BloodWorks Ltd

Policy Suite

Clinical Safety, Infection Control & Diagnostic Operations

Suite content

Approval Date	29.07.26
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Applies To	All employees, directors, self-employed practitioners, associate clinicians, volunteers, students, contractors, agency workers and anyone representing BloodWorks
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BloodWorks Ltd

Health and Safety Policy

Document Information

Policy Title	**Health and Safety Policy**
Policy Category	Corporate Governance
Policy Owner	Registered Manager
Approved By	Director and Senior Responsible Officer
Version	2.0
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Status	Draft

Health & Safety at a Glance

Our Commitment

Safety • Responsibility • Wellbeing

Prevention • Proportionate Risk Management • Continuous Improvement

Compliance • Learning • Shared Responsibility

Always

✓ Complete suitable and proportionate risk assessments before activities commence.

✓ Report hazards, incidents and near misses promptly.

✓ Use equipment safely and report defects immediately.

✓ Maintain safe clinical, office and outreach environments.

✓ Follow infection prevention, lone working and emergency procedures.

✓ Escalate concerns where there is any risk of harm.

Never

✗ Ignore unsafe practices or hazards.

✗ Carry out work that presents an unacceptable risk.

✗ Use defective equipment.

✗ Work outside your competence or professional registration.

✗ Obstruct fire exits or emergency equipment.

✗ Fail to report accidents, incidents or near misses.

✗ Place yourself or others at unnecessary risk.

If you're unsure...

Registered Manager

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Director / Senior Responsible Officer

1. Statement of Intent

BloodWorks Ltd is committed to providing and maintaining a safe, healthy and supportive environment for everyone who works with, delivers services for or accesses the organisation. Health and safety is fundamental to high-quality healthcare and is integral to the safe delivery of all BloodWorks activities.

The organisation recognises that effective health and safety extends beyond legal compliance. It forms part of good clinical governance, protects the wellbeing of staff and clients, supports high-quality care and contributes to a positive organisational culture built on responsibility, professionalism and continuous improvement.

BloodWorks delivers services across a variety of environments including clinical settings, community venues, workplaces, gyms, outreach locations and other temporary sites. The organisation therefore adopts a dynamic and proportionate approach to risk management, recognising that hazards and working environments may change from one service to another.

BloodWorks is committed to identifying foreseeable risks, implementing appropriate control measures, learning from incidents and ensuring that everyone understands their individual responsibility for maintaining safe working practices.

Health and safety is regarded as a shared responsibility. Directors, managers, clinicians, contractors, volunteers and all others representing BloodWorks are expected to actively contribute to creating safe environments for clients, colleagues and members of the public.

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2. Purpose

This policy aims to:

- Promote a positive health and safety culture throughout BloodWorks.
- Ensure compliance with relevant health and safety legislation.
- Protect employees, clinicians, contractors, volunteers, clients and visitors from avoidable harm.
- Ensure risks are identified, assessed and managed proportionately.
- Support safe delivery of clinical, outreach and administrative services.
- Clarify responsibilities for health and safety across the organisation.
- Promote continuous learning and improvement following incidents and near misses.
- Support compliance with Care Quality Commission Fundamental Standards and organisational governance requirements.

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3. Scope

This policy applies to everyone representing BloodWorks, including:

- Directors.
- Employees.
- Registered Manager.
- Self-employed clinicians and healthcare professionals.
- Contractors and subcontractors.
- Volunteers.
- Agency workers.
- Students and observers where applicable.

It applies to all BloodWorks activities including:

- Clinical consultations.
- Blood testing and physiological assessments.
- Outreach and community health clinics.
- Educational events.
- Mobile and temporary clinical environments.
- Office and administrative activities.
- Home and remote working where authorised.
- Travel undertaken on behalf of BloodWorks.

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4. Health and Safety Arrangements

Risk Assessment

Risk assessment forms the foundation of BloodWorks' health and safety arrangements.

Suitable and proportionate assessments will be undertaken before new activities commence, when significant changes occur, following incidents, or where legislation or guidance changes.

Risk assessments will identify hazards, evaluate the likelihood and potential severity of harm, implement appropriate control measures and be reviewed regularly to ensure they remain effective.

Everyone representing BloodWorks is expected to identify and report emerging hazards so that risks can be managed proactively.

Safe Working Environments

BloodWorks will ensure that premises and temporary working environments are suitable for the services being delivered.

Where reasonably practicable, working environments will provide:

- Safe access and exit.
- Appropriate lighting, heating and ventilation.
- Suitable welfare facilities.

- Clean clinical environments.
- Safe storage of equipment and consumables.
- Appropriate arrangements for waste disposal.
- Accessible emergency procedures.

Temporary outreach venues will be assessed before use to ensure they provide a safe environment for staff and clients.

Equipment

All equipment used by BloodWorks will be maintained in a safe condition and used only for its intended purpose.

Appropriate inspection, servicing, calibration and maintenance arrangements will be implemented where required.

Anyone identifying damaged or defective equipment must remove it from use where safe to do so and report the matter immediately.

Clinical Safety

Health and safety arrangements operate alongside BloodWorks' clinical governance framework.

Clinical activities will be supported through:

- Safe systems of work.
- Appropriate infection prevention measures.
- Safe handling and disposal of sharps and clinical waste.
- Appropriate use of personal protective equipment.
- Clinical competency and professional registration requirements.

Detailed operational requirements are contained within associated Infection Prevention and Control, Clinical Governance and Sharps Management policies.

Outreach and Community Services

Many BloodWorks services are delivered away from permanent premises.

Before delivering services from temporary venues, consideration will be given to:

- Suitability of the environment.
- Access and egress.
- Emergency arrangements.
- Fire safety.
- Security.
- Lone working risks.
- Availability of first aid.

- Manual handling requirements.
- Client confidentiality.

Where risks cannot be adequately controlled, services will not proceed until appropriate arrangements are in place.

Lone Working

BloodWorks recognises that some clinicians and staff may work alone during outreach activities, travel or administrative duties.

Appropriate control measures may include:

- Lone working risk assessments.
- Agreed communication arrangements.
- Check-in procedures.
- Access to emergency contacts.
- Dynamic assessment of environmental risks.

Further guidance is contained within the Lone Working Policy.

Fire and Emergency Arrangements

BloodWorks will maintain appropriate emergency procedures for all locations under its control.

Where services are delivered from partner venues, staff will familiarise themselves with local emergency procedures, fire evacuation arrangements and assembly points before commencing activities.

Any emergency that presents an immediate threat to life should be managed by contacting the emergency services without delay.

Manual Handling

Manual handling activities will be avoided where reasonably practicable.

Where manual handling cannot be avoided, suitable control measures, training and equipment will be provided where appropriate to minimise the risk of injury.

Violence, Aggression and Personal Safety

BloodWorks operates a zero-tolerance approach towards violence, abuse, intimidation or threatening behaviour.

Where risks relating to personal safety are identified, appropriate measures will be implemented to reduce the likelihood of harm to staff, volunteers, contractors and clients.

Any significant incident involving aggression or violence will be reported, investigated and reviewed to identify learning.

Incident Reporting

All accidents, incidents, hazards and near misses must be reported as soon as reasonably practicable.

Prompt reporting supports:

- Immediate risk reduction.
- Investigation.
- Organisational learning.
- Continuous improvement.
- Compliance with statutory reporting requirements where applicable.

Where incidents meet statutory reporting thresholds, BloodWorks will ensure reporting in accordance with relevant legislation.

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5. Failure to Comply

Failure to comply with this policy may place clients, colleagues or members of the public at unnecessary risk and may compromise BloodWorks' ability to provide safe, effective services.

Employees, contractors or others representing BloodWorks who fail to comply with this policy may be subject to management action, disciplinary procedures, contractual review or termination of engagement where appropriate.

Serious breaches may include:

- Deliberately disregarding safe systems of work.
- Failure to report significant hazards or incidents.
- Unsafe use of equipment.
- Failure to follow emergency procedures.
- Working outside professional competence.
- Behaviour that places others at unnecessary risk.

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6. Responsibilities

Director

- Promote a positive organisational culture for health and safety.
- Ensure appropriate governance arrangements are maintained.
- Receive assurance regarding significant health and safety risks.

- Ensure sufficient resources are available to support safe service delivery.

Registered Manager

- Maintain oversight of organisational health and safety.
- Ensure appropriate risk assessments are completed and reviewed.
- Investigate significant incidents and identify organisational learning.
- Ensure appropriate training and supervision are provided.
- Monitor compliance with this policy.

Everyone Representing BloodWorks

- Take reasonable care of their own health and safety and that of others.
- Follow organisational policies and safe systems of work.
- Report hazards, incidents and near misses promptly.
- Participate in required training.
- Work within their competence and professional responsibilities.
- Cooperate with reasonable health and safety arrangements.

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7. Monitoring and Review

Compliance with this policy will be monitored through:

- Governance meetings.
- Risk register review.
- Incident reporting.
- Health and safety inspections.
- Clinical audit.
- Complaints and feedback.
- Training compliance.
- Quality assurance activities.
- Policy review.

This policy will be reviewed annually, or sooner where legislation, organisational change or learning from incidents requires revision.

Related Policies

- Clinical Governance and Risk Management Policy
- Infection Prevention and Control Policy
- Incident Reporting and Learning Policy
- Lone Working Policy
- Safeguarding Adults and Children Policy
- Information Governance and Confidentiality Policy

- Equality, Diversity and Inclusion Policy
- Duty of Candour Policy
- Professional Boundaries Policy
- Business Continuity Policy

References

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Regulatory Reform (Fire Safety) Order 2005
- Care Quality Commission Fundamental Standards
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- CQC Regulation 12 – Safe Care and Treatment
- CQC Regulation 17 – Good Governance

BloodWorks Ltd

Infection Prevention and Control Policy

Document Information

Policy Title	**Infection Prevention and Control Policy**
Policy Category	Clinical Governance
Policy Owner	Registered Manager
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Status	Draft

Infection Prevention & Control at a Glance

Our Commitment

Safety • Cleanliness • Professionalism

Prevention • Standard Precautions • Continuous Improvement

Clinical Excellence • Compliance • Shared Responsibility

Always

✓ Apply Standard Infection Control Precautions for every client.

✓ Perform effective hand hygiene before and after every client contact.

✓ Use appropriate personal protective equipment for the activity being undertaken.

✓ Handle blood, body fluids, sharps and clinical waste safely.

✓ Clean and decontaminate reusable equipment between clients.

✓ Report exposure incidents, contamination and infection risks immediately.

✓ Maintain clean, safe clinical environments wherever BloodWorks operates.

✓ Escalate concerns where infection risks cannot be adequately controlled.

Never

✗ Ignore contamination or exposure incidents.

✗ Carry out clinical procedures without appropriate infection control measures.

✗ Continue using contaminated or defective equipment.

✗ Dispose of clinical waste incorrectly.

✗ Attend clinical duties where doing so presents an avoidable infection risk to others.

If you're unsure...

Registered Manager

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Director / Senior Responsible Officer

1. Statement of Intent

BloodWorks Ltd is committed to maintaining the highest standards of infection prevention and control across all areas of its service delivery. Effective infection prevention protects clients, staff, volunteers, contractors and members of the public while supporting the delivery of safe, high-quality healthcare.

The organisation recognises that infection prevention is a fundamental component of clinical governance and safe care. Every clinical activity, whether undertaken within a permanent clinic, community venue or outreach environment, must be delivered using safe systems of work that minimise the risk of cross infection and contamination.

BloodWorks adopts a preventative approach based upon recognised infection prevention principles, proportionate risk management and continuous learning. Standard Infection Control Precautions (SICPs) are applied consistently to every client regardless of diagnosis or perceived infection risk.

The organisation is committed to providing appropriate equipment, training, supervision and governance arrangements to ensure infection prevention remains embedded throughout everyday practice.

Everyone representing BloodWorks shares responsibility for maintaining high standards of infection prevention and for immediately reporting any situation that may compromise client or staff safety.

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2. Purpose

This policy aims to:

- Promote a consistent approach to infection prevention across all BloodWorks services.
- Protect clients, staff, contractors, volunteers and visitors from avoidable infection risks.
- Ensure compliance with relevant legislation, national guidance and CQC Fundamental Standards.
- Establish clear organisational arrangements for infection prevention and control.
- Support safe clinical practice across permanent and temporary healthcare environments.
- Promote learning and continuous improvement following incidents or identified risks.
- Clarify responsibilities for infection prevention throughout the organisation.

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3. Scope

This policy applies to everyone representing BloodWorks including:

- Directors.
- Registered Manager.
- Employees.
- Self-employed clinicians.
- Phlebotomists.
- Contractors and subcontractors.
- Volunteers.
- Agency workers.

It applies to all BloodWorks activities including:

- Clinical consultations.
- Venepuncture and blood collection.
- Physiological assessments.
- Community health clinics.
- Outreach events.
- Temporary screening venues.
- Storage, handling and transport of clinical equipment.
- Management of clinical waste.

Partner organisations delivering services on behalf of BloodWorks are expected to maintain standards that are consistent with this policy.

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4. Infection Prevention and Control Arrangements

Standard Infection Control Precautions

BloodWorks applies Standard Infection Control Precautions to every client interaction regardless of known infection status.

These precautions form the foundation of safe clinical practice and include effective hand hygiene, appropriate use of personal protective equipment, safe management of sharps, environmental cleanliness, decontamination of equipment, respiratory hygiene and safe disposal of clinical waste.

Appropriate precautions will always reflect the nature of the activity being undertaken and the level of identified risk.

Hand Hygiene

Effective hand hygiene remains the single most important measure for reducing the transmission of infection.

Everyone undertaking clinical activities must perform hand hygiene before and after every client interaction, following removal of gloves, following contact with potentially contaminated equipment and whenever otherwise indicated during clinical practice.

Suitable hand hygiene facilities or alcohol-based hand sanitiser must be available wherever BloodWorks delivers services.

Personal Protective Equipment

Appropriate personal protective equipment (PPE) will be provided according to the activity being undertaken and identified risks.

PPE may include gloves, disposable aprons, fluid-resistant masks, eye protection or other equipment where clinically indicated.

PPE will be used correctly, removed safely and disposed of appropriately following use.

Clinical Equipment

All clinical equipment must be maintained in a clean and safe condition.

Reusable equipment will be cleaned and decontaminated between clients using approved cleaning products and procedures appropriate to the equipment being used.

Single-use items must never be reused.

Damaged, contaminated or defective equipment must be removed from service immediately and reported in accordance with organisational procedures.

Sharps Safety

BloodWorks is committed to reducing the risk of sharps injuries through safe systems of work.

Sharps must be handled only where clinically necessary, disposed of immediately after use into approved sharps containers and never re-sheathed unless an approved safety device is specifically designed for that purpose.

Any sharps injury or occupational exposure incident must be reported immediately and managed in accordance with BloodWorks' exposure procedures.

Blood and Body Fluids

All blood and body fluids will be treated as potentially infectious.

Appropriate precautions will be implemented during collection, handling, transport, storage and disposal of clinical specimens and contaminated materials.

Any contamination incident will be managed promptly using approved cleaning, decontamination and reporting procedures.

Clinical Environment

BloodWorks will maintain clean, safe and suitable clinical environments wherever services are delivered.

Before outreach or temporary clinics commence, consideration will be given to:

- Availability of hand hygiene facilities.
- Suitable cleaning arrangements.
- Safe waste disposal.
- Adequate ventilation.
- Safe client flow.
- Appropriate clinical privacy.
- Availability of emergency arrangements.

Services will only proceed where infection risks can be managed safely.

Clinical Waste

Clinical waste will be segregated, stored, transported and disposed of in accordance with legal requirements and contractual arrangements.

Waste streams will be clearly identified and managed to minimise risks to staff, clients, contractors and the environment.

Respiratory Infection Precautions

BloodWorks will maintain appropriate arrangements for managing respiratory infections and emerging communicable diseases.

Where there is an increased risk of respiratory transmission, additional precautions may be introduced in accordance with national guidance and organisational risk assessment.

Staff who may present a significant risk of transmitting infection should not undertake clinical duties until it is safe to do so.

Occupational Exposure

BloodWorks will ensure appropriate arrangements exist for managing occupational exposure to blood-borne viruses or other infectious material.

Exposure incidents will receive immediate clinical assessment, appropriate follow-up and organisational review to identify opportunities for learning and improvement.

Training and Competence

Everyone undertaking clinical duties must receive infection prevention training appropriate to their role.

Training will be supported through induction, periodic refresher training, supervision, competency assessment and ongoing professional development.

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5. Failure to Comply

Failure to comply with this policy may place clients, colleagues and members of the public at unnecessary risk and may compromise the safe delivery of BloodWorks services.

Employees, contractors and others representing BloodWorks who fail to comply with this policy may be subject to management action, disciplinary procedures, contractual review or termination of engagement where appropriate.

Serious breaches may include:

- Failure to apply Standard Infection Control Precautions.
- Unsafe handling or disposal of sharps.
- Reuse of single-use clinical equipment.
- Failure to report exposure incidents.
- Deliberate failure to follow infection prevention procedures.
- Conduct that places others at avoidable risk of infection.

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6. Responsibilities

Director

- Promote a culture that prioritises infection prevention and client safety.
- Ensure effective governance arrangements are maintained.
- Receive assurance regarding significant infection prevention risks.
- Ensure sufficient resources are available to support safe service delivery.

Registered Manager

- Maintain organisational oversight of infection prevention and control.
- Monitor compliance with this policy.
- Ensure appropriate training, competency assessment and supervision.
- Investigate significant infection prevention incidents.
- Promote learning and continuous improvement.

Everyone Representing BloodWorks

- Follow Standard Infection Control Precautions.
- Maintain high standards of personal hygiene and professional practice.
- Use PPE appropriately.
- Report hazards, exposure incidents and breaches immediately.

- Maintain their competence through training and professional development.
- Contribute to a culture of continuous improvement.

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7. Monitoring and Review

Compliance with this policy will be monitored through:

- Governance meetings.
- Clinical audit.
- Infection prevention audit.
- Incident reporting.
- Sharps injury review.
- Complaints and feedback.
- Training compliance.
- Quality assurance activities.
- Policy review.

Learning from audits, incidents and emerging guidance will be incorporated into future practice to support continuous improvement.

This policy will be reviewed annually, or sooner where legislation, national guidance or organisational learning requires amendment.

Related Policies

- Clinical Governance and Risk Management Policy
- Health and Safety Policy
- Incident Reporting and Learning Policy
- Lone Working Policy
- Information Governance and Confidentiality Policy
- Consent Policy
- Safeguarding Adults and Children Policy
- Duty of Candour Policy
- Professional Boundaries Policy
- Equality, Diversity and Inclusion Policy

References

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission Fundamental Standards
- Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections

- UK Health Security Agency Infection Prevention and Control Guidance
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- Health and Safety at Work etc. Act 1974
- Environmental Protection Act 1990
- Safe Management of Healthcare Waste (HTM 07-01)

BloodWorks Ltd

Sharps Management Policy

Document Information

Policy Title	Sharps Management Policy
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Status	Draft

Sharps Management at a Glance

Our Commitment

Safety • Professionalism • Harm Reduction

Prevention • Safe Practice • Continuous Improvement

Clinical Excellence • Accountability • Shared Responsibility

Always

✓ Use approved single-use sterile clinical equipment.

✓ Dispose of sharps immediately after use.

✓ Handle returned injecting equipment safely.

✓ Use appropriate personal protective equipment.

✓ Report all sharps injuries and near misses promptly.

✓ Store and transport sharps safely.

✓ Follow BloodWorks infection prevention procedures.

✓ Escalate concerns where risks cannot be safely managed.

Never

✗ Overfill sharps containers.

✗ Reuse single-use clinical equipment.

✗ Handle sharps outside your competence.

✗ Ignore sharps injuries or exposure incidents.

✗ Place yourself or others at unnecessary risk.

If you're unsure...

Registered Manager

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Director / Senior Responsible Officer

1. Statement of Intent

BloodWorks Ltd is committed to maintaining the highest standards of sharps management across all clinical, outreach and harm reduction services. Safe management of sharps protects clients, staff, volunteers, contractors and members of the public from avoidable injury while reducing the risk of blood-borne virus transmission and other infectious hazards.

Sharps management forms an integral part of BloodWorks' wider Health and Safety, Infection Prevention and Clinical Governance arrangements. This policy provides the organisational framework for the safe use, handling, storage, transport and disposal of sharps generated through clinical activities, together with the safe management of injecting equipment encountered through Needle and Syringe Programme (NSP) services.

BloodWorks recognises the important contribution harm reduction services make to improving individual and community health. The organisation is committed to delivering these services safely, professionally and without judgement while ensuring robust systems are in place to protect everyone involved.

Everyone representing BloodWorks has a responsibility to follow this policy, work within their competence and report any concerns relating to sharps safety.

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2. Purpose

This policy aims to:

- Promote safe and consistent management of sharps across all BloodWorks services.
- Protect clients, staff, volunteers and contractors from avoidable sharps injuries.
- Reduce the risk of blood-borne virus transmission and contamination.
- Support the safe delivery of clinical procedures and Needle and Syringe Programme services.
- Clarify responsibilities for sharps management throughout the organisation.
- Support compliance with relevant legislation, national guidance and Care Quality Commission Fundamental Standards.

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3. Scope

This policy applies to everyone representing BloodWorks, including:

- Directors.
- Registered Manager.
- Employees.
- Self-employed clinicians and healthcare professionals.
- Contractors and subcontractors.
- Volunteers.

- Agency workers.
- Students and observers where applicable.

It applies to all BloodWorks activities involving sharps, including:

- Clinical consultations.
- Venepuncture and capillary blood sampling.
- Physiological assessments.
- Outreach and community health clinics.
- Needle and Syringe Programme services.
- Mobile and temporary clinical environments.
- Storage, transport and disposal of clinical sharps and associated waste.

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4. Sharps Management

BloodWorks will ensure that sharps are managed safely throughout their lifecycle, from procurement and use through to storage, transport and final disposal.

Only approved, sterile, single-use clinical sharps will be used during healthcare procedures. Sharps must only be used by appropriately trained and competent individuals acting within their professional role and scope of practice.

Used sharps must be disposed of immediately after use into an approved sharps container located as close as reasonably practicable to the point of care. Sharps must never be left unattended, manually manipulated or handled in a manner that increases the risk of injury.

Sharps containers will be appropriately assembled, labelled, stored securely and replaced before reaching the manufacturer's recommended fill level. Once sealed, containers must not be reopened.

BloodWorks recognises that, through its Needle and Syringe Programme services, staff may also issue sterile injecting equipment and receive used injecting equipment from service users. Appropriate arrangements will be maintained to ensure returned equipment can be accepted safely wherever reasonably practicable while protecting staff from unnecessary risk.

Staff involved in NSP provision will receive appropriate training in the safe management of returned injecting equipment, recognising that promoting the return of used equipment forms an important part of reducing community harm and preventing accidental needlestick injuries.

BloodWorks will deliver Needle and Syringe Programme services in accordance with current national harm reduction guidance. Services will promote the provision of sterile injecting equipment, the safe return and disposal of used equipment, advice on safer injecting practices, prevention of blood-borne virus transmission, and access to wider health and recovery services where appropriate.

Where discarded or improperly stored injecting equipment is encountered during outreach or community activities, staff should undertake a dynamic assessment of risk and only handle equipment where it is safe, appropriate equipment is available and they have received suitable training. Where risks cannot be adequately controlled, assistance should be sought through local arrangements.

Sharps awaiting collection will be stored securely and disposed of through approved clinical waste arrangements in accordance with BloodWorks Clinical Waste Management procedures.

Any sharps injury, contamination incident or occupational exposure must receive immediate first aid, be reported without delay and be managed in accordance with BloodWorks Incident Reporting, Infection Prevention and Occupational Exposure procedures. Learning identified through incidents will be used to improve practice and reduce future risks.

Operational procedures supporting this policy are contained within BloodWorks Standard Operating Procedures, Infection Prevention and Control arrangements and Clinical Waste Management procedures.

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5. Failure to Comply

Failure to comply with this policy may place clients, colleagues or members of the public at unnecessary risk and may compromise BloodWorks' ability to provide safe, effective services.

Employees, contractors or others representing BloodWorks who fail to comply with this policy may be subject to management action, disciplinary procedures, contractual review or termination of engagement where appropriate.

Serious breaches may include:

- Unsafe handling or disposal of sharps.
- Failure to report sharps injuries or exposure incidents.
- Reuse of single-use clinical equipment.
- Failure to follow approved infection prevention procedures.
- Unsafe management of returned injecting equipment.
- Behaviour that places others at unnecessary risk.

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6. Responsibilities

Director

- Promote a positive organisational culture for sharps safety.
- Ensure appropriate governance arrangements are maintained.
- Receive assurance regarding significant sharps-related risks.

- Ensure sufficient resources are available to support safe service delivery.

Registered Manager

- Maintain oversight of organisational sharps management.
- Ensure appropriate procedures are implemented and reviewed.
- Investigate significant sharps incidents and identify organisational learning.
- Ensure appropriate training and supervision are provided.
- Monitor compliance with this policy.

Everyone Representing BloodWorks

- Follow this policy and associated procedures.
- Use sharps safely and within their competence.
- Report hazards, incidents and near misses promptly.
- Participate in required training.
- Support safe clinical and harm reduction practice.
- Cooperate with reasonable organisational arrangements for sharps safety.

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7. Monitoring and Review

Compliance with this policy will be monitored through:

- Governance meetings.
- Sharps incident reporting.
- Clinical audit.
- Infection prevention audit.
- Clinical waste monitoring.
- Complaints and feedback.
- Training compliance.
- Quality assurance activities.
- Policy review.

This policy will be reviewed annually, or sooner where legislation, organisational change or learning from incidents requires revision.

Related Policies

- Health and Safety Policy
- Infection Prevention and Control Policy
- Clinical Governance and Risk Management Policy
- Incident Reporting and Learning Policy
- Clinical Waste Management Policy
- Lone Working Policy

- Safeguarding Adults and Children Policy
- Equality, Diversity and Inclusion Policy
- Professional Boundaries Policy
- Business Continuity Policy

References

- Health and Safety at Work etc. Act 1974
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- NICE Guideline PH52 – Needle and Syringe Programmes (2014)
- Care Quality Commission Fundamental Standards
- Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections
- HTM 07-01: Safe Management of Healthcare Waste
- UK Health Security Agency Infection Prevention and Control Guidance

BloodWorks Ltd

First Aid and Emergency Response Policy

Document Information

Policy Title	First Aid and Emergency Response Policy
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First Aid & Emergency Response at a Glance

Our Commitment

Safety • Prompt Response • Professionalism

Preparedness • Clinical Competence • Compassion

Responsibility • Communication • Continuous Improvement

Always

✓ Assess the situation before intervening.

✓ Work within your level of competence.

✓ Call for appropriate assistance without delay.

✓ Contact emergency services where clinically indicated.

✓ Use available first aid equipment safely.

✓ Record all significant incidents.

✓ Escalate concerns promptly.

Never

✗ Delay emergency treatment when immediate action is required.

✗ Work beyond your competence or professional registration.

✗ Leave an unwell person without appropriate supervision.

✗ Administer medicines unless authorised and competent to do so.

✗ Ignore deterioration or signs of serious illness.

✗ Fail to report significant incidents.

If you're unsure...

Registered Manager

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Director / Senior Responsible Officer

1. Statement of Intent

BloodWorks Ltd is committed to ensuring that appropriate first aid arrangements are in place wherever services are delivered. The organisation recognises that prompt, competent first aid can reduce the severity of injury or illness, protect life and support positive clinical outcomes until further medical assistance is available.

BloodWorks delivers services within clinical settings, community venues, outreach locations and temporary healthcare environments. Appropriate first aid arrangements will therefore be maintained to reflect the nature of each service, the environment and the foreseeable risks associated with service delivery.

This policy establishes the governance framework for first aid provision and the initial management of medical emergencies. It operates alongside BloodWorks' Health and Safety, Clinical Governance, Incident Reporting, Infection Prevention and Control, Safeguarding and Business Continuity policies, which provide the wider organisational arrangements for emergency planning and response.

Everyone representing BloodWorks is expected to understand their responsibilities, act within their competence and seek additional assistance whenever required.

2. Purpose

This policy aims to:

- Ensure suitable first aid arrangements are available across BloodWorks services.
- Promote prompt and appropriate response to illness or injury.
- Support safe management of medical emergencies until further assistance is available.
- Ensure staff understand their responsibilities during first aid incidents.
- Promote compliance with relevant legislation and clinical governance requirements.
- Support continuous improvement through learning from significant incidents.

3. Scope

This policy applies to everyone representing BloodWorks, including:

- Directors.
- Registered Manager.
- Employees.
- Self-employed clinicians and healthcare professionals.
- Contractors and subcontractors.

- Volunteers.
- Agency workers.
- Students and observers where applicable.

It applies wherever BloodWorks services are delivered, including:

- Clinical consultations.
- Blood testing and physiological assessments.
- Outreach and community health clinics.
- Educational events.
- Mobile and temporary clinical environments.

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4. First Aid and Emergency Response

BloodWorks will maintain suitable first aid arrangements that are proportionate to the activities undertaken and the environments in which services are delivered.

Appropriate first aid equipment will be available during service delivery and will be regularly inspected to ensure it remains complete, in date and suitable for use. Where services are delivered from temporary venues, consideration will also be given to emergency access arrangements, communication methods and the availability of an Automated External Defibrillator (AED).

Where an individual becomes unwell or sustains an injury, the immediate priority is to preserve life, prevent deterioration and promote recovery while maintaining the safety of everyone present. Staff should undertake an initial assessment, provide appropriate first aid within their competence and summon additional assistance whenever required.

Emergency medical services should be contacted immediately where there is concern regarding actual or suspected life-threatening illness or injury, or where urgent medical assessment is otherwise required.

BloodWorks recognises the importance of Basic Life Support (BLS) and the appropriate use of Automated External Defibrillators (AEDs). Staff required to undertake clinical duties will maintain the competencies necessary for their role and will follow current nationally recognised resuscitation guidance.

Where specialist emergency situations arise, including safeguarding concerns, occupational exposure, major incidents, fire, service disruption or significant clinical deterioration, staff should follow the relevant BloodWorks policy and organisational procedures.

Following any significant first aid intervention or emergency response, appropriate records must be completed and any learning identified through governance processes to support continuous improvement.

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5. Failure to Comply

Failure to comply with this policy may compromise the safety of clients, colleagues or members of the public and may adversely affect BloodWorks' ability to provide safe, effective healthcare services.

Employees, contractors or others representing BloodWorks who fail to comply with this policy may be subject to management action, disciplinary procedures, contractual review or termination of engagement where appropriate.

Serious breaches may include:

- Failure to respond appropriately to a medical emergency.
- Working beyond professional competence.
- Failure to summon emergency assistance where required.
- Failure to maintain first aid equipment.
- Failure to report significant first aid incidents.
- Behaviour that places others at unnecessary risk.

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6. Responsibilities

Director

- Promote a positive organisational culture for emergency preparedness.
- Ensure appropriate governance arrangements support first aid provision.
- Receive assurance regarding significant emergency incidents.
- Ensure sufficient resources are available to support safe service delivery.

Registered Manager

- Maintain oversight of organisational first aid arrangements.
- Ensure suitable equipment is available and maintained.
- Ensure appropriate training and competency requirements are met.
- Investigate significant incidents and identify organisational learning.
- Monitor compliance with this policy.

Everyone Representing BloodWorks

- Follow this policy and associated procedures.
- Work within their competence.
- Respond appropriately to illness or injury.
- Seek assistance promptly where required.
- Report significant incidents.
- Participate in required training.

7. Monitoring and Review

Compliance with this policy will be monitored through:

- Governance meetings.
- Incident reporting.
- Clinical audit.
- Equipment checks.
- Training compliance.
- Complaints and feedback.
- Quality assurance activities.
- Policy review.

This policy will be reviewed annually, or sooner where legislation, organisational change or learning from incidents requires revision.

Related Policies

- Health and Safety Policy
- Clinical Governance and Risk Management Policy
- Incident Reporting and Learning Policy
- Infection Prevention and Control Policy
- Sharps Management Policy
- Safeguarding Adults and Children Policy
- Business Continuity Policy
- Lone Working Policy
- Professional Boundaries Policy
- Equality, Diversity and Inclusion Policy

References

- Health and Safety (First-Aid) Regulations 1981
- Health and Safety at Work etc. Act 1974
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission Fundamental Standards
- CQC Regulation 12 – Safe Care and Treatment
- Resuscitation Council UK – Quality Standards for Cardiopulmonary Resuscitation Practice and Training
- Resuscitation Council UK – Adult Basic Life Support Guidelines
- UK Resuscitation Guidelines
- NICE Clinical Knowledge Summaries – First Aid and Emergency Care

BloodWorks Ltd

Equipment Maintenance and Calibration Policy

Document Information

Policy Title	Equipment Maintenance and Calibration Policy
Policy Category	Clinical Governance
Policy Owner	Registered Manager
Approved By	Director and Senior Responsible Officer
Version	2.0
Approval Date	[Insert Date]
Review Date	[Insert Date +12 months]
Review Frequency	Annual
Applies To	All employees, directors, self-employed practitioners, subcontractors, associate clinicians, volunteers, contractors, agency workers and anyone representing BloodWorks
Status	Draft

Equipment Management at a Glance

Our Commitment

Safety • Accuracy • Reliability

Maintenance • Calibration • Accountability

Quality • Assurance • Continuous Improvement

Always

✓ Use equipment only if it is safe, fit for purpose and within service or calibration dates.

✓ Carry out appropriate pre-use checks.

✓ Follow manufacturer instructions.

✓ Report faults immediately.

✓ Remove defective equipment from use.

✓ Keep maintenance and calibration records up to date.

✓ Ensure equipment is cleaned following use.

Never

✗ Use damaged or defective equipment.

✗ Use equipment with expired calibration where calibration is required.

✗ Attempt unauthorised repairs.

✗ Ignore faults or performance concerns.

✗ Modify equipment outside manufacturer guidance.

✗ Use equipment beyond your competence.

If you're unsure...

Registered Manager

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Director / Senior Responsible Officer

1. Statement of Intent

BloodWorks Ltd is committed to ensuring that all equipment used during service delivery is safe, reliable, appropriately maintained and fit for its intended purpose.

The organisation recognises that accurate clinical assessment depends upon properly maintained and calibrated equipment. Effective equipment management supports patient safety, reliable clinical decision-making, regulatory compliance and the delivery of high-quality healthcare.

This policy establishes the governance arrangements for the procurement, maintenance, servicing, calibration, inspection, storage and disposal of equipment used within BloodWorks services. It complements the organisation's Clinical Governance, Health and Safety, Infection Prevention and Control, Diagnostic Screening, Information Governance and Risk Management arrangements.

Everyone using equipment on behalf of BloodWorks has a responsibility to ensure it remains safe for use, is operated within manufacturer recommendations and that faults or concerns are reported promptly.

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2. Purpose

This policy aims to:

- Ensure equipment remains safe and fit for purpose.
- Promote reliable and accurate clinical measurements.
- Establish consistent arrangements for maintenance and calibration.
- Reduce risks associated with equipment failure.
- Clarify responsibilities for equipment management.
- Support compliance with relevant legislation and CQC Fundamental Standards.

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3. Scope

This policy applies to everyone representing BloodWorks, including:

- Directors.
- Registered Manager.
- Employees.
- Self-employed clinicians and healthcare professionals.
- Contractors and subcontractors.
- Volunteers.
- Agency workers.
- Students and observers where applicable.

It applies to equipment owned, hired, loaned or otherwise used on behalf of BloodWorks, including:

- Clinical diagnostic equipment.
- Physiological monitoring equipment.
- Body composition analysers.
- Phlebotomy equipment.
- Centrifuges.
- Portable electrical equipment.
- Information technology used during service delivery.
- Equipment used within outreach and mobile clinics.

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4. Equipment Management

BloodWorks will maintain an accurate inventory of equipment used within its services to ensure appropriate oversight throughout each item's operational lifecycle.

Equipment will be procured from reputable suppliers and selected according to clinical need, intended use, manufacturer recommendations and applicable regulatory requirements.

Equipment requiring scheduled servicing or calibration will be maintained in accordance with manufacturer guidance or other recognised standards. Where calibration is required to ensure measurement accuracy, equipment must not be used beyond its approved calibration period.

An equipment register will be maintained containing relevant information including identification details, maintenance history, servicing schedules, calibration status and records of repair or replacement.

Prior to use, equipment users are expected to undertake appropriate visual and functional checks to confirm equipment appears safe, clean and suitable for its intended purpose. Any equipment that is damaged, defective or believed to be unsafe must be removed from service immediately, clearly identified to prevent further use and reported to the Registered Manager.

Repairs, servicing and calibration will only be undertaken by appropriately authorised individuals or approved service providers. Equipment must not be returned to operational use until its safety and functionality have been confirmed.

Clinical equipment will be cleaned and disinfected in accordance with the Infection Prevention and Control Policy and manufacturer recommendations. Cleaning arrangements should not compromise equipment performance or invalidate manufacturer warranties.

Equipment used within outreach, community or mobile services will be transported and stored in a manner that protects both the equipment and those handling it. Consideration will be given to environmental conditions, physical security and protection from damage during transportation.

Equipment that has reached the end of its useful life, is beyond economical repair or no longer meets operational requirements will be decommissioned safely and disposed of in accordance with applicable environmental, information governance and waste management requirements.

Where equipment performance contributes to incidents, complaints or identified risks, appropriate investigation and organisational learning will be undertaken through BloodWorks' governance processes.

Operational procedures supporting this policy are contained within BloodWorks Standard Operating Procedures, manufacturer guidance and equipment-specific operating instructions.

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5. Failure to Comply

Failure to comply with this policy may compromise client safety, affect the accuracy of clinical assessments and expose BloodWorks to regulatory or legal risk.

Employees, contractors or others representing BloodWorks who fail to comply with this policy may be subject to management action, disciplinary procedures, contractual review or termination of engagement where appropriate.

Serious breaches may include:

- Using defective or unsafe equipment.
- Using equipment outside required maintenance or calibration periods.
- Failure to report equipment faults.
- Unauthorised repair or modification of equipment.
- Failure to maintain appropriate equipment records.
- Behaviour that places clients or colleagues at unnecessary risk.

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6. Responsibilities

Director

- Ensure appropriate organisational arrangements exist for equipment governance.
- Support investment in safe and appropriate equipment.
- Receive assurance regarding significant equipment-related risks.
- Promote continuous improvement in equipment management.

Registered Manager

- Maintain oversight of the equipment management system.
- Ensure appropriate maintenance and calibration arrangements are in place.
- Maintain the organisational equipment register.

- Ensure faults are investigated and appropriate action taken.
- Monitor compliance with this policy.

Everyone Representing BloodWorks

- Use equipment safely and within their competence.
- Complete appropriate pre-use checks.
- Report faults or concerns immediately.
- Follow manufacturer instructions and organisational procedures.
- Protect equipment from avoidable damage.
- Participate in required training.

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7. Monitoring and Review

Compliance with this policy will be monitored through:

- Equipment register review.
- Maintenance and calibration records.
- Clinical audit.
- Equipment inspections.
- Incident reporting.
- Governance meetings.
- Complaints and feedback.
- Quality assurance activities.
- Policy review.

This policy will be reviewed annually, or sooner where legislation, equipment, organisational change or learning from incidents requires revision.

Related Policies

- Clinical Governance and Risk Management Policy
- Health and Safety Policy
- Infection Prevention and Control Policy
- Diagnostic Screening Standard Operating Procedure
- Incident Reporting and Learning Policy
- Clinical Waste Management Policy
- Information Governance and Confidentiality Policy
- Business Continuity Policy
- First Aid and Emergency Response Policy
- Risk Management Policy

References

- Health and Safety at Work etc. Act 1974
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Medical Devices Regulations 2002 (as amended)
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission Fundamental Standards
- CQC Regulation 15 – Premises and Equipment
- Medicines and Healthcare products Regulatory Agency (MHRA) guidance on medical devices
- Manufacturer instructions for use, servicing and calibration