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| --- | --- | --- | --- | --- |
| **Employer** |  | | | |
| **Site/ Area inspected** |  | | **Date of inspection** |  |
| **RCN Representative Name** |  | **Management Representative Name**  *(if a joint inspection is completed)* |  | |

|  | | **Aspect of workplace/site design &/or operation** | | | | **Notes &/or observations** |
| --- | --- | --- | --- | --- | --- | --- |
| **MANAGEMENT SYSTEMS** | | | **Y** | **N** | **Don’t know** |  |
| **1** | Is corridor care/ rapid flow beds/ additional patients etc considered in a specific up to date risk assessment which takes into account specific risks to staff related to this type of care?  *Request a copy of the risk assessment* | |  |  |  |  |
| **2** | Are there protocols for escalation around the need to increase patient numbers and the use of non-standard patients areas?  *Request a copy* | |  |  |  |  |
| **FIRE** | | | **Y** | **N** | **Don’t know** |  |
| **3** | Have fire risk assessments for the areas been updated to take into consideration additional beds and use of non-standard patient areas e.g. corridors, additional beds in rooms, cupboards, offices etc?  *Date and request copies* | |  |  |  |  |
| **4** | Has the fire management plan been updated to take into account additional beds, evacuation routes and any specific requirements in relation to evacuation?  *Request copy* | |  |  |  |  |
| **5** | Are there suitable fire detection methods in the non-standard patient areas being used?  *Gather information from fire risk assessments and ask questions during the inspection* | |  |  |  |  |
| **6** | Have all staff received training in fire emergency evacuation procedures?  How are bank/ agency staff and students briefed/inducted on this?  *Request training records* | |  |  |  |  |
| **FIRE** | | | **Y** | **N** | **Don’t know** |  |
| **7** | Have fire drills/ practical simulations for the area been undertaken in line with the corporate fire policy/ management arrangements?  *Request copy of fire drill record* | |  |  |  |  |
| **8** | Are frequent fire safety checks of the dept undertaken?  e.g. visual walk throughs to look for issues  *Request copies of records* | |  |  |  |  |
| **9** | Were any specific fire safety risks observed?  e.g. Beds/ equipment blocking fire exits, blocked fire extinguishers, blocked or narrowed evacuation routes, fire doors propped open, accumulation of waste. | |  |  |  |  |
| **SHARPS** | | | **Y** | **N** | **Don’t know** |  |
| **10** | Is there a risk assessment and Standard Operating Procedures that considers sharps safety?  *Request a copy* | |  |  |  |  |
| **11** | Are safer needle devices used instead of conventional needles devices? | |  |  |  |  |
| **12** | Are sharps bins easily accessible from all areas where patients are being cared for?  (Health and Safety (Sharp Instrument) regulations require to be close to point of use. | |  |  |  |  |
| **SHARPS** | | | **Y** | **N** | **Don’t know** |  |
| **13** | Is lighting dimmed in areas when sharps are prepared/ used?  (this may increase the risk of sharps injuries)? | |  |  |  |  |
| **14** | Are any areas particularly cramped/ congested where sharps may be prepared/ used (this may increase the risk of sharps injuries)? | |  |  |  |  |
| **LIGHTING** | | | **Y** | **N** | **Don’t know** |  |
| **15** | Is there adequate lighting to enable people to work, use facilities without experiencing eye strain and safely move from place to place? | |  |  |  |  |
| **ACCESS TO HANDWASHING FACILITIES** | | | **Y** | **N** | **Don’t know** |  |
| **16** | 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) | | | **Y** | **N** | **Don’t know** |  |
| **17** | If standalone oxygen cylinders are in use – has the increased fire risk been considered if they are in use in non-standard patient areas from the accumulation of oxygen in areas that may not be well ventilated?  (should be included in fire risk assessments and evacuation plan) | |  |  |  |  |
| **18** | Has the increased risk of oxygen cylinders being used in emergency evacuation routes been considered in fire risk assessments and evacuation plan? | |  |  |  |  |
| **19** | Where are gas cylinders stored and who is responsible for getting new cylinders and taking used cylinders to the store? | |  |  |  |  |
| **20** | Have staff been trained in the safe handling of gas cylinders as part of Standard Operating Procedures?  *Request training records* | |  |  |  |  |
| **21** | 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. | |  |  |  |  |
| **22** | Is there an inspection regime for gas cylinder regulators?  *Inspected annually and replaced every 5 years* | |  |  |  |  |
| **SAFE STAFFING** | | | **Y** | **N** | **Don’t know** |  |
| **23** | Is there an escalation process for monitoring and adjusting staffing numbers in line with the number of beds in use / increase in additional beds in use?  *Request a copy* | |  |  |  |  |
| **24** | Are staff familiar with it? | |  |  |  |  |
| **25** | Is there a defined maximum additional patient number that can be cared for?  Is there an escalation process if this number should be exceeded? | |  |  |  |  |
| **26** | 1. How many staff were on rota?   *Notes can be made using table in appendix 1*  *Request a copy of the rota* | |  |  |  |  |
| 1. How many nursing staff were on duty at the time of the inspection?   (Include how many were off sick) | |  |  |  |  |
| 1. Are staff frequently asked to work overtime/ beyond their working hours? | |  |  |  |  |
| **SAFE STAFFING** | | | **Y** | **N** | **Don’t know** |  |
| **26** | 1. Do staff have adequate rest time between night shifts and day shifts? | |  |  |  |  |
| **27** | How many were employed, bank, agency, student? | |  |  |  |  |
| **28** | How many patients were in the clinical areas? | |  |  |  |  |
| **29** | How many patients were waiting to be seen? | |  |  |  |  |
| **30** | What was the average wait time? | |  |  |  |  |
| **STRESS** | | | **Y** | **N** | **Don’t know** |  |
| **31** | Is there an organisational prevention of work related stress policy/ management arrangement?  *Request a copy* | |  |  |  |  |
| **32** | Is there a current and up to date work related stress risk assessment for the working area/ dept?  *Request a copy* | |  |  |  |  |
| **33** | Does the risk assessment take into consideration safe staffing numbers? | |  |  |  |  |
| **34** | Does the risk assessment take into consideration additional beds i.e. corridor care/ rapid flow/ boarding beds and the impact on nursing staff? | |  |  |  |  |
| **STRESS** | | | **Y** | **N** | **Don’t know** |  |
| **35** | Do staff have access to sufficient resources and equipment to undertake their role? | |  |  |  |  |
| **VIOLENCE AND AGGRESSION** | | | **Y** | **N** | **Don’t know** |  |
| **36** | Is there a current and up to date risk assessment which considers the risk of violence and aggression to staff?  *Request a copy* | |  |  |  |  |
| **37** | Do risk assessments take into consideration the increased risk of violence and aggression towards staff due to specific risks e.g. extended wait times, perception of lack of clinical care? | |  |  |  |  |
| **38** | Are patients identified who may pose a threat violence and aggression to staff? | |  |  |  |  |
| **39** | Are any security officers on duty, in close proximity, who can respond in a timely manner? | |  |  |  |  |
| **40** | Are panic buttons/ alarms installed and accessible by staff? | |  |  |  |  |
| **41** | Are staff trained in what action to take should they hear an alarm or be called to help a member of staff? | |  |  |  |  |
| **42** | Are security features e.g. panic buttons/ alarms tested regularly? | |  |  |  |  |
| **VIOLENCE AND AGGRESSION** | | | **Y** | **N** | **Don’t know** |  |
| **43** | Are room layouts designed to ensure staff have direct access to leave the room if they feel threatened? | |  |  |  |  |
| **44** | Are staff trained in de-escalation techniques? | |  |  |  |  |
| **45** | What additional measures are in place to reduce the risks of V&A to staff? | |  |  |  |  |
| **46** | How are patients kept informed of wait times? | |  |  |  |  |
| **47** | Do patients/ family members waiting to be seen (in the waiting room) have easy access to food and drink and toilet facilities? | |  |  |  |  |
| **48** | How are staff supported following any incidents of verbal aggression or physical violence? | |  |  |  |  |
| **49** | What action is taken by the employer to support staff and where appropriate involve the police? | |  |  |  |  |
| **DISPLAY SCREEN EQUIPMENT (DSE)** | | | **Y** | **N** | **Don’t know** |  |
| **50** | 1. Is there a suitable area assigned for the use of DSE equipment? | |  |  |  |  |
|  | 1. What equipment is in use? E.g. computers on wheels | |  |  |  |  |
| **51** | Does the area allow the set up and adjustment of DSE for individual users? | |  |  |  |  |
| **WELFARE FACILITIES** | | |  |  |  |  |
| **52** | Are staff able to take their allocated rest breaks? | |  |  |  |  |
| **53** | Is there easy access to rest facilities? | |  |  |  |  |
| **54** | Are rest facilities adequate?   * Suitable number of seats/ tables * Provision to store food * Provision to heat/ prepare food * Crockery and cutlery * Supply of fresh drinking water | |  |  |  |  |
| **55** | 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. | |  |  |  |  |
| **56** | Do staff have access to lockers to store valuables and clothing? | |  |  |  |  |
| **INCIDENT REPORTING** | | | **Y** | **N** | **Don’t know** |  |
| **57** | Is provision made for staff to report incidents/ accidents themselves at all times of the day? | |  |  |  |  |
| **58** | 1. Do staff know how to report incidents/ accidents? | |  |  |  |  |
| 1. Do staff know who to escalate concerns to promptly where the area they are working in is unsafe? e.g. insufficient staff on duty or fire exits blocked? | |  |  |  |  |
| **59** | Are staff actively encouraged to report incidents/ accidents? | |  |  |  |  |
| **60** | Are staff encouraged to report verbal abuse, physical assault, sexual harassment, and sexual assault? | |  |  |  |  |
| **61** | Are all incidents/ accidents reviewed/investigated and actions taken as a result? | |  |  |  |  |
| **62** | How many incidents/ accidents have happened in the department in the last six months?  Are there common themes/ trends?  *Request a report on all incidents reported* | |  |  |  |  |
| **MOVING AND HANDLING** | | | **Y** | **N** | **Don’t know** |  |
| **63** | Were any issues observed with working areas being cramped/ obstructed making moving and handling of patients more difficult? | |  |  |  |  |
| **64** | Do staff have access to suitable lifting equipment to support moving and handling activities in all areas where patients are being cared for? | |  |  |  |  |
| **65** | Is lifting and handling equipment inspected and thoroughly examined on a frequent basis in line with regulations?  *Patient handling equipment should have daily pre-use checks, regular inspections and must have a thorough examination by a competent person at a min of every 6 months* | |  |  |  |  |
| **66** | What does the accident/ incident data for the last 3 months indicate in relation to MSDs/ MS injuries? | |  |  |  |  |
| **NOISE** | | | **Y** | **N** | **Don’t know** |  |
| **67** | Do the additional machines and equipment cause an increase in noise levels/ nuisance noise? | |  |  |  |  |
| **WASTE DISPOSAL** | | | **Y** | **N** | **Don’t know** |  |
| **68** | Are suitable waste stream disposal points accessible in all working areas. | |  |  |  |  |
| **GENERAL** | | | **Y** | **N** | **Don’t know** |  |
| **69** | Other risks observed e.g. risk of slips from wet floors/spillages and trips from trailing wires, cables, obstructions. | |  |  |  |  |
| **70** | Have you (RCN H&S Rep) been consulted on any of the risk assessments or specific control measures that have been put in place which nursing staff are expected to follow? | |  |  |  |  |

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| **Other aspects of workplace/site design &/or operation** | **Notes &/or observations** |
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If you have any feedback or suggestions about this inspection checklist, please contact [HSWTeam@rcn.org.uk](mailto:HSWTeam@rcn.org.uk)

**APPENDIX 1**

**CORRIDOR CARE/ BOARDING BEDS/ ADDITIONAL PATIENTS OBSERVED DURING INSPECTION ON DD/MM/YY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **AREA** | **INTENDED NUMBER OF PATIENTS** | **ADDITIONAL PATIENTS**  **ON DAY OF INSPECTION** | **TOTAL** | **SET NUMBER OF STAFF WHO SHOULD BE ON DUTY** | **ACTUAL NUMBER OF STAFF ON DUTY ON DAY OF INSPECTION** | **NUMBER OF ADDITIONAL STAFF ON DUTY** | **Notes** |
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**APPENDIX 2 - CHECKLIST OF DOCUMENTS TO REQUEST TO INSPECT**

As a Health and Safety Rep you have the right to inspect documents. As a result of your physical inspection of the workplace you may wish to request copies of some or all of these documents, to review, identify any good practice, gaps or concerns and include comments in your final inspection report.

| **Documents for inspection** | **Document requested** | **Document received** |
| --- | --- | --- |
| 1. **A copy of the existing ‘additional patient/corridor care’\* risk assessment for ED**   *The risk assessment which takes into account any increased risks as a result of placing ‘additional patients’ in areas, for example, manual handling risks, slip, trip, fall hazards, fire, sharps, escalation process for increasing numbers of patients etc* |  |  |
| 1. **Escalation protocol for increasing patient numbers**   *A system for staff to follow in order to escalate/ seek approval to increase patients in an area (additional patients/ corridor care/ use of non-standard patient areas)* |  |  |
| 1. **Fire risk assessment and action plan for ED**   *Is the fire risk assessment current and valid (based on the date noted for review)*  *Does it take into account additional beds/ patients and use of non-standard areas?*  *Does it take into account the use of oxygen cylinders, particularly in non-standard patient areas with little/no ventilation?* |  |  |
| 1. **Fire emergency action plan, which includes the emergency evacuation plan for ED**   *Is it up to date? Are the names of staff/ job roles still relevant? Does the action plan and evacuation plan take into consideration additional patients and the use of oxygen cylinders? Is the evacuation process outlined achievable in the time required and logistically based on observations in the working area e.g. narrowed fire evacuation routes and the number of staff on duty during the inspection?* |  |  |
| 1. **Inspection and testing records for fire detection and protection systems in ED**   *Fire detection and protection systems require specific inspection and testing as part of statutory compliance.* *Records should indicate the frequency and dates of tests/ inspections. Check these are in date. E.g. fire alarm, heat/ smoke detectors, fire doors* |  |  |
| 1. **Copies of fire safety checks for ED**   *Regular physical walk throughs of the area should be undertaken to check that fire protection measures are adequate e.g. fire exits not blocked, no accumulation of waste, fire doors not propped open* |  |  |
| 1. **Fire awareness and emergency evacuation training for ED**   *Staff training records (including bank/ agency and students) for fire emergency evacuation which takes into consideration additional patients/ corridor care, use of standalone oxygen cylinders. This may be include fire awareness training for staff and a fire drill simulation format of training.* |  |  |
| 1. **Last ED fire drill record**   *The record should outline when the last fire drill took place – this may be a simulated exercise due to the nature of ED. The organisation must ensure regular fire drills are conducted and the frequency should be mentioned in the fire action plan.* |  |  |
| 1. **Sharps safety risk assessment and Standard Operating Procedure/ Safe System of Work for ED**   *Check the risk assessment is in date based on the review date, does it consider staffing numbers and additional patients if appropriate?* |  |  |
| 1. **Safe handling of oxygen cylinders risk assessment and Standard Operating Procedure/ Safe System of Work**   *If standalone compressed gas oxygen cylinders are used – is there an up to date risk assessment which considers the transport and handling of cylinders, monitoring of oxygen, how empty cylinders are managed, how cylinders are secured to prevent them falling over.* |  |  |
| 1. **Training records for staff in safe handling of gas cylinders in ED**   *Is there evidence of staff being trained in line with the risk assessment and standard operating procedures? (including bank/ agency and students)* |  |  |
| 1. **Inspection records for compressed oxygen cylinder regulators in ED**   *Regulators on oxygen cylinders require inspecting annually and must be replaced every 5 years at a minimum* |  |  |
| 1. **Work-related stress risk assessment for ED**   *Is there a current and in date (based on review date) risk assessment for preventing work related stress? Does it consider staffing levels and additional patients plus current ED issues that may increase staff stress risks?* |  |  |
| 1. **Violence and aggression risk assessment**   *Is there a current and in date (based on review date) risk assessment for preventing violence and aggression. Do the control measures outlined relate to adequate staffing levels and the potential increase in V&A due to additional patients/ corridor care?* |  |  |
| 1. **Violence and aggression training records for staff e.g. de-escalation techniques etc**   *Are staff regularly trained and updated in relation to V&A RA, standard operating procedures, de-escalation techniques, what to do if a panic alarm is triggered etc (including bank/ agency and students)* |  |  |
| 1. **Testing regime for panic buttons and records for last tests in ED**   *Panic buttons linked to alarms should be tested regularly and the employer should have a set regime for this and records of tests carried out* |  |  |
| 1. **Does the accident/ incident reporting system e.g. datix allow for all sexual harassment or sexual assault to be reported (ie is there a category for this)** |  |  |
| 1. **ED Staff rota for day of inspection**   *To help identify whether staffing levels were adequate taking into account the demands on the service on the day of the inspection and the number of additional patients in ED areas* |  |  |
| 1. **Accident/ Incident report for ED for last six months**   *Review and consider trends and any specific incident categories that may warrant further attention and discussion, and additional control measures* |  |  |

\* Terminology may vary from Health Board/ Trust but we mean corridor care, boarding beds, use of non-standard patient areas, exceeding the number of beds/ chairs for which an area was intended/ designed for