

## **SA7 – The service implements and monitors systems to ensure the general health and safety of patients, staff and others.**

- a) The service has a duty to promote general health and safety, in addition to requirements specific to imaging services (see standard statements SA1– SA4). Legislation and good practice guidance suggest that policies and processes should be developed, agreed, maintained and applied to minimise health and safety risks to patients, staff and others. Processes and protocols should be grounded in best practice and reflect professional guidance and statutory requirements. Staff should be aware of the protocols and how to access them, and be informed of any changes.
- b) Regular risk assessments should be carried out in all areas of the service, with the results communicated to staff. Risk assessments should consider all areas of health and safety including, for example, VDU use, ergonomic desk assessment, position of wires and cables, and the use of positioning lasers as well as potential work hazards such as stress, shift patterns etc. Risk registers should be maintained and kept up to date.
- c) Equipment to support dealing with threats to health and safety should be readily available, well maintained and regularly checked and serviced. Staff should be aware of the type, location and safe use of fire safety equipment, first aid kits and eye washes.
- d) There should be a formal and regular programme of safety training and review for staff.
- e) The service has a duty to provide staff with a safe and secure working environment and to protect them from assault or abuse from patients, staff or others. To provide a safe environment for patients, staff and others, the service must minimise and manage violent or aggressive behaviour. Policies and processes should be in place to reduce the risk of violence and aggression, and manage effectively incidents which do occur. Processes and protocols should be grounded in current best practice and reflect professional guidance and statutory requirements. Staff should be aware of the protocols, know how to access them and be informed of any changes. They should be trained in conflict resolution. If violent or aggressive behaviour occurs, staff, patients and others involved should be offered support and counselling.
- f) The safe movement and handling of patients and equipment is essential for patient and staff health and safety. Staff may be called upon to assist in moving heavy patients or equipment and the service has a duty to provide training and handling aids to minimise potential risks. Aids should be readily accessible and well maintained. Processes and protocols to manage the risk of injury from moving and handling patients and equipment should be grounded in current best practice and reflect professional guidance and statutory requirements. Staff should be aware of the protocols and how to access them, and any changes should be communicated to them. Staff should be trained in handling practices; including techniques for handling vulnerable patients or those with particular needs (see also standard statement FR4). Policies should be in place covering the restraint, holding or containment of patients and these must be in accordance with national legislation and recommendations. Staff must be aware of the processes to be used and their responsibilities. Parents and carers should be assured that any restraint used on a child or vulnerable person is in accordance with agreed policy and is in their best interests.
- g) Patients who may require assistance should be safely transported to, from and within the service, with an appropriate escort where necessary. A system of work should be in place for the management of patients with particular physical needs to ensure their safe handling and transfer as well as protecting the well-being of staff. A choice of wheelchair, bed or trolley should be available to suit the patient's needs.

- h) Processes should be in place to deal with adverse healthcare events, such as someone fainting in a waiting room, injury resulting from equipment handling or other event occurring within the confines of the service not arising from clinical activity but causing harm.
- i) There should be documented plans of action to be taken in the event of a fire and staff should be aware of these. Fire exits and corridors should be clear and free of debris or equipment that may hinder an evacuation. Fire exit signs should be clear and displayed in a variety of media, and there should be both auditory and visual fire alarms. The plans of action should include associated hazards which might affect the equipment such as water ingress, electrical failure, quenching of MR magnets etc. All staff should undertake fire safety training at least once a year.
- j) Hazard warning signs, such as 'wet floor' should be available and used throughout the service. All spillages should be cleaned up immediately.
- k) Incidents which threaten the health and safety of patients, staff or others or those which involve mishandling, damage or injury to staff, patients or others should be reported and recorded in accordance with legislation and organisational policies. Occupational health support should be offered to staff where necessary. Any incident which may affect patient care must be communicated without delay to the clinical team and the patient or their carer. All incidents should be investigated, with findings analysed and disseminated to staff. Resultant changes in practice must be communicated to staff. In areas where additional hazards exist, such as MR or nuclear medicine departments, organisation and emergency staff must be made aware of extra precautions that may be needed in the event of fire (e.g. quenching of MR scanner or spillage of radioactive substances).

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