

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY

HEALTH AND SAFETY POLICY

1. Introduction

The aim of this policy is:

- * to limit the risks of Health & Safety issues at MIP.
- * to provide and maintain safe equipment
- * to ensure all designated individuals are competent to fulfil their roles.
- * to minimise the risks of accidents and to maintain safe and healthy working conditions

2. Responsibilities

- * Overall and final responsibility for health and safety is held by the Principal Director.
- * All health & safety concerns must be reported to the Administrator who has day to day responsibility for ensuring that this policy is put into practice.
- * It is a requirement that all employees, therapists, students, trainers and visitors adhere to this policy, co-operate on all health and safety matters, and take reasonable care of their own health and safety.

3. Induction

Induction training will be provided for all employees by the Principal Director and the Administrator.

4. Accidents and First Aid

A first aid box is kept in both kitchen areas.

All accidents should be reported to the Administrator and reported in the first aid book which is kept in the main office on the shelf behind Administrator's desk.

5. Emergency Procedures and Fire Evacuation

The Administrator is responsible for ensuring that the fire risk assessment is undertaken and implemented.

Escape routes are checked by the Administrator regularly and fire extinguishers are checked and maintained every year.

Fire alarms are tested by the Administrator weekly.

6. **Risk Assessment for MIP**

MIP is responsible for ensuring an annual PAT test for all electrical equipment, such as: microwaves, heaters, kettles, computers, TVs, overhead projectors, lamps, light fittings, fans, dehumidifiers. Boiler and heating systems will be serviced and maintained by an approved engineer and carpets and rugs will be maintained.

The Administrator will assess the risk annually. The findings of the risk assessment will be reported to the Principal Director who will action or approve any required amendments.

Maintaining records of fire alarm testing. Compliance with fire regulations.

Maintaining furnishings and fittings.

Records of fire alarm testing and compliance with the fire regulations will be maintained.

Fire alarm testing record book is kept in office

Maintenance/replacement of electrical equipment indicated on equipment by PAT.

This policy is regularly reviewed every 2 years.

Revised April 2022





HEALTH & SAFETY FORM

If you take a student on clinical placement will you ensure that she/he will receive an induction on commencement of the placement?	
Do you have up-to-date professional indemnity insurance?	
Do you have up-to-date public liability insurance?	
Do you have a fire certificate on your premises?	
If you have answered “no” to the above question, have you carried out a fire risk assessment of your undertaking as required by the Fire Precautions (Workplace) Regulations 1997?	
Do you have suitable and sufficient first aid equipment and assistance readily available?	
Do you record and report all accidents, near misses, dangerous occurrences, diseases and violent incidents as required by the Report of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995?	
Has your placement provider ever had legal proceedings taken against it with regards to Health & Safety?	
Are any criminal legal proceedings currently being taken against your placement provider with regards to Health & Safety?	

I confirm that the above statements are correct:

Name of person confirming the Health& Safety Checklist	
Signature	
Date	

The Manchester Institute For Psychotherapy

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Bob Cooke BA T.S.T.A. Principal Director

Signatures :

On behalf of the Clinical Placement Provider:

Name of Clinical placement Provider

Address of Clinical Placement Provider

Contact Telephone Number

Contact Email Address:

Role:

Signature:

Date.....

Internal Agency Supervisor:

Name:

Contact Telephone Number

Contact Email Address:

Signature:

Date.....

OR

External Agency Supervisor:

Name

Contact Telephone Number

Contact Email Address:

Signature:

Date.....

Student:

Name :

Student Number:

Contact Telephone number :

To be completed by placement provider. One copy for MIP and one copy for the student.