Health and Safety Policy

Supportive Bridge Ltd - Policy and Procedure

POLICY AT A GLANCE

- We work in other people's homes, which are not designed as workplaces. Every home is risk assessed before support starts, and the assessment is reviewed at least every year.
- Your safety comes first. If a situation is unsafe, leave, get somewhere safe, and ring the office. No one will be criticised for that.
- Report everything: accidents, near misses, injuries, illness, unsafe homes, faulty equipment, pets, aggression. The same day.
- We never lift, carry or hoist a person, in any circumstances - that is personal care and clinical moving and handling, which we are not registered or equipped to provide (see section 5).
- Fire: know the way out of every home you work in. Get everyone out, call 999, then call the office. Never fight a fire.
- Serious injuries and dangerous incidents are reported to the HSE under RIDDOR by the Registered Manager.
- Emergency: call 999. Then tell the office or on-call manager.

Registered Manager	Iffrah Ishtiaq
Nominated Individual (overall responsibility)	Iffrah Ishtiaq
Health and safety lead	Usama Saleem
Office phone	07448266215
Out-of-hours / on-call number	
Employers' liability insurer and policy number	
Date issued	01-10-2026
Next review date	

1. Statement of intent

1.1 Supportive Bridge Ltd ("Supportive Bridge", "we", "us") is committed to providing a safe and healthy working environment for everyone who works for us, and to protecting the people we support, their families and members of the public from risks arising from our work.

1.2 We accept our duties under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999. So far as is reasonably practicable, we will provide safe systems of work, suitable equipment, adequate information, instruction, training and supervision, and we will consult our staff on health and safety matters.

1.3 Overall responsibility for health and safety rests with the Nominated Individual. Day-to-day responsibility rests with the Registered Manager. Every member of staff has a personal duty to take reasonable care of their own safety and that of others.

1.4 A copy of this statement is displayed in the office, issued to every worker, and reviewed at least every year. Our employers' liability insurance certificate is displayed in the office and available to staff on request.

2. Scope

2.1 Supportive Bridge Ltd operates in two parts: as a staffing agency, supplying care and support workers to care homes, hospitals and other regulated providers under that provider's own policies and supervision; and as a community support service, where our own support workers visit adults and older people in their own homes, including council housing, on morning and evening shifts to help with daily living.

2.2 Supportive Bridge Ltd is not currently registered with the Care Quality Commission (CQC) and does not provide personal care in any circumstances at present. This means no washing, bathing, dressing, toileting, continence care, or assistance with eating, drinking, oral, skin, hair or nail care. Personal care will only be offered once, and if, CQC registration is granted, and this policy will be updated at that point.

2.3 This policy covers work in our office, travel between and to people's homes, and work in the homes of the people we support. Where our workers are supplied to a client organisation, that organisation is responsible for the health and safety of its premises, equipment and systems, and our workers must follow its local rules, fire procedures and instructions; we remain responsible for their training, competence and for acting on any concern they report to us.

3. Roles and responsibilities

Role	Responsibilities
Nominated Individual	Holds overall responsibility. Makes sure health and safety is resourced, insurance is in place, this policy is followed and reviewed, and reviews accidents and risks at least quarterly.
Registered Manager	Day-to-day responsibility. Makes sure every home is risk assessed before support starts, staff are trained, equipment is safe, accidents are investigated and RIDDOR reports are made.
Health and safety lead	The named person (the Registered Manager unless someone else is named on page 1) who keeps the accident book and risk assessment records, and chases actions to completion.
Field Supervisor / Care Coordinator	Carries out and reviews home risk assessments, checks safe working during spot checks, and reports hazards.
All staff	Work safely, follow risk assessments and training, use the equipment and PPE provided, report hazards, accidents and near misses the same day, and never take on a task they are not trained for.

4. Risk assessment

4.1 We assess risks to our workers and to the people we support, record the significant findings, and act on them.

4.2 Home environment risk assessment

4.3 Before support starts in any home, a Field Supervisor or the Registered Manager visits and completes a written risk assessment covering at least:

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- access to the property, parking, lighting, steps, paths and the area at night;
- the condition of floors, stairs, rugs, trailing cables and clutter, and any trip hazards;
- gas, electrical safety, heating, smoke alarms and carbon monoxide alarms;
- fire risks and escape routes, including whether the person can get out unaided;
- kitchen and appliance safety, and hot water temperature;
- any equipment our workers will support the person to use, and whether it is in good working order;
- the space and layout for safe movement around the home;
- pets, including dogs, and how they will be managed during shifts;
- smoking in the home, and any oxygen in use;
- infection risks, hygiene and waste;
- anyone else in the home who may present a risk, including a history of aggression or substance misuse;
- whether the shift can be worked safely by one person, or needs two;
- the person's own needs and how they affect safety, including falls risk and any distressed behaviour.

4.4 The assessment is shared with every worker who supports that person, kept in the home and in the office, and reviewed at least every 12 months, and sooner after any incident, change of need, hospital stay, or change in the home.

4.5 The home belongs to the person. We cannot insist they change it. Where a risk cannot be removed, we discuss it with the person and their family, agree how it will be managed, record the agreement, and involve the council or an occupational therapist where appropriate. If a risk is so serious that support cannot be delivered safely, the Registered Manager will say so in writing to the person and the funding authority.

4.6 Other risk assessments

- individual risk assessments for workers who are new or expectant mothers, young workers, or workers with a disability or health condition;
- task-based assessments, for example manual handling of objects, use of cleaning products, and lone working;
- office risk assessment, including display screen equipment and fire.

5. Manual handling and mobility support

5.1 Most injuries in care and support work come from lifting and moving, so this section applies both to everyday objects and to how we support a person's mobility. Because we do not provide personal care, our rules here are deliberately stricter than a typical care provider's.

- workers must never lift, carry, drag or hoist a person, or bear any part of a person's body weight, in any circumstances;
- workers may offer an arm, hand or shoulder for a person to hold for balance while they walk or stand, hand someone their own walking aid, and support someone to use mobility equipment they already have and can operate themselves;
- if a person's needs appear to require hoisting, transferring, or any physical support beyond this, workers stop, keep the person safe and comfortable where they are, and call the office immediately - this means their needs have moved beyond what we currently provide;
- if a person falls, workers must not attempt to lift them. Follow the falls procedure: check for injury, keep the person warm and reassured, and call 999 or the falls service as the support plan directs, then the office;
- for everyday objects - shopping, laundry, light equipment - workers use safe lifting technique: think about the task, their own ability, the load, and the environment (TILE); keep the load close, bend the knees not the back, and get help or leave the item rather than risk an unsafe lift;
- workers must not move heavy furniture or appliances.

5.2 All workers complete manual handling training, covering both object handling and this policy's limits on supporting a person's mobility, before working alone, and refresh it at least every year. Full detail on safe technique and training is in our Staff Training and Competency Policy.

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6. Fire safety in people's homes

6.1 Our workers do not manage fire safety in someone else's home, but they must be alert to it.

- at the first shift in any home, the worker identifies the escape route and any door or window keys;
- workers check that smoke alarms appear to be present and, where the person agrees, test them, reporting any that do not work;
- obvious fire risks are reported to the office: overloaded sockets, heaters near furniture, candles, smoking in bed, hoarding, or oxygen in use with smoking nearby;
- the office refers serious fire risks, with consent, to County Durham and Darlington Fire and Rescue Service for a free Safe and Wellbeing Visit, and to the person's social worker;
- if a fire starts: get everyone out if it is safe, close the door, call 999 from outside, do not go back in, do not attempt to fight the fire, then call the office.

6.2 In our office, fire exits are kept clear, alarms are tested weekly, extinguishers are serviced annually and a drill is held at least once a year.

7. Lone working, travel and driving

7.1 Nearly all our support is delivered by a worker on their own, often early in the morning or in the evening. Our Lone Working Policy sets out the check-in arrangements, on-call support and personal safety rules in full, and our Driving and Transporting People Policy sets out the rules for anyone driving for work or transporting a person we support.

7.2 Rotas are planned to allow realistic travel time between homes. Workers must tell the office if a rota cannot be worked safely.

8. Substances, sharps and waste (COSHH)

8.1 Cleaning products and similar substances are used in people's homes. Workers must:

- use products as the label directs, never mix products, and keep them in their original containers;
- wear the gloves and apron provided;
- keep products out of reach where a person may be at risk, for example someone living with dementia;
- report any splash, burn, inhalation or reaction to the office and seek medical advice.

8.2 Sharps, including lancets, go straight into a sharps bin, are never re-capped, and are handled as set out in our Medical Devices Policy and Infection Prevention and Control Policy. Any sharps injury is a medical emergency for advice purposes: wash the wound, cover it, seek advice the same day, and report it.

8.3 Clinical or contaminated waste is disposed of as agreed with the person and the council, and never placed in ordinary household waste where that is not appropriate.

9. Violence, aggression and personal safety

9.1 Our workers have the right to work without abuse. Where a risk assessment shows a risk of aggression, from the person, a relative, a visitor or a neighbour, the Registered Manager reviews whether support can be delivered safely and may arrange two workers, change the time of the shift, or withdraw the service.

9.2 Workers should leave immediately if they feel unsafe, get to a safe place, call 999 if needed, and then call the office. Leaving is always the right decision, and no one will be criticised for it. Every incident is recorded and reviewed.

9.3 Verbal abuse, including racist, sexist or other discriminatory abuse of our workers, is never acceptable and is dealt with under this policy and our Equality policies.

10. Accidents, incidents and RIDDOR

10.1 All accidents, injuries, near misses, illnesses and dangerous occurrences are reported to the office the same day and recorded in the accident book and on an incident form. Personal details in the accident book are kept confidential.

10.2 The Registered Manager investigates, identifies the cause, and puts actions in place to stop it happening again.

10.3 Under RIDDOR 2013, the Registered Manager reports to the Health and Safety Executive:

- the death of any worker or non-worker arising from a work-related accident;
- specified injuries to workers, such as fractures other than to fingers, thumbs or toes, amputations, loss of sight, serious burns, scalping, loss of consciousness from a head injury or asphyxia, or any injury from working in an enclosed space;
- a worker being unable to carry out their normal duties for more than seven consecutive days because of a work-related injury (reported within 15 days);
- injuries to people who are not at work, where they are taken to hospital for treatment arising from a work-related accident;
- certain occupational diseases, including work-related dermatitis, carpal tunnel syndrome and severe cramp, and any dangerous occurrence.

10.4 Deaths and specified injuries are reported without delay, by telephone where required, and confirmed in writing within ten days. RIDDOR records are kept for at least three years.

10.5 Where an incident also involves a person we support, our Safeguarding, Incident Reporting and Duty of Candour policies apply, and any CQC notification required is made.

11. Staff health and wellbeing

11.1 We take staff wellbeing seriously. Workloads and rotas are planned to be realistic, workers have proper breaks and rest between shifts in line with the Working Time Regulations 1998, and we will discuss adjustments with any worker whose health affects their work.

11.2 Workers must not attend work if they have symptoms of an infectious illness, in line with our Infection Prevention and Control Policy and our Sickness Absence Policy, and must tell the office as early as possible so cover can be arranged.

11.3 Support after a difficult event, such as the death of a person they supported, an assault or a serious incident, is offered through a debrief with a manager and, where needed, signposting to further support.

12. Equipment and PPE

12.1 We provide, free of charge, the personal protective equipment workers need, including disposable gloves and aprons, and hand gel. Workers must use it as trained and tell the office before supplies run out.

12.2 Any company equipment is maintained and, where electrical, subject to portable appliance testing. Equipment in people's homes is checked visually before use and faults are reported the same day, as set out in our Medical Devices Policy.

13. Consultation, information and training

13.1 Health and safety is a standing item at team meetings and in supervision. Workers are encouraged to raise concerns at any time and can use our Whistleblowing Policy if they feel a concern is not being acted on.

13.2 Every worker receives health and safety, fire, manual handling, infection control, food hygiene and lone working training as set out in our Staff Training and Competency Policy.

14. Monitoring and review

14.1 The Registered Manager reviews all accidents, incidents and near misses monthly, looking for patterns, and checks that home risk assessments are in date. The Nominated Individual reviews health and safety performance at least quarterly.

14.2 This policy and the risk assessments are reviewed at least every year, and sooner after a serious incident, a change in the law, or a change to how we work.

15. Legislation and guidance

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Manual Handling Operations Regulations 1992
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Personal Protective Equipment at Work Regulations 1992 (as amended 2022)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Health and Safety (First-Aid) Regulations 1981
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Regulatory Reform (Fire Safety) Order 2005
- Working Time Regulations 1998
- Employers' Liability (Compulsory Insurance) Act 1969
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulations 12, 15 and 17
- HSE guidance on health and social care, and on lone working

16. Related policies and forms

16.1 Related policies: Lone Working; Infection Prevention and Control; Medical Devices Policy; Incident Reporting and Duty of Candour; Business Continuity; Safeguarding Adults; Staff Training and Competency; Driving and Transporting People; Sickness Absence; Whistleblowing.

16.2 Forms: Home Environment Risk Assessment (Appendix A); Accident Book; Incident Report; COSHH assessment; Vehicle and Driving Licence Check; Office Fire Risk Assessment.

17. Document control

Version	Date	Approved by	Role	Reason
1.0			Nominated Individual	New policy for local authority assurance and CQC registration
1.1			Nominated Individual	Manual handling and mobility support section rewritten to match our no-personal-care position; folded in what was a separate Moving and Handling Policy

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APPENDIX A: HOME ENVIRONMENT RISK ASSESSMENT

Complete before support starts, review at least every 12 months and after any incident or change. Keep a copy in the home and in the office.

Person	
Address	
Assessed by / date	

Hazard	Risk (L/M/H)	Controls in place / action needed	By whom / when
Access, parking, paths, steps and lighting (including after dark)			
Floors, stairs, rugs, cables, clutter and trip hazards			
Electrics, gas, heating and hot water temperature			
Smoke alarms and carbon monoxide alarms present and working			
Fire risks and escape route; can the person get out unaided?			
Kitchen and appliance safety			
Space and layout for safe movement around the home			
Equipment in the home: safe and in good working order (walking aids, riser chairs, stairlifts)			
Pets and how they will be managed during shifts			
Smoking in the home; oxygen in use			
Infection, hygiene and waste			
Other people in the home who may present a risk			
History of aggression, alcohol or substance misuse			
Can this shift be worked safely by one worker?			
Falls risk and distressed behaviour			

Discussed with the person / family: Yes / No Any risk they do not wish to change (record agreement): _____

Signed (assessor): _____ Signed (person or representative): _____ Review date: _____

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