

# Work at Height Policy

|   |  |                                  |
|---|--|----------------------------------|
| <b>Department / Service:</b>  | Health & Safety                          |                                  |
| <b>Originator:</b>  | Julie Noble                              | Head of Health & Safety          |
| <b>Accountable Director:</b>  | Scott Dickinson                          | Director of Estates & Facilities |
| <b>Approved by:</b>   | Health and Safety Committee              |                                  |
| <b>Date of Approval:</b>  | 23 <sup>rd</sup> May 2024                |                                  |
| <b>Review Date:</b>   | 23 <sup>rd</sup> May 2027                |                                  |
| <b>This is the most current document and should be used until a revised version is in place</b> |  |                                  |
| <b>Target Organisation(s)</b>   | Worcestershire Acute Hospitals NHS Trust |                                  |
| <b>Target Departments</b>   | All                                      |                                  |
| <b>Target staff categories</b>  | All                                      |                                  |

## Purpose of this document:

The statutory requirements for working at height are detailed in the Work at Height Regulations 2005. The regulations apply to all work at height situations where there is a risk of a fall liable to cause personal injury; it also includes prevention of objects falling from height. The Trust will wherever reasonably practicable avoid the need to work at height. Where such work is unavoidable the Trust will ensure that the appropriate planning, equipment, people and training are used in order to reduce the likelihood and consequences of a fall. This policy sets out the requirements for safe work at height.

## Key amendments to this Document:

| Date          | Amendment  | By:           |
|---------------|--|---------------|
| 15/06/07      | Document approved by Workforce & organisational development committee                                |               |
| 01/06/09      | Biennial review with minor changes   | Paul Graham   |
| 01/06/11      | Biennial review with only minor changes to the layout  | Paul Graham   |
| 01/06/13      | Biennial review with only minor changes  | Paul Graham   |
| 07/04/16      | Document approved as per TMC paper approved on 22 <sup>nd</sup> July 2015                            | TMC           |
| May 2017      | Biennial review with minor changes   | Paul Graham   |
| Nov 2019      | Biennial review  | Paul Graham   |
| Jan 2020      | Document extended for 12 months whilst in the process of appointing a new Health and Safety Manager. | Samantha Reid |
| February 2021 | Document extended as per Trust agreement 11.02.2021  |               |
| Mar 2021      | Full review with changes to responsibilities   | Neil Hodgkiss |
| April 2024    | Full review conducted; few additional words added but no change in content.                          | Julie Noble   |

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Supporting Documents:      Equality Impact Assessment  
   Financial Risk Assessment

## 1. Introduction

Worcestershire Acute Hospitals NHS Trust will do all that is reasonably practicable to prevent anyone falling from a height whilst they are at work. The Trust will avoid the need to work at height where possible, however where such work is unavoidable it will be carried out in accordance with the Work at Height Regulations 2005.

## 2. Scope of the Policy

This policy applies to all staff in all work areas across the Trust. It will also apply to all contractors whilst working on our sites.

## 3. Definitions

Work at height involves people being in a position from which they could fall and injure themselves.

*A place is 'at height' if a person could be injured falling from it, even if it is at or below ground level.*

*'Work' includes moving around at a place of work (except by a staircase in a permanent workplace) but not travel to or from a place of work.*

## 4. Responsibility and Duties

### 4.1 Management Duties

The manager responsible for either a particular work area or work activity must ensure that:

- All work at height is properly planned and organised in accordance with the Schedules to the Regulations;
- All work at height (when external) takes account of weather conditions that could endanger health and safety;
- Those involved in work at height are trained and competent;
- The place where work at height is done is safe and access to it is secure (to prevent unauthorised access);
- Equipment for work at height is fit for purpose and appropriately inspected;
- The risks from fragile surfaces are properly controlled; and
- The risks from falling objects are properly controlled.

### 4.2 Staff Duties

Staff must ensure that:

- Equipment provided for working safely at height is used as per manufacturer's instructions.
- They follow any training and instructions provided to them.
- A Datix Incident Report is completed whenever an accident or near miss incident occurs involving work at height.

## 5. Policy Detail

### 5.1 Risk Assessment

The key to preventing injury from work at height is to carry out a risk assessment as per the Trust's Risk Assessment Policy. This simple process will allow you to consider the following:

- Can you avoid the need to work at height in the first place? The working at height regulations require where possible working at height to be avoided, therefore do not assume it's the only solution to a task.
  - *For example the use of long handled tools or other equipment can sometimes be used to safely carry out a task from ground level.*
- Can you prevent a fall?
  - *For example using an existing place of work or piece of equipment that is already suitably protected with permanent guard rails or edge protection.*
- Can you minimise the consequences of a fall?
  - *For example the use of safety nets and fall arrest equipment.*
- What other additional measures do you need to take to reduce the risk of a fall?
  - *For example by making sure that staff are adequately trained to use equipment safely and that it is regularly inspected and well maintained*
- Have you identified whether there are any fragile surfaces?
  - *A fragile surface is one, which would be liable to break if a person worked on it or fell onto it. A common example being a skylight above a ward area. Consideration must also be given to the safety of individuals working below the surface.*

In the majority of work situations in the clinical setting the only work at height will involve accessing shelving which may be located above shoulder height for example in a storage area. The most common method of safe access used in these situations is either the use of a kick stool or a suitably designed stepladder fitted with adequate handrail protection.

**Note:** all step ladders must be inspected before use to ensure they are secure and functioning correctly. A formal assessment must be conducted annually by estates teams.

With the exception of some routine maintenance work that is carried out by the Trust's Estates Department work at height is generally undertaken by specialist contractors. Where a contractor is appointed the Trust will ensure that they have taken into account the company's experience, competence and management arrangements and whether they are asking the Trust about any risks or needs. Information will be exchanged as necessary and an agreement reached upon a safe method of work. The work of contractors will be monitored by either by the Estates Manager or the Head of Facilities.

## 5.2 Equipment

When selecting equipment to work at height the following factors need to be considered:

- Working conditions - does the work involve positioning equipment on slopes or poor ground conditions or on fragile surfaces?
- Distance to be climbed – portable ladders are less suitable for higher climbs and where loads are carried. Where possible, provide temporary stairs or scaffold access towers with internal stairs.
- Duration and frequency of use – longer duration or regular jobs justify a better standard of fall protection. A ladder may only be acceptable for short duration tasks.

- Distance and consequences of a potential fall – fall arrest systems and safety nets must be used and deployed correctly if they are to help reduce the consequences of any fall.
- Evacuation and rescue – make sure that it is possible to rescue any person who may fall and be left suspended from a roof edge or mobile tower.
- Installation and removal – consider the number of people being placed at risk when installing equipment. You may need to install collective protection measures i.e. those that can protect more than one person, in preference to personal protective measures. For example use a tower scaffold rather than work restraint.
- Personal fall protective equipment – requires high level of training and appropriate close supervision. It is important that the right equipment is chosen for the right job and that it is being properly maintained.

Although this policy specifically refers to work at heights the Trust will ensure that opening restrictors are fitted to all windows in areas above the ground floor where patients have access. These fall protection measures will be installed and maintained by members of the estates team.

### 5.3 Inspections

An inspection is defined by the Regulations as ‘such visual or more rigorous inspection by a competent person as is appropriate for safety purposes .... (including) any testing appropriate for those purposes’. The Trust will ensure that any individual place at which work at height is to be done is checked before that place is used.

Any equipment that is installed or assembled for the purposes of access or protection will be inspected after it is in place and at regular intervals as determined by the risk assessment and/or detailed in the method of work.

Any equipment that is used must indicate the date of the last inspection required by the Regulations.

Any work platform used for (or for access to) construction work and from which a person could fall more than 2 metre is inspected in place before use (and not more than seven days before use). Where it is a mobile platform, inspection at the site is sufficient without re-inspection every time it is moved, however an inspection must be carried out if any modifications are made to the original design.

The use of ladders and step ladders will include daily pre-use checks (to include feet) carried out by the users. Detailed visual inspections of ladders and stepladders will be recorded in the Estates Log. Ladder stability devices will be checked pre-use and inspected in accordance with the manufacturer’s instructions.

All inspection reports will be held by the Estates Department.

### 5.4 Training, instruction and information

Managers will ensure that anyone involved in work at height is competent (or if being trained is supervised by a competent person). This includes involvement in organisation, planning, supervision and the supply and maintenance of equipment.

Where other precautions do not entirely eliminate the risk of a fall occurring the manager will, as far as is as reasonably practicable to do so, instruct or provide information in how to avoid falling, and how to avoid or minimise injury to them should they fall. Guidance can be sought from the Trust’s Manual Handling Trainers or the Health & Safety Team.

## 5.5 Falling Objects

Where it is necessary to prevent injury the Trust will do all that is reasonably practicable to prevent anything falling from a height. Persons working at height must ensure that nothing is thrown or tipped from height if it is likely to injure anyone or stored in such a way that its movement is likely to injure anyone.

If the workplace contains an area in which there is a risk of someone being struck by a falling object or person, including any areas immediately below a fragile surface, the Trust will ensure that that area is clearly indicated and that as far as reasonably practicable unauthorised people are unable to gain access.

## 6 Implementation arrangements

### 6.1 Plan for implementation

This policy will be implemented by local managers in their respective areas of responsibility.

### 6.2 Dissemination process

This Policy will be made available on the Trust Intranet. Copies will also be made available to contractors who may be required to work at height whilst on Trust premises by the Estates Managers.

### 6.3 Training and awareness (see 5.4)

The Trust will ensure that the appropriate members of staff are suitably trained in safe work at height procedures. All staff will be made aware of this policy via the Trust's local induction process. This policy will be communicated to governance teams and staff-side representatives and other interested parties (e.g Equans) via the Trust Health and Safety Committee.

## 7 Monitoring and compliance

The Estates Managers will monitor the effectiveness of this policy, as a standard, and the general level of compliance with its requirements. (See Sections 5.1 and 5.3 above)

## 8 Policy Review

The Policy will be reviewed by the Health and Safety Committee three years from the date of approval, unless any statutory or national guidance is introduced in the intervening period that requires revision of the document before the planned review.

## 9. References

### References:

Code:

|   |  |
|---|--|
| Health and Safety at Work, etc Act 1974                     |  |
| Management of Health and Safety at Work Regulations 1999    |  |
| Work at Height Regulations 2005                             |  |
| INDG401 The Work at Height Regulations 2005 – A brief guide |  |
| INDG402 Safe use of ladders and stepladders (HSE)           |  |
| Health and Safety Strategy                                  |  |
| Risk Management Policy                                      |  |
| Manual Handling Policy                                      |  |

## 10. Background

### 10.1 Equality requirements

|                              |              |           |
|------------------------------|--------------|-----------|
| <b>Work at Height Policy</b> |              |           |
| WAHT-CG-126                  | Page 6 of 12 | Version 5 |

An equality assessment has been performed. There are no equality issues presented by this policy.

### **10.2 Financial risk assessment**

A financial risk assessment has been performed. Effecting change as a result of learning may have associated costs although these will be dealt with through individual business cases.

### **10.3 Consultation**

The following were consulted in the production of the original version of the policy:

- Members of the Health and Safety Committee
- JNCC

### **10.4 Approval process**

This policy will obtain final approval from the Health and Safety Committee. Changes to this document will be recorded and monitored.

**Supporting Document 1 - Equality Impact Assessment Tool**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

|  |   |                               |  |                      |  |
|--|---|-------------------------------|--|----------------------|--|
| Herefordshire & Worcestershire STP       |   | Herefordshire Council         |  | Herefordshire CCG    |  |
| Worcestershire Acute Hospitals NHS Trust | X | Worcestershire County Council |  | Worcestershire CCGs  |  |
| Worcestershire Health and Care NHS Trust |   | Wye Valley NHS Trust          |  | Other (please state) |  |

|                                  |                    |
|----------------------------------|--------------------|
| <b>Name of Lead for Activity</b> | <b>Julie Noble</b> |
|----------------------------------|--------------------|

|  |                             |                           |                        |
|--|-----------------------------|---------------------------|------------------------|
| <b>Details of individuals completing this assessment</b> | <b>Name</b>                 | <b>Job title</b>          | <b>e-mail contact</b>  |
|  | Samantha Reid               | Health and Safety Officer | Samantha.reid3@nhs.net |
|  |                             |                           |                        |
| <b>Date assessment completed</b>                         | 25 <sup>th</sup> April 2024 |                           |                        |

**Section 2**

|  |   |   |  |
|--|---|---|--|
| Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.) | <b>Work at Height Policy</b>  |   |  |
| What is the aim, purpose and/or intended outcomes of this Activity?                                | The purpose of this policy to ensure staff can work at height safely, if there is no alternative method of work. Following the requirements of the policy will ensure the Trust is compliant with the Working at Height Regulations 2005. |   |  |
| Who will be affected by the development & implementation of this activity?                         | <input checked="" type="checkbox"/> Service User<br><input checked="" type="checkbox"/> Patient<br><input checked="" type="checkbox"/> Carers<br><input checked="" type="checkbox"/> Visitors   | <input checked="" type="checkbox"/> Staff<br><input type="checkbox"/> Communities<br><input type="checkbox"/> Other _____ |  |
| Is this:   | <input checked="" type="checkbox"/> Review of an existing activity<br><input type="checkbox"/> New activity   |   |  |

|   |  |
|---|--|
|   | <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence? |
| What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc. |  |
| Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)   |  |
| Summary of relevant findings  | .  |

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

| Equality Group                       | Potential <u>positive</u> impact | Potential <u>neutral</u> impact | Potential <u>negative</u> impact | Please explain your reasons for any potential positive, neutral or negative impact identified  |
|--------------------------------------|----------------------------------|---------------------------------|----------------------------------|--|
| Age                                  | X                                |                                 |                                  | This document applies to those members of staff that are directly employed by the Trust and for whom the Trust has legal responsibility, also those staff covered by a letter of authority / honorary contract or work experience. This document will have a positive impact across all the protected characteristics. |
| Disability                           | X                                |                                 |                                  | As per age   |
| Gender Reassignment                  | X                                |                                 |                                  | As per age   |
| Marriage & Civil Partnerships        | X                                |                                 |                                  | As per age   |
| Pregnancy & Maternity                | X                                |                                 |                                  | As per age   |
| Race including Traveling Communities | X                                |                                 |                                  | As per age   |
| Religion & Belief                    | X                                |                                 |                                  | As per age   |
| Sex                                  | X                                |                                 |                                  | As per age   |
| Sexual Orientation                   | X                                |                                 |                                  | As per age   |

| Equality Group   | Potential positive impact | Potential neutral impact | Potential negative impact | Please explain your reasons for any potential positive, neutral or negative impact identified   |
|--|---------------------------|--------------------------|---------------------------|---|
| <b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)   | N/A                       |                          |                           | This Policy <b>only</b> applies to those members of staff that are directly employed by the Trust and for whom the Trust has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience. |
| <b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies) | N/A                       |                          |                           | This Policy <b>only</b> applies to those members of staff that are directly employed by the Trust and for whom the Trust has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience. |

## Section 4

| What actions will you take to mitigate any potential negative impacts?   | Risk identified | Actions required to reduce / eliminate negative impact | Who will lead on the action? | Timeframe |
|--|-----------------|--|------------------------------|-----------|
|  |                 |  |                              |           |
|  |                 |  |                              |           |
|  |                 |  |                              |           |
| <b>How will you monitor these actions?</b>   |                 |  |                              |           |
| <b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation) |                 |  |                              |           |



## Section 5 - Please read and agree to the following Equality Statement

### 1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

|  |   |
|--|---|
| <b>Signature of person completing EIA</b>                      |  Samantha Reid |
| <b>Date signed</b>   | 25 <sup>th</sup> April 2024.  |
| <b>Comments:</b>   |   |
| <b>Signature of person the Leader Person for this activity</b> |  Julie Noble   |
| <b>Date signed</b>   | 26 <sup>th</sup> April 2024   |
| <b>Comments:</b>   |   |

## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

|    | <b>Title of document:</b>  | <b>Yes/No</b> |
|----|--|---------------|
| 1. | Does the implementation of this document require any additional Capital resources  | NO            |
| 2. | Does the implementation of this document require additional revenue  | NO            |
| 3. | Does the implementation of this document require additional manpower   | NO            |
| 4. | Does the implementation of this document release any manpower costs through a change in practice   | NO            |
| 5. | Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff | NO            |
|    | Other comments:  |               |

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.