

Health & Safety Planning Guide

For Month of :

TEAM _____

White Goods

Reference – White Goods Safety Awareness document

Check safe operation of white goods in accordance with the manufacturer’s user manual.

Tumble Drier

Weekly Task:

Check fluff filter is clean, water container is empty and machine is unplugged from socket

Week 1	Date Completed	Completed by	Week 2	Date Completed	Completed By	Week 3	Date Completed	Completed By	Week 4	Date Completed	Completed By
									----- Week 5		

Washing Machine

Weekly Task:

Check washing machine is unplugged when not in use

Ref White Goods Awareness Document

Week 1	Date Completed	Completed by	Week 2	Date Completed	Completed By	Week 3	Date Completed	Completed By	Week 4	Date Completed	Completed By
									----- Week 5		

Dishwasher

Weekly Task:

Check dishwasher is unplugged when not in use

Ref White Goods Awareness Document

Week 1	Date Completed	Completed by	Week 2	Date Completed	Completed By	Week 3	Date Completed	Completed By	Week 4	Date Completed	Completed By
									----- Week 5		

Bathing

Weekly Task:

Reference – Bathing Guidance document – Appendix 4

Check that calibrated thermometer is being used and the bathing temperature is recorded on log sheet

Week 1	Date Completed	Completed by	Week 2	Date Completed	Completed By	Week 3	Date Completed	Completed By	Week 4	Date Completed	Completed By
									----- Week 5		

Smoke Alarm**Weekly Test:**

Check that weekly test of Smoke Alarm(s) and any Carbon Monoxide Alarms are being completed and recorded below.
All staff have read & signed Fire Evacuation Plan in last 12 months.

Reference: Keeping Yourself Safe – Page 15

Week 1	Date Completed	Completed by	Week 2	Date Completed	Completed By	Week 3	Date Completed	Completed By	Week 4	Date Completed	Completed By
									----- Week 5		

Moving & Handling**Weekly Task:**

Check that all equipment used to assist in moving & handling activities is suitable and in a good state of repair and that any equipment checklists or record books are being completed e.g. wheelchairs, hoists etc

Reference: Keeping Yourself Safe – Page 27
Moving & Handling Assessment
Moving & Handling Policy

Week 1	Date Completed	Completed by	Week 2	Date	Completed By	Week 3	Date Completed	Completed By	Week 4	Date Completed	Completed By
									----- Week 5		

Bathing – TMV**Monthly Task:**

Reference – Bathing Guidance document - Page 6, 2.7

Ensure TMV if fitted is checked monthly using calibrated thermometer and recorded on log sheet.

Date Completed	Completed By

Fridge/Freezer**Monthly Task:**

Check safe operation of white goods in accordance with the manufacturer's operation manual.

Reference – White Goods Safety Awareness document

Ensure the rear of fridge/freezer has been hovered to remove debris and dust

Date Completed	Completed By

First Aid**Monthly Task:**

Make sure that the contents of all First Aid Kits are being checked every month and recorded here as evidence.

Date Completed	Completed By

Reference: Keeping Yourself Safe – Page 22

Hygiene

Make sure that the Shower Head is cleaned and free flowing. Check also for safe condition of handrails and rubber bath mats.(where fitted)
Check that the conditions for food storage & preparation together with worktops and utensils are to good standard.

Monthly Task:

Date Completed	Completed By

*Reference: Keeping Yourself Safe – Page 29
Keeping Yourself Safe – Page 30
REHIS Food Safety Handbook*

C.A.L.M

Reminder that all team members should practice team specific CALM techniques on a regular basis.
Training & practice sessions are also available at West Kirk on Induction Training weeks.

Monthly Task:

Date Completed	Completed By

Reference: CALM Assessment

Accidents & Incidents

Check that all Accidents & Incidents are being reported fully and that any follow-up procedures are completed and put in place. e.g. Update of Working Policy

Monthly Task:

Date Completed	Completed By

*Reference: A&I Reporting Form
A&I Log Sheet*

Safety Assessments

Check that all Activity Assessments are up to date and have been reviewed or updated to the Working Policy.
Check that the Home Safety Survey has been reviewed within past 12 months or arrange for update.

Monthly Task:

Date Completed	Completed By

Reference: Keeping Yourself Safe – Page 5

Various

Check that: Emergency Numbers, arrangements for Lone Working, Medication, driver records, vehicle maintenance, together with staff records, inc. absence & training are up to date.

Monthly Task:

Date Completed	Completed By

*Reference: Keeping Yourself Safe – Page specific
Medication Policy, Working Policy
Employee Handbook*

Retain completed sheet in Purple Folder in date order for auditing purposes.