience of these key systems. This is undertaken both through policies and procedures that reflect each party's respective responsibilities as responsible partners.

The 'principal' duties and responsibilities of the key appointments are highlighted below

4.3 TRUST Duty Holder

The Chief Executive is the statutory Duty Holder. The Duty Holder and the Board have overall responsibility for Health and Safety within The Trust, including electrical safety. They shall appoint in writing the Trust Designated Person [Electrical].

4.4 TRUST Designated Person [Electrical]

Is the Trusts Director of Strategic Planning & Commercial Development, who is the Appointed Board Level Executive responsible for electrical safety. Under the direction of the Chief Executive they are therefore responsible for the organisational arrangements, which will ensure that compliance with standards is achieved and that where problems occur, they are identified and resolved with minimum risk to employees, patients or members of the public. They shall appoint in writing the Trust Senior Operational Manager.

4.5 TRUST Senior Operational Manager

Is the Senior Operational Estates Manager who is appointed in writing by the Trusts Designated Person. They fulfil the appointed Senior Operational Management role, under the direction of the Trust Designated Person [Electrical] and as such, have responsibility for co-ordinating resources, ensuring the policy is reviewed, ratified and implemented.

They will be responsible for notifying SFS, via Project Co, in advance of any works on electrical systems initiated by the Trust if undertaken outside of the formal PFI schedule 22 change process. For changes on the site covered by the PFI Variation process i.e. works undertaken by Project Co the PFI variation process will cover off notification to Project Co and SFS of new systems to be added to the scheme of control. The Trust will ensure that its directly employed contractors comply with SFS' permit procedures.

4.6 TRUST Head of Department/General Manager/Clinical Lead

The Head of Department/General Manager/Clinical Lead is responsible for ensuring the provision and safe use of equipment from the plug onwards and are responsible for the maintenance of equipment in their areas which are not maintained either by Estates, ICT or Medical Engineering. Where appropriate a maintenance contract should be raised to ensure that the equipment is fit to connect to the Trust fixed electrical network.

Any training for staff that use equipment connected to the electrical supply system must be recorded in a format that can easily be audited and reviewed. This training should form part of the local induction procedure.

4.7 TRUST Medical Engineering Department

Medical Engineering is responsible for the electrical safety of all medical equipment. All medical equipment in use within the Trust, whether owned, on hire to, or hired by the Trust shall be electrically safety checked at commissioning prior to first use on site and periodically at planned preventative maintenance (PPM) intervals as determined by Medical Engineering and/or the manufacturer. This arrangement covers all except for devices under the PFI Contract "Equipment Responsibility Matrix" where alternative arrangements exist (e.g. with SFS for hoist-associated, drugs fridges, plinth/couches etc.).

4.8 The Information, Communication and Technology Department [NHIS]

The Information, Communication and Technology department is responsible for the electrical safety of all IT and communications portable electrical equipment (printers, laptops, PC's, monitors etc.) and such equipment shall be electrically safety checked at commissioning prior to first use. A risk assessment will be carried out and regularly reviewed to determine the frequency of further testing.

4.9 Staff / Users of Electrical Equipment

Users of electrical equipment have a duty to use the equipment safely in accordance with the training given and the manufacturer's instructions. Prior to each use staff shall visually inspect portable electrical appliances for damage (i.e. frayed or damaged cables, burn marks on cables or plugs, coloured wiring visible or loose etc.) and ensure that it carries a valid PAT test label.
Staff should also be mindful of potential for serious incidents to occur in particular:

Contexts or environment specific examples include

1) Damage to air mattress power cords from poor management (e.g. left on floor where bed wheels could cut through exposing live conductors

2) Inappropriate direct installation of humidified oxygen water reservoirs, where mounting should always be on a remotely positional IV pole stand.

Further advice is available from MEMD's website and in Appendix 2 (Visual User Checks). Trust staff identifying such faults should remove the equipment from service, clearly label the faulty item with a 'DO NOT USE' label indicating the date taken out of service, the ward or department, the contact name in the ward or department, and contact the relevant department for the repair or replacement of the equipment.

All portable appliances shall undergo either an inspection or test, undertaken by a competent person, at regular intervals in accordance with current regulations.

Where inspection of any portable electrical appliance by a competent person which, in their opinion, gives rise to an imminent risk of serious personal injury to the user or others, that appliance will be rendered safe by taking the appropriate action to prevent further use of the

appliance. The Trust will not accept any liability for loss of work/data or any other inconvenience as a consequence of taking the appliance out of service on the grounds of safety.

As part of pre-use checks, Staff should ensure that the medical device (and where appropriate its detachable power cord) are labelled with evidence of a completed safety test in the last 12 months. Where a risk assessment outcome favours continued use of a last test date exceeding 12 months, staff should ensure that subsequent to its current use, it is reported for testing

Portable electrical appliances owned by employees are not to be brought onto Trust premises, connected to the Trusts' electrical supply system or used in the workplace. All Directorate management teams are responsible for ensuring that any such items are immediately removed from the Trust's premises.

Extension leads may be used as a temporary solution to provide additional socket outlets or to provide power during a mains failure from an alternative source. These leads must have been inspected and tested before use and have an in date Pat test and should only be used for shortest period of time as possible.

Schedule 13 of the PFI Project Agreement provides guidance on both ownership and responsibilities for testing of equipment.

4.10 Purchasing and Supplies

Trust staff initiating purchase requests must ensure that the equipment to be obtained is suitable for the use in the environment intended. The Hard FM department should be consulted for advice for non-medical equipment and Clinical Engineering for medical devices, in the first instance. So far as is reasonably practicable, equipment conforming to the appropriate British Standard should be purchased. When obtaining foreign equipment, the purchaser shall ensure that the equipment is at least as safe as equipment constructed to the equivalent British Standard. Where the equipment is energy rated then the most energy efficient model option should be purchased.

4.11 TRUST Other Professionals [i.e. Capital planning / Strategy / Projects].

Capital Project Officer/Managers will consult with the appointed external specialist with respect to electrical capacity and compliance as follows:

All new and altered electrical systems shall comply with the requirements of documents series HTM 06.
All new and altered electrical systems shall comply with the requirements of this policy and current regulations.
The specification and the consulting engineer's competence and interpretation of the requirements.
The contractor's competence and their interpretation of the requirements.
The engineer's competence and interpretation with respect to site conditions, the existing and new installation and commissioning requirements.
The Clerk of Works competence and interpretation of the requirements.

4.12 PROJECT CO [CNH] Duty Holder

Project Co is not an employer and therefore does not have duties under Section 2 and 3 of the Health and Safety at Work etc. Act, the Management of Health and Safety at Work Regulations 1999 or the Control of Substances Hazardous to Health Regulations 2002. Project Co has entered into a sub-contract with SFS in respect of certain of its obligations under the PFI agreement with the Trust. SFS is an employer and has duties under the above requirements. Project Co does however have duties under Section 4 of the Health and Safety at Work etc. Act to take such steps as are reasonable to ensure so far as is reasonably practicable the premises over which it has control are safe and, as such is a "Duty holder" for the purposes of both this policy and Section 4 of the Health and Safety at Work etc. Act in relation to those matters for which it is responsible under the PFI agreement with the Trust. They shall appoint in writing the PROJECT CO Designated Person [Electrical].

4.13 PROJECT CO [CNH] Designated Person [Electrical]

The General Manager for Project Co is the PROJECT CO Designated Person [Electrical] they shall be appointed in writing by the PROJECT CO Duty Holder for Project Co. They shall have responsibility for compliance with this policy document.

4.14 SKANSKA FACILITIES SERVICES [SFS] Duty Holder

The SFS Chief Executive is the statutory Duty Holder. The Duty Holder has overall responsibility for Health and Safety within SFS, including electrical safety. They shall appoint in writing the SFS Designated Person [Electrical].

4.15 SFS Designated Person [Electrical]

The General Manager for SFS is the SFS Designated Person [Electrical] they shall be appointed in writing by the SFS Duty Holder.

Has responsibility for ensuring that suitable information, instruction and training is provided to the SFS Authorised Person/s [Electrical] & SFS Competent Persons. Ensure any risk assessments remain current and are reviewed and updated as required.

They shall inform the TRUST, Project CO & SFS Designated Person [Electrical] when system non compliances / deficiencies are found. They shall appoint in writing the Independent Authorising Engineer [Electrical].

4.16 SFS Independent Authorising Engineer [Electrical]

This independent engineer (contracted by SFS to provide expert support and to control the appointment of their AP's) will be suitably qualified in accordance with the requirements of HTM 06 series and have specialist knowledge of the systems on each site.
The specialist acting in this role will be responsible for:

- Having specialist knowledge of High Voltage and Low Voltage systems in SFHFT, in particular the systems for which an Authorised Person(s) (HV/LV) will assume responsibility on appointment.

- The Authorising Engineer (HV/LV) will, subsequent to performing an assessment of a potential Authorised Person (HV/LV), recommend to the Designated Person of the submitting organisation either that the person is able to proceed to written appointment or requires further training.
- To ensure that all Authorised Persons (HV/LV) have satisfactorily completed an appropriate training course and that all training is documented.
- To ensure that all Authorised Persons (HV/LV) are re-assessed every three years and have attended a refresher or other training course prior to such re-assessment.
- To conduct an annual audit and review of the management systems of the High Voltage and Low Voltage systems including Permit to Work and SOP, to be submitted for review by the Trust and its Partners.
- Review of written procedures and operational policies as well as advising on changes in technology.
- To assist the Authorised Person (HV/LV), when required, with monitoring the implementation of the Electrical Safety Policy and SOP's.

The role shall be kept independent of organisations submitting potential Authorised Persons (HV/LV) for assessment.

4.17 SFS Authorised Person [Electrical]

The Estates Officer for SFS is the SFS Authorised Person [Electrical] they shall be appointed in writing by SFS Designated Person [Electrical]. Has responsibility for the day-to-day operational management and safe systems of work of High Voltage or Low Voltage electrical systems on the Trust's premises.

The Authorised Person(s) (HV/LV) are responsible for the practical implementation and operation of this policy and the systems and installations for which management is in control of, this includes known dangers for which the AP has been appointed to manage. More than one Authorised Person may be appointed for a system or installation but, at any one time, only one Authorised Person is required to be on duty. Each transfer of responsibility between Authorised Persons is to be recorded in the respective HV or LV logbook as appropriate.

The Authorised Person(s) must ensure that any person working on the electrical systems (or electrical equipment such as generators or UPS systems) are competent to do so and that test equipment is maintained in good condition and in calibration.

Where any defects, dangerous practices, dangerous and/or unusual occurrences are experienced; the Authorised Person(s) must report these to the Designated Person and Authorising Engineer in writing.

They will also ensure their respective SFS Competent Persons remain current and up to date with training.

The Authorised Person [Electrical] shall issue/cancel Permits to Work, Limitations of Access, Sanction for Test, Isolating and Earthing Diagrams, Safety Programmes and Permission for Disconnection forms as prescribed in the HTM 06 series of documents.
The Authorised Person shall record all events in the Electrical site Log book.
The Authorised Person shall carry out duties as prescribed in the HTM 06 series of documents.

Adequate numbers of Authorised Persons shall be available to cover for sickness or annual leave etc.

4.18 SFS Competent Persons [Electrical]

Competent Persons are SFS own trades staff. They will be appointed in writing by the SFS Authorised Person [Electrical] and work under the direction of the Authorised Person (HV/LV). They must carry out all works in accordance with this policy, HTM's, current legislation and the PPM programme. These persons are skilled and have sufficient technical knowledge in the installation, inspection and testing and / or maintenance of electrical systems.

Non compliances will be rectified in line with the contract rectification times and in cases of Schedule 38 areas after acceptance of a remedial quotation. In cases of where building or life Safety is at immediate risk remedial works will be carried out immediately. They shall alert the SFS Authorised Person [Electrical] of the issue and actions taken.

The Competent Person should use safe systems of work, safe means of access and the personal protective equipment and clothing provided for their safety.

4.19 SFS Competent Persons [External Consultants & Contractors]

All external individuals who will have an impact on the electrical systems will need to demonstrate and provide evidence of training appropriate to their activities. These persons are skilled and have sufficient technical knowledge in the installation, inspection and testing and / or maintenance of electrical systems. They shall be required to follow this policy and supporting reference documents.

They shall immediately report any non-compliant issues to the SFS Authorised Person [Electrical]. They shall be appointed in writing by the SFS Designated Person [Electrical]. The Competent Person should use safe systems of work, safe means of access and the personal protective equipment and clothing provided for their safety.

For further guidance please reference the Control of Contractors Policy.

4.20 SFS Accompanying Safety Person

The Accompanying Safety Person [Electrical] is a person, not directly involved in the work or test but should have adequate knowledge, experience and the ability to avoid danger. They are required to keep watch, prevent unauthorised interruption of the work or test, be able to apply first-aid and summon help if required.

The Accompanying Safety Person [Electrical] should have received training in emergency first-aid in accordance with HTM 06-02 and 06-03.

The Accompanying Safety Person [Electrical] shall carry out the duties as defined in the HTM 06 series of documents.

4.21 NHS Property Services Duty Holder

The Chief Executive of NHS Property Services is the statutory Duty Holder. The Duty Holder and the Board have overall responsibility for Health and Safety within

NHS Property Services, including electrical safety. They shall appoint in writing the NHS Property Services Designated Person [Electrical].

4.22 NHS Property Services Designated Person [Electrical]

Is NHS Property Services Regional Director, who is the Appointed Board Level Executive responsible for electrical safety. Under the direction of the Chief Executive they are therefore responsible for the organisational arrangements, which will ensure that compliance with standards is achieved and that where problems occur, they are identified and resolved with minimum risk to employees, patients or members of the public. They shall appoint in writing the NHS Property Services Responsible Manager.

4.23 NHS Property Services Responsible Manager [Electrical]

The FM Support Service Manager for NHS Property Services is the NHS Property Services Responsible Manager [Electrical] they shall be appointed in writing by the NHS Property Services Designated Person. They shall have responsibility for compliance with this policy document.

5.0 APPROVAL

Approval given by the Estates Governance Committee

6.0 DOCUMENT REQUIREMENTS

It is the policy of the Trust and its partners to minimise the risk of harm or fire from electrical supplies by ensuring that electrical systems are rigorously maintained, monitored and tested according to the following:

- Comply with the Electricity at Work Regulations (1989)
- Comply with the Health & Safety Executive Guidance HSG 85 - "Electricity at Work. Safe working practices"
- Comply with the IEE Wiring Regulations BS 7671, amendments and guidance notes.
- Comply with the Department of Health documents HTM 00-00 Policies and principles of Healthcare Engineering.
- Comply with the Department of Health documents HTM06-01 Part A & B: Electrical services supply and distribution.
- Comply with the Department of Health documents HTM06-02: Electrical safety guidance for low voltage systems, which is related to healthcare premises.
- Comply with the Department of Health documents HTM06-03: Electrical safety guidance for high voltage systems, which is related to healthcare premises.

- Work with their partners in an open and co-ordinated relationship to ensure the safety of patients, staff, visitors and others.

The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origin, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Review, amend and replace edition on intranet.	Trust Senior Operational Manager	Audit/review	Annually	Trust Designated Person
Review, amend and recommend.	Hard FM Group	Audit	Monthly	Estates Governance Committee
Recommendations to ensure the Trust & partners remain compliant.	Trust – Hard FM Team	Audit/review	Monthly	Hard FM Group
Review, amend and recommend.	Authorising Engineer	Audit/review	Annually	Duty Holders, Designated Persons.

8.0 TRAINING AND IMPLEMENTATION

Operation, inspection and maintenance procedures can cause risks to the health of staff carrying out the work. All those involved should be trained appropriately to fulfil the task, be aware of the risks, and must work to the agreed safe systems of work. This may involve the Trust's PFI management team receiving training in awareness. Key appointed persons should also be formally notified in writing and this position accepted in writing.

Training requirements for the Hard FM Service Provider staff will be regularly assessed by the AE/AP and appropriate training undertaken and recorded, together with the date of delivery and topics covered. Any contractors involved in the installation, commissioning, modification or maintenance of HV and LV systems shall be fully conversant with this Policy and shall be suitably qualified and trained.

9.0 IMPACT ASSESSMENTS

- This document has not been subject to an Equality Impact Assessment
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 3

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Health & Safety at Work etc, Act 1974 (HASAWA)
- Electricity at Work Regulations (1989)
- Workplace (Health, Safety and Welfare) Regulations (1992)
- Management of Health & Safety at Work Regulations (1999)
- Display Screen Equipment Regulations (1992)
- Electrical Equipment (Safety) Regulations (1994)
- HSG 85 Electricity at Work. Safe Working Practices
- Memorandum on Electricity at Works Regulations 1989
- Lifting Operations and Lifting Equipment Regulations LOLER (1998)
- British Standard 7671 IEE Wiring Regulations 17th Edition, guidance notes and amendments
- CIBSE
- Provision and use of Work Equipment Regulations PUWER (1998)
- Noise at Work Regulations (2005)
- Department of Health HTM 06 Series, High and Low Voltage
- Department of Health HTM 00 Policies and Principles of healthcare engineering
- Regulatory Reform (Fire Safety) Order (2005)
- Code of Practice for In-service Inspection and Testing of Electrical Equipment 3rd Edition

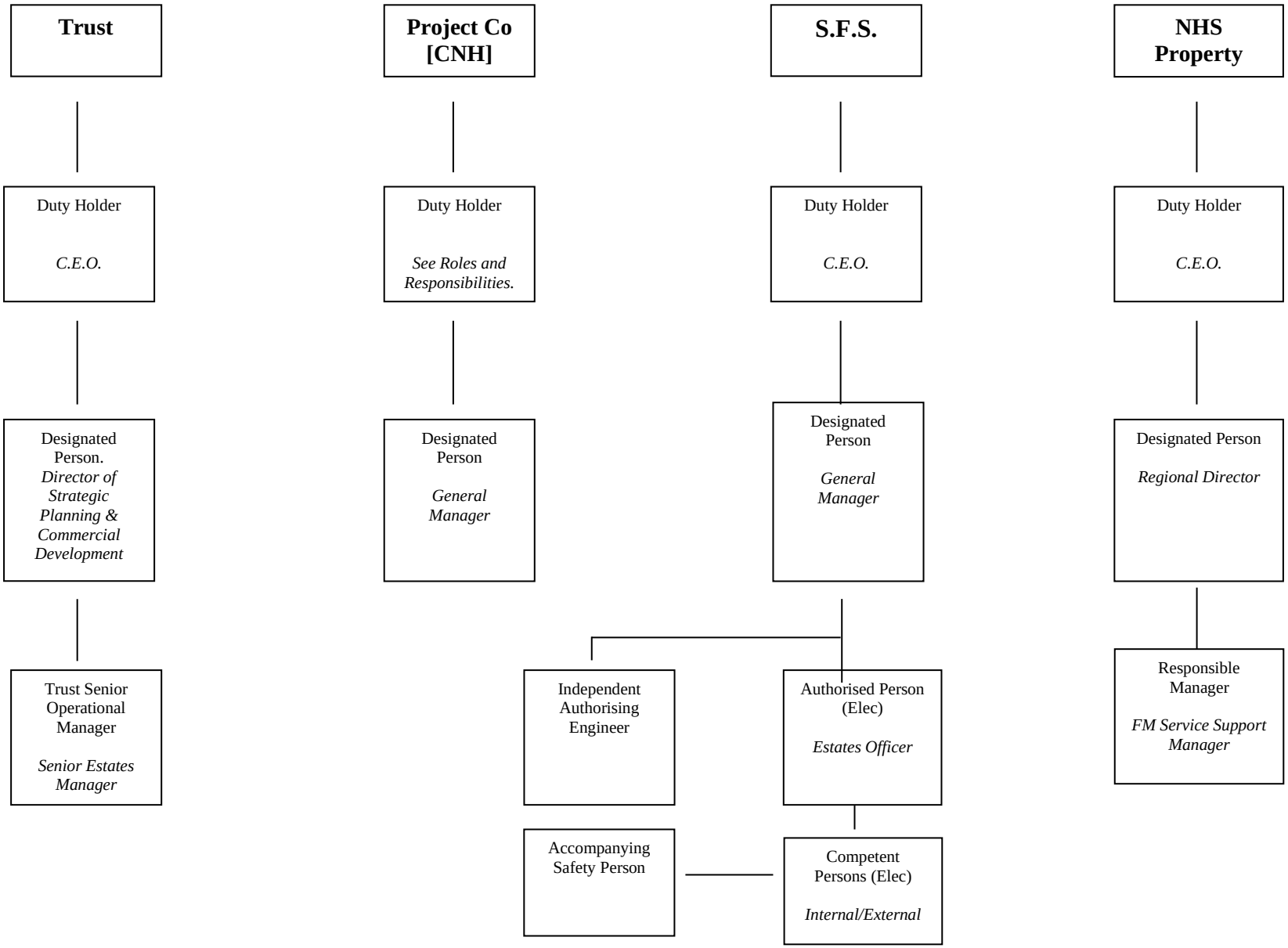
Related SFHFT Documents:

- Control of Contractors Policy
- Fire Safety Policy
- Portable Appliance Fact Sheet

11.0 APPENDICES

- Appendix 1 – Organogram' – Management and Lines of Communication.
- Appendix 2 – Portable Appliance Testing.
- Appendix 2a – A guide to user visual checks of Portable Electrical Equipment.
- Appendix 3 – Environmental Impact Assessment Form.

Appendix 1 – Organogram' – Management and Lines of Communication



Appendix 2 – Portable Appliance Testing.

All portable electrical appliances in use on Trust premises should be submitted for an electrical safety (PAT) Test on a regular basis in accordance with current IEE guidelines and Trust Health and Safety Guidelines.

An asset register should be created and maintained by the Hard FM Service Provider for all portable electrical appliances in use on Trust premises (as to the extent they are responsible for under the PFI agreement). This should include a description of the equipment and the current location.

- MEMD will test the Trust's medical equipment and ICT [NHIS] will test PC's etc. and will retain a record and asset register of these items and their inspections. Medical equipment to prevailing medical device-specific standards, except for devices under the Equipment Responsibility Matrix where alternative arrangements exist (e.g. with SFS for hoist-associated, drugs fridges, plinth/couches)"

The PAT test should be carried out by a CP or authorised contractor. Records of the results of the tests should be kept in an electronic format within the Hard FM Service Provider records. Regular visual inspections should also be carried out on all portable electrical appliances by the user wherever is reasonably practicable.

- All defective portable electrical appliances should be removed from use immediately and this status communicated with the necessary ward.

All newly purchased portable electrical appliances, should be correctly CE marked and should be included on the asset register before use. Where practical to do so, new items for adding to the Hard FM Service Provider asset register should be notified via the Helpdesk.

A visual inspection should be carried out on all portable electrical appliances owned by patients and brought on to Trust premises on a temporary basis these items should be notified to the Hard FM Service Provider through the helpdesk. A guide to visual inspection of electrical equipment can be found in Appendix 2a of this Policy.

Portable Appliance Testing (Non-Medical and Non IT equipment)

A risk based approach has been adopted by Estates & Facilities in regards to PA testing of appliances coming onto the site and the need for formal inspection and test. Please see methodology below.

Estates & Facilities will continue to undertake the yearly site wide PA test (through it's Hard FM providers) which will pick up any new items which have come to site during the year and will therefore be recorded on the asset register

Staff and users are reminded that under the Health & Safety Executive guidance, they are responsible for undertaking a visual inspection of the equipment before use and that a risk assessment has been undertaken to assess the suitability of the environment and equipment selection

ITEMS REQUIRING TEST

- All personal electrical equipment brought into the Hospital by a patient

ITEMS NOT REQUIRING TEST

- Class 2 patients own equipment including radios, phone/electronic device chargers, fans and non-medical equipment. (Note: E-Cigarettes and chargers are forbidden on Trust premises)

- Any new electrical equipment including fridges, kettles, vacuum cleaners, microwaves. These items are to be sourced through the Trusts Supplies Department only.

APPLICATION FOR EXTENSION LEADS

- Any extension leads being presented for test should be directed to Ben Widdowson, Head of Estates, on Ext 3933, as permanent electrical circuitry is favoured

Appendix 2a – A guide to user visual checks of Portable Electrical Equipment.

User Checks

The user check is a vital safety precaution. Many faults can be determined by a visual inspection. The user is the person most familiar with the equipment and maybe in the best position to know if it is in a safe condition and working properly. No record need be made of the user check unless some aspect of the equipment is unsatisfactory.

The user check is limited to an external visual inspection without any dismantling of the equipment, such as removal of covers or plug tops.
The inspection should include the checks listed in Table 1.1
The user check should proceed as follows:

All checks to be made with power disconnected.

1. Inspection the plug
2. Inspection the flex or cable
3. Inspection the socket or flex outlet
4. Inspection of any adaptor or extension lead.
5. Check that the PAT test label is in date.

Checks with the equipment plugged in.

1. Inspect the appliance or item of equipment.
2. Take action if any faults or damage are apparent. Faulty equipment should be

a. Switched off and unplugged from the supply and remove from service

b. Labelled to identify that it is not to be used,

c. Reported to Estates, ICT or Clinical Engineering dependent upon the type of equipment using the appropriate intranet helpdesks

If equipment is found to be damaged or faulty, it should be removed from use and fitted with a label stating “do not use” An assessment should be made by a competent person as to the suitability of the equipment for the use or location.

Frequent inspections and tests will not prevent damage occurring if the equipment is unsuitable for the particular application therefore it is essential that all equipment used is fit for purpose.

Table 1.1 – Visual Inspection Checks

Plug	Not loose in socket-outlet and can be removed from socket-outlet without difficulty. Free from cracks or damage. Free from any signs of overheating. Flexible cable secure in its anchorage. If the plug is the moulded-on type, the cable grip should be checked by firmly pulling and twisting the cable. No movement should be apparent. The pins should not be bent.

	Pins preferably sleeved, particularly where young children may touch the plug. No cardboard label on the bottom. Plug does not rattle.
Flex or Cable	Good condition. Free from cuts, fraying or damage. Not in a location where it could be damaged. Not too long, too short or in any other way unsatisfactory. No joints or connections that may render it unsuitable for use, such as taped joints. Only one flex connected in to one plug. Not too tightly bent at any place. Not run under a carpet. Not a trip hazard. An extension lead should be inspected throughout its length. This will mean uncoiling coiled type extension leads.
Appliance or item of equipment	Free from cracks, chemical or corrosion damage to the case, or damage that could result in access to live parts. Equipment is operated with protective covers in place and doors closed. Able to be used safely. Switches on and off correctly. Works properly. Sufficient space to permit cooling. Not positioned so close to walls and partitions that there is inadequate spacing for ventilation and cooling. No sign of overheating. Not likely to overheat. No books or files on top of a computer or towels over a convector heater. 100w lamps should not be used in fittings rated at 60w. Cups and plants are not placed where their contents could spill in to equipment.
Environment	Equipment suitable for its environment. No indiscriminate use of extension leads or multi-way adaptors Equipment not normally left on overnight.
Suitability	Equipment suitable for the work for which it is intended.

APPENDIX 3 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Electrical Safety Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 4 May 2022			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None		
Gender	None		
Age	None		
Religion	None		
Disability	None		
Sexuality	None		
Pregnancy and Maternity	None		
Gender Reassignment	None		
Marriage and Civil Partnership	None		
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None		

What consultation with protected characteristic groups including patient groups have you carried out? • N/A – Safety Policy on how qualified personal will manage this for the Organisation.
What data or information did you use in support of this EqIA? • Health technical memorandum
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? • No
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact
Name of Responsible Person undertaking this assessment: **Mark Jackson**
Signature:
Date: **4th May 2022**

APPENDIX 4 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?		
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)		
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)		
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?		
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)		
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?		