

## Minimum Requirements – All Modalities

<b>Employer/Proprietor's name:</b>		<b>Number of employees:</b>	
<b>Modalities performed in this environment:</b>			
<b>Workplace address:</b>		<b>Main contact: (Name &amp; Tel No)</b>	

### Health and Safety Standard:

1	Health and Safety Policy	Yes/No	Evidence / comments	Date:
A	Is there a clear commitment to health, safety & welfare (written policy statement mandatory when 5 or more employees)?			
B	Are the responsibilities for health and safety clearly stated (recorded when 5 or more employees)?			
C	Are arrangements for health and safety clearly stated (recorded when 5 or more employees)?			
D	How are the commitment, responsibilities and arrangements for health & safety (in 1A – 1C above) communicated to employees if applicable?			
<b>Assessment of Standard 1:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/>	<b>Not met</b> <input type="checkbox"/>

2	Risk assessment and control	Yes/No	Evidence / comments	Date:
A	Have risk assessments been carried out and significant risks identified?			
B	Have the significant findings and details of any groups identified as being especially at risk been recorded (this is optional where there are fewer than 5 employees)?			

C	Have control measures been identified and put in place as a result of the risk assessments?			
D	Give details of the risks and control measures relating to the occupations and the specific activities carried out in the workplace.			
E	Are systems in place to control general and clinical waste			
F	How are the risks and control measures explained to employees and others where applicable?			
G	Are risk assessments reviewed e.g. in light of the findings from monitoring activities?			
<b>Assessment of Standard 2:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/>	<b>Not met</b> <input type="checkbox"/>

<b>3</b>	<b>Accident, incidents and first aid</b>	<b>Yes/No</b>	<b>Evidence / comments</b>	<b>Date:</b>
A	Have adequate arrangements for first aid materials been made?			
B	Have adequate arrangements for trained first aid persons been made? recorded (this is optional where there are fewer than 5 employees)?			
C	Are accidents and first aid treatment rendered recorded? Is an accident book kept?			
D	Are or will all legally reportable accidents, incidents and ill-health be reported to the enforcing authority and will they be investigated to enable suitable remedial action to be taken?			
<b>Assessment of Standard 3:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/>	<b>Not met</b> <input type="checkbox"/>

<b>4</b>	<b>Supervision, training, information and Instruction</b>	<b>Yes/No</b>	<b>Evidence / comments</b>	<b>Date:</b>
A	Are employees/practitioners provided with adequate competent supervision where required?			
B	Is initial health and safety information, instruction and training given to all new employees on recruitment where applicable?			

C	Is ongoing health and safety information, instruction and training provided?			
D	Is health and safety information, instruction and training recorded?			
E	How is the effectiveness of health and safety information, instruction and training assessed, and is the assessment recorded?			
<b>Assessment of Standard 4:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/>	<b>Not met</b> <input type="checkbox"/>

<b>5</b>	<b>Work equipment and machinery</b>	<b>Yes/No</b>	<b>Evidence / comments</b>	<b>Date:</b>
A	Is correct machinery and equipment provided to the appropriate standards?			
B	Is equipment adequately maintained? There should be suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment. Arrangements meet the requirements of current legislation and guidance, manufacturers' instructions and the provider's policies or procedures.			
C	Are guards and control measures in place as determined through risk assessment?			
D	Are safe electrical systems and equipment provided and maintained?			
<b>Assessment of Standard 5:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/>	<b>Not met</b> <input type="checkbox"/>

<b>6</b>	<b>Personal protective equipment and clothing</b>	<b>Yes/No</b>	<b>Evidence / comments</b>	<b>Date:</b>
A	Is PPE/C provided, free of charge, to employees/practitioners as determined through risk assessment?			
B	Is training and information on the safe use of PPE/C provided to all employees/practitioners?			
C	Is the proper use and storage of PPE/C enforced?			

D	Is PPE/C maintained and replaced?			
<b>Assessment of Standard 6</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/>	<b>Not met</b> <input type="checkbox"/>

7	Fire and emergencies	Yes/No	Evidence / comments	Date:
A	Is there a means of raising the alarm and fire detection in place?			
B	Are there appropriate means of fighting fire in place?			
C	Are effective means of escape in place including unobstructed routes and exits?			
D	Is there a named person(s) for emergencies?			
E	Is fire-fighting equipment, preventive measures and emergency arrangements maintained, including through tests and practise drills?			
F	Is a fire log/record book kept?			
G	Is there evidence of risk assessment complete which identifies risks, hazards and control measures?			
<b>Assessment of Standard 7:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/>	<b>Not met</b> <input type="checkbox"/>

8	Safe and healthy working environment	Yes/No	Evidence / comments	Date:
A	Are premises (structure, fabric, fixtures and fittings) safe and healthy (suitable, maintained and kept clean)?			
B	Is the working environment (temperature, lighting, space, ventilation, noise) an appropriate safe and healthy one?			
C	Are welfare facilities (toilets, washing, drinking, eating, changing) provided as appropriate and maintained?			
D	Is there access to a dedicated hand wash sink that must be for hand washing only. The sink must not be dual purpose e.g. a kitchen or bathroom sink.			

E	Is multiple use equipment and devices cleaned or decontaminated between use. Single use and single person devices must not be re-used or shared.			
F	Are there appropriate laundry facilities and supplies of clean linen/towels sufficient for each treatment/procedure and for additional use for modesty reasons as required?			
G	Are substances which fall under the Control of Substances Hazardous to Health Regulations 2001 kept in a suitable storage with safety data sheet?			
H	How is exposure to hazards from physical, chemical and biological agents adequately controlled?			
I	Facilities are provided to ensure modesty and privacy appropriate to the treatment/procedure.			
<b>Assessment of Standard 8:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/>	<b>Not met</b> <input type="checkbox"/>

9	General health and safety management	Yes/No	Evidence / comments	Date:
A	Where applicable how does the employer consult and communicate with employees and allow them to participate in health and safety?			
B	Where applicable does the employer provide medical / health screening if appropriate and any required medical / health surveillance?			
C	Where applicable does the employer have access to competent health and safety advice and assistance?			
D	Is health and safety reviewed annually?			
E	Are all necessary signs and notices displayed?			

F	Is your Professional Indemnity and Public Liability insurance current and other relevant insurances in place as appropriate to the business undertaking?		Insurer's name: Policy number: Expiry date	
G	Is employers' liability insurance current if appropriate to the business?		Insurer's name: Policy number: Expiry date	
H	How does the employer assess, review and update employees' capabilities? If self employed do you undertake an annual review of your own capabilities?			
I	Is CPPD reviewed on an ongoing basis and updated annually?			
J	How does the employer manage employees' work when it is away from the employer's own premises or when employees are placed with another employer / site?			
<b>Assessment of Standard 9:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/>	<b>Not met</b> <input type="checkbox"/>

10	Management health and safety	Yes/No	Evidence / comments	Date:
A	Where relevant does the employer provide an induction and ongoing information, instruction and training to employees reflecting the findings of the risk assessment, working environment, work activities, age, experience and any special needs?			
B	Where relevant does the employer provide, free of charge, any necessary personal protective equipment and clothing (as determined by the risk assessment) and ensure its proper and effective use?			
C	Does the employer/site hold any compliancy licences/registrations relevant to the modalities of HEE regulations?			
<b>Assessment of Standard 10:</b>		<b>Met</b> <input type="checkbox"/>	<b>Part met</b> <input type="checkbox"/>	<b>Not met</b> <input type="checkbox"/>

**Assessment Outcome:**

Recommendation:	Accept <input type="checkbox"/>	Accept with action plan <input type="checkbox"/>	Reject <input type="checkbox"/>	<b>Date:</b>
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Risk category:	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>	<b>Date:</b>
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**The Employer or their representative:**

(Please sign to agree that this is an accurate record of the assessment)

Signed:	Print name:	Job title:	Date:
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**Assessment undertaken by:**

Name:	Job title:	Date:
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**Quality assured by:**

Name:	Job title:	Date:
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**Assessment type:**

Initial assessment <input type="checkbox"/>	Re-assessment <input type="checkbox"/>	Other (please specify):	Date of next assessment:	<b>Date:</b>
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Action Plan				Page of	
Ref	Action required	By who	Target date	Completed (signed of)	Date:

Action plan prepared by:

Agreed by:

Signed:

Date:

Action plan review dates: