| **ISSUE** | **CONSIDERATIONS** | **NOTES/ OBSERVATIONS/ MEMBER CONCERNS RAISED** |
| --- | --- | --- |
| **FIRE** | Were any specific fire safety risks observed?  e.g.   * beds/equipment blocking fire exits and/or fire extinguishers * blocked or obstructed evacuation/escape routes * fire doors propped open * damaged fire doors * accumulation of waste and/or flammable materials * poor storage of oxygen |  |
| **SHARPS** | Did you observe sufficient sharps bins in working areas for staff to use? *(Health and Safety (Sharp Instrument) regulations require to be close to point of use)*  Were sharps bins located appropriately i.e. away from where children could easily access them?  Is lighting dimmed in areas when sharps are used?  Are any areas particularly cramped/ congested where sharps may be used? |  |
| **ACCESS TO HANDWASHING FACILITIES** | Are all handwashing and drying facilities easily accessible? i.e. beds to do not block access to facilities |  |
| **COMPRESSED GAS INCL OXYGEN CYLINDERS**  [**Official-sensitive-Oxygen-Cylinder-Comms-FINAL-v2.pdf**](https://www.england.nhs.uk/wp-content/uploads/2023/01/Official-sensitive-Oxygen-Cylinder-Comms-FINAL-v2.pdf) | Did you note the use of standalone oxygen cylinders?  Were they causing any obstruction/ potential trip hazards?  Are oxygen cylinders secured appropriately? e.g. large cylinders may be on an appropriate gas cylinder trolley, in purpose design holders which may be free standing or secured to the patient bed or wall. |  |
| **SAFE STAFFING** | Did you observe ‘additional patients/ boarding beds/ corridor care’?  Do you know what the staff to patient ratio was?  How many were employed, bank, agency, student?  How many patients were in the clinical areas?  If in ED - how many patients were waiting to be seen?  If in ED - what was the average wait time? |  |
| **STRESS** | Are staff frequently asked to work overtime/ beyond their working hours?  Are they able to take their breaks?  Do staff have adequate rest time between night shifts and day shifts? |  |
| **VIOLENCE AND AGGRESSION** | Are patients identified who may pose a threat violence and aggression to staff?  Are any security officers on duty who can respond in a timely manner?  Are panic buttons/ alarms installed and accessible by staff?  Are room layouts designed to ensure staff have direct access to leave the room if they feel threatened? |  |
| **DSE** | Was any DSE equipment provided for use?  Was it located in corridors/ walk ways?  What equipment is in use? E.g. computers on wheels  Could staff set up and adjust DSE for their individual use? |  |
| **WELFARE FACILITIES** | Are staff able to take their allocated rest breaks?  Were easy to access rest facilities available for staff?  Do rest areas have?   * Suitable number of seats/ tables * Provision to store food * Provision to heat/ prepare food * Crockery and cutlery * Supply of fresh drinking water   Do staff have access to a suitable changing area?   * To change following a shift * To shower and change should they become dirty/ contaminated with bodily fluids/ blood etc   Do staff have access to lockers to store valuables and clothing? |  |
| **INCIDENT REPORTING** | Do staff know how to report incidents/ accidents?  Do staff know who to escalate concerns to promptly where the area they are working in is unsafe? e.g. insufficient staff or fire exits blocked. |  |
| **MOVING AND HANDLING** | Were any issues observed with working areas being cramped/ obstructed making moving and handling of patients more difficult?  Do staff have access to suitable lifting equipment to support moving and handling activities in all areas where patients are being cared for? |  |
| **WASTE DISPOSAL** | Are suitable waste stream disposal points accessible in all working areas? |  |
| **OTHER** | Other risks observed e.g. risk of slips from wet floors/spillages and trips from trailing wires, cables, obstructions |  |
| **RECRUITMENT OF H&S REPS** | Are any members interested in focusing on the issues of corridor care and safe staffing in their workplace?  Do any want to become a H&S rep?  Under Safety Committee and Safety Reps Regs 1977 they are entitled to:   * paid time off to train * paid time off ‘as required’ to undertake their role * inspect the workplace * investigate accidents/ incidents * represent members in relation to health and safety * be consulted by the employer on health and safety issues affecting members/ workers   They can use the wealth of H&S legislation to influence and push for improvements. |  |

**Report any issues/ concerns found to:**

RCN H&S Rep

or

Other TU H&S Rep (if no RCN H&S Rep)

RCN Officer (if no H&S Reps in the workplace)