

Policy Statement

We recognise that risk assessments are the most important part of effective health and safety management. Risk assessments help us to prevent accidents and ill health by considering the hazards that exist and how we manage them. From these assessments, we can develop safe systems and methods of work and ways to prevent problems occurring.

'Specific' risk assessments are required by certain regulations. These regulations may contain a specific reference to the requirement for risk assessment or may refer to the Management of Health and Safety at Work Regulations for this requirement.

Department of Health Guidance on Independence and Risk

In May 2007 the Department of Health published Independence, Choice and Risk: a guide to best practice in supported decision making, intended as supplementary to existing guidance on risk-taking. The document acknowledges that giving people more choice and control over their lives is not always easy, since the risks involved often pose questions about safety and accountability, but it recommends that people have the right to live their lives according to their own choices and that social care practitioners should be ready to help vulnerable people evaluate the risks and benefits involved in any proposed course of action, recording all decisions carefully. The document also clarifies the relevant legislation relating to duty of care, human rights, health and safety, and mental capacity. It recommends that, at a local level, organisations should collaborate in producing joint, empowerment and risk policies, and should cultivate good relationships with the appropriate media.

The document refers briefly to respect for the needs and wishes of carers and to resolving any conflicts of wishes. This is likely to be particularly relevant in a domiciliary care setting where a carer shares the service user's environment and is responsible for their care and safety for most of the time. It also refers to the potential of assistive technologies, such as telecare, in reducing unnecessary risks.

Aim of the Policy

This policy is intended to set out the values, principles and policies underpinning SSA Star Care Ltd approach to risk assessment; and health and safety practices in general.

It is our policy to:

- Appoint a competent person or persons to carry out risk assessments, recording their details on our Health and Safety Law poster.
- Carry out suitable and sufficient risk assessments of our activities.
- Identify and carry out those specific risk assessments we are legally required to carry out.
- Carry out detailed risk assessments on hazardous activities.
- Implement the control measures and further actions required to reduce risk identified in the assessments.
- Bring the significant findings of the risk assessments to the attention of those affected.
- Amend our risk assessments when changes occur, and review them regularly, at least annually, to ensure they are kept up to date.
- Train staff on the principles of risk assessment, in particular the identification of hazards, and the implementation of control measures to remove or reduce the risk.

SSA Star Care Ltd recognises its responsibility to ensure that all reasonable precautions are taken to provide and maintain working conditions which are safe, healthy and compliant with all statutory requirements and codes of practice, including the statutory duty on us as employers to conduct regular health and safety risk assessments.

SSA Star Care Ltd is committed to ensuring the health, safety and welfare of its staff, so far as is reasonably practicable, and of all other persons who may be affected by our activities including service users, their relatives and visitors.

SSA Star Care Ltd fully complies with Outcome 14, Supporting Workers, of the CQC's Essential Standards and complies with Safe Care and Treatment of the Fundamental Standards.

Risk Assessment Guidance

Living a full life inevitably means having to make judgements about the risks we take or choose not to take. This is significant to us because a person in our care may have difficulty from time to time in making risk judgements in a way that is as informed as it needs to be for their well being.

There may sometimes need to be a balance between the independent rights of someone in our care and, because they are "in care", our responsibilities to and for them.

Clearly, the more able the person at any given time, the safer it may be for them to exercise more fully their independence than someone less able in similar circumstances.

Since there is rarely a "right" or "wrong" we place considerable emphasis upon informed decision-making through consultation with relevant parties. Risk taking being such a personal matter means every person and circumstance is unique and can change.

Therefore, we have to gather relevant information as the basis for making informed and balanced judgements. This means talking between ourselves and with the person/s involved which may involve their family, friends, health and social professionals etc.

Thus, choice and risk must be balanced in a care setting and, while such situations can sometimes present a dilemma, there is usually a compromise to be made through discussion which will see the care worker or assessor balance an acceptable risk against freedom for the service user to do what they want to do. In each case, an assessment must be made of the relative risk involved and then appropriate action taken. Such action might include allowing the risk to be taken, but to record in the notes that it was against the advice of the carer, or to attempt to reduce the risk to "acceptable" levels by a compromise solution. In the case of the above walk, for example, the service user may be encouraged to take the walk accompanied by a carer or to stick to a safer or shorter route.

If the person is social services or health funded we have to take into consideration any contractual conditions and implications that might be relevant.

Any actions (or inactions) we take are recorded in the care plan with any relevant supporting information. Subsequent reviews and actions are similarly recorded.

Where a compromise cannot be reached, even with the involvement of relatives, friends or advocates, and the service user insists on following a course of action which care staff regard as unduly risky or unacceptable, then an appropriate entry should be recorded in the Service User's Plan and notes held in the service user's home . This should state clearly that the service user takes

full responsibility for their own safety and that the agency has done everything reasonable to minimise risk.

We believe that risk management, in the context of allowing service users to take risks in their lives, is the real test of how far we have succeeded in creating an environment and a system which maintains safety, while at the same time respects the rights of individuals to make their own choices and be accountable for their own actions. SSA Star Care Ltd and individual care staff need to be flexible and understanding and we have in place contingency plans in the event of an emergency or if things go wrong. It is vital that all details of activities are recorded in the service user's notes and that, if they are acting without the agreement of the organisation or staff, this is recorded along with action taken.

Where service users are enabled to take appropriate risks there will inevitably be times when something goes wrong and it is important at these times to ensure that our people are not subjected to undue or inappropriate blame. A "no blame" culture will usually be adopted where untoward incidents and risks that go wrong are recorded, investigated and learned from. This should include "near misses" where something nearly went wrong. For this purpose we have set up an Issue Log System which is updated on a daily basis when service issues arise. The clear documentation of all risks taken in the Service User's Plan serves to protect staff who have acted reasonably and properly, and SSA Star Care Ltd has policies and procedures which cover staff in allowing certain risk-taking behaviour to happen. If this were not the case, then staff might well be blamed for allowing service users too much freedom and would be discouraged from enabling such freedom in the future.

Risk Assessment Procedures at our Locations

All Health & Safety risk assessments are carried out independently and are retained as detailed in each section below. All non-current service user files are scanned and archived for later destruction in line with Data Protection.

All Health & Safety risk assessments are carried out by experienced staff members. The Director/ Care Manager will take a Health and Safety course to IOSSH level; and will arrange appropriate training for staff involved in conducting risk assessments. All risk assessments will be planned to be carried out at the optimum time for the business, and where Service User risk assessments are required, these are done at start of package of care to ensure Service Users are not put at any unnecessary risk.

Live risk assessments will be held either at the office or in the Service User's property. The records are retained in accordance with Data Protection and are then destroyed in accordance with Data Protection guide lines.

Risk assessments will be carried out as follows:

Head Office Building

- As required when a person changes desk or computer location – monitor and seating assessment. Each member of staff is taken through the risk assessment and any adjustments made to their working environment to comply with H & S policy.
- Annually checked that the current risk assessments for the building are still current and fit for purpose. This is in the form of visual inspection of the exterior and interior of the building looking for damage. Ensuring all external gutting is free from debris from surrounding trees etc.

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- Monthly to ensure all current fire extinguishers have not been damaged and seals are intact. This is done on a check list along with a comprehensive check that staff are following procedures for H & S at work.
- Daily checks for trip hazards or any other impediment that can cause an accident – visual check and verbal reminders. If a member of staff is a regular offender then they are reported to the Director/Care Manager for further action.
- Pregnancy risk assessments will be carried out as necessary. High risk pregnancies will be overseen by the Director/Care Manager.
- If there are any alterations to building, a new risk assessment will be carried out to ensure no safety issues have been raised.
- Accident books are available to fill out as necessary.
- First Aiders are available if required.
- Fire Drills are carried out 6 monthly and any failure of staff to follow procedures is reported to Director/Care Manager.
- Records will be retained by the Director/Care Manager will be inspected annually by an outside independent auditors.

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Training and Recruitment Office

- As head office building
- Fire Drills are slightly different as there is no major alarm system in either building. So a different method of extracting staff will be used and records kept.
- Director/Care Manager to keep records.

Service User's Home

- All risk assessments regarding service users will be copied and kept on file at both client's home and head office. When a review is due they are reviewed and updated if they are reviewable, if they aren't then a new risk assessment is carried out and put in the file to replace the existing one. This is returned to head office and filed in the client file. All risk assessments will have 2 copies. 1 current copy will be held in the client's home and the other in the secure filing at SSA Star Care Ltd Head Office.
- A risk assessment is carried out on the client's environment when the client is referred or requests the services of SSA Star Care Ltd.
- Manual handling risk assessments are also carried out at the time as the environmental one, and if there is equipment in situ, e.g. a hoist, there will be an OT moving and handling plan which needs to be reflected in the risk assessment and care plan. If the client has a high risk of falls, an additional general risk assessment is carried out and a warning noted in the care plan and printed onto the carer roster.
- High risk – those with poor mobility or who are bed bound also have skin assessments carried out to monitor for pressure sores. This will be marked on the Waterlow scale.
- Medication risk assessments are carried out at this time too. Again, copies will be kept in the office copy of the client's file.
- Risk assessments are reviewed when a client has a review of their care in their own home.
- Risk assessments are carried out when a client's care needs change or there have been alterations to their living accommodation
- Reviews of their risk assessments are carried out at the same time as their care reviews. These take place at least every three months with high risk service users and six-monthly with medium risk; otherwise at least annually or when needs change.
- Care staff will be trained to observe any changes to client's mobility, living environment that requires reporting to head office for the necessary assessments and reviews to be carried out.
- All client risk assessments and care plans will have 2 copies. The most up to date risk assessments and care plans are kept in the Service Users home, in a ring binder provided by SSA Star Care Ltd for their care staff to access. A copy of all the paperwork and any past

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paperwork will be filed in the Service Users own file in secure storage at SSA Star Care Ltd Head Office.

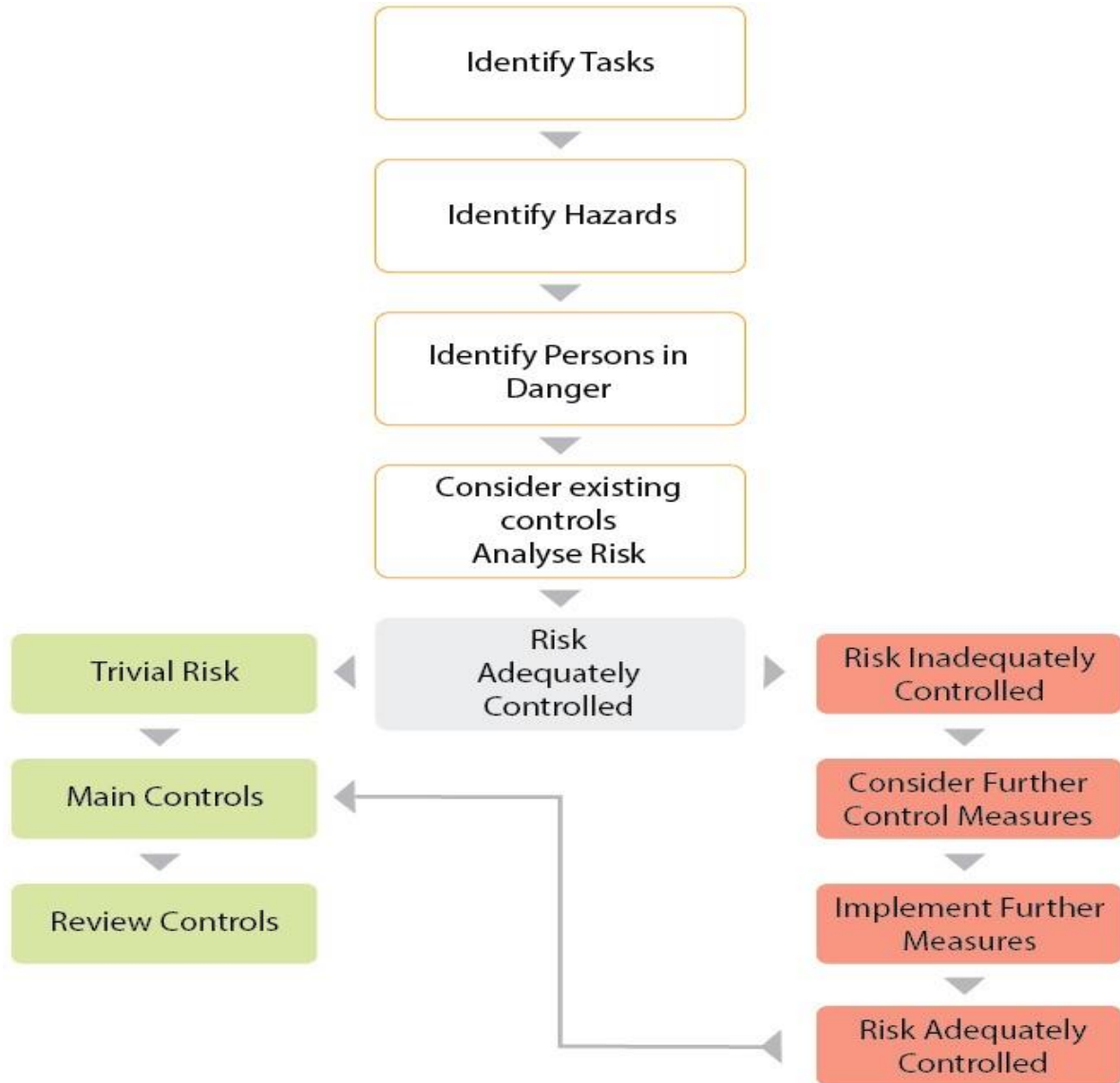
Procedural Notes

1. A risk assessment should be undertaken, by a trained and qualified person, of the potential risks to service users and staff associated with delivering any agreed package of care before the care or support worker commences work — where appropriate this should include risks associated with assisting with medication and other health-related activities and should be updated annually or more frequently if necessary.
2. The risk assessment should include an assessment of the risks for service users in maintaining their independence and daily living within the home.
3. The manner in which the risk assessment is undertaken should be appropriate to the needs of the individual service user whose views, and those of their relatives or advocates, should be taken into account.
4. A separate moving and handling risk assessment should be undertaken, by a member of staff who is trained for the purpose, whenever staff are required to help a service user with any manual handling task, as required under the Manual Handling Operations Regulations 1992.
5. A comprehensive plan to manage the risks (including manual handling and the risks to service users) should be drawn up, in consultation with the service user, their relatives or representatives; this should be included in the service user's plan and kept in the home of the service user for home care staff to refer to, a copy should also be placed on the personal file kept in the agency office; this risk management plan should be implemented and reviewed annually or more frequently if necessary.
6. New risks which arise (including defective appliances, equipment, fixtures or security of the premises) should be reported by care workers to the Director/Care Manager or supervisor or identified during regular reviews or the service user's plan.
7. Only staff who are both trained to undertake risk assessments and competent to provide the care should be assigned to emergency situations and where pressure of time does not allow a risk assessment to be undertaken prior to provision of the care or support.
8. Two people fully trained in safe handling techniques and the equipment to be used should always be involved in the provision of care when the need is identified from the manual handling risk assessment.
9. The name and contact number of the organisation responsible for providing and maintaining any equipment under the Manual Handling Operations Regulations 1992 and the Lifting Operations and Lifting Equipment Regulations 1998 should be recorded on the risk assessment.
10. Any manual handling equipment provided should be maintained in a safe condition to use and be subject to regular inspections by the manufacturers, records of all such equipment and their maintenance schedules will be kept at the Head Office; in this organisation, **Nirupama Singh** is responsible for ensuring that equipment is maintained adequately.
11. A responsible and competent person will be on call and contactable at all times when care and support staff are on duty.

Signed: Nirupama Singh
Position: Director/Care Manager
Date: 23.8.2019
Review Date: 22.8.2021

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Basic Risk Assessment Flowchart



Risk Assessment Process

Brief description of process:	A process to ensure that risk assessments are carried out in a timely and effective manner.
Aim of process:	To maintain the health, safety and security of all employees and service users. To identify, reduce and remove risks as far as reasonably possible. To implement health and safety improvements to combat risk when necessary.
Type of process: (from key terms)	Develop strategic and operational plans, manage developmental change and improvements, provide care support, support customers, ensure care standard compliance, audit outcomes, manage people resources, manage information, manage health and safety, manage equipment and IT
Key purposes: (from key terms)	<ul style="list-style-type: none"> • We want our organisation to be part of the wave of progressive management that is redefining the agenda for Health and Social Care. • We want to provide an excellent standard of health and social care support. • We want to develop an organisational culture which helps people, both staff and service users, to develop and achieve their best.
Department:	All
Who is responsible:	Managing Director, Director/Care Manager

Detail of process:	<p>The risk assessment process will vary slightly dependent on the nature of the matter being assessed, and the appropriate assessment paperwork that is being used. For example, skin integrity assessments may include a Waterlow scoring, and moving and handling assessments will use our own organisational mobility scoring system. However, all risk assessments will follow the general underlying process as outlined below.</p> <p>Risk assessments may be planned or unplanned. For example, some risk assessments will take place on a regular basis, and others will be carried out in response to an incident or concern being raised.</p> <p>Prior to performing a risk assessment, the assessor should ensure that they have all of the appropriate risk assessment paperwork to hand. When the type of hazard is unclear, or does not comply with any of the standard documents, the general risk assessment form should be used. Because of the potentially complex and unique nature of a general risk assessment, the general risk assessment guidance should also be used in this instance.</p> <p>Step 1 – Look for hazards</p> <p>The definition of a hazard is "something that has the potential to cause harm"; this could include ill health or injury, damage to equipment or property or a form of loss. Dependent on the focus of the assessment, this stage involves an examination of the area/circumstances/object (or relevant), and looking at things that could be reasonably expected to cause harm. An examination will usually be done by carrying out a physical check, but sometimes this may be verbal or involve background research, such as if assessing the risks associated with someone with challenging behaviour.</p> <p>Examples of hazards include violence or aggression from a client, damaged or incorrect equipment, poor lighting, space constraints or manual handling.</p> <p>It is important to concentrate on hazards that are significant, with priority being given to those which could result in serious harm, have long-term effects or affect several people.</p> <p>It may be necessary to obtain feedback from other people with knowledge of the situation/subject, such as care workers and other professionals. When relevant, the risk assessor should check any manufacturers' instructions or datasheets, accidents and ill-health records.</p> <p>Step 2 – Decide who may be harmed, and how</p> <p>As well as those immediately at risk, the assessor should consider people who may not be in the workplace all the time. Include members of the public, or people you share your workplace with, if there is a chance they could be hurt by your activities.</p>
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Step 3 – Evaluate the risks arising from the hazards

Dependent on what is being assessed, and the subsequent document being used, the risk assessment will involve a scoring process. For example, skin integrity assessments use the Waterlow scale, and general risk assessments use our own internal scoring matrix. These scores are applied to the severity and likelihood of risk, and then are added or multiplied to define a level of risk; usually high, medium or low. This means the risk rating is a measure of the likelihood that harm from a particular hazard will occur, taking into account the possible severity of such an occurrence.

Severity of the hazard is assessed based on the effects of the potential harmful outcome. For example, very high severity hazards may have the potential to cause death, whereas slight severity may have the potential to cause minor injury.

The likelihood of the risk should always be based on worst case scenario. Factors to consider include how often the situation occurs, the location, duration of exposure to the risk and the competence of anyone involved. For example, a risk may be inevitable, or a remote possibility.

Once the level of risk has been assessed, measures and precautions should be determined in order to reduce or remove the risk, as far as reasonably practicable. This is a balance of the level of risk, and potential outcome, with the costs and resources associated with managing the risk. The assessor should aim to remove as many hazards as possible, and if not, control the risks so that harm is unlikely. Examples of methods that may be used could be alternative working processes, isolation of the hazard, the provision of equipment or a change in the environment; e.g. rearrange furniture/lighting.

The assessor may need to seek further information or advice from the HSE if they are unable to decide if a risk has been adequately controlled. **If you think the control measures are insufficient to reduce the risk to an acceptable level, further controls will be required.**

Step 4 – Record your findings

The assessor should write down all significant hazards that they have identified, and the record all important conclusions, including any measures or precautions implement. This should be clear and accessible to anyone who may be involved, and in the format of the paperwork being used.

The assessor does not need to show how they did their assessment, but must be able to prove that;

- a proper check was made;
- you asked who might be affected;
- you dealt with all the obvious significant hazards, taking into account the number of people who could be involved;
- the precautions are reasonable, and the remaining risk is low
- you involved your employees or their representatives in the process

Step 5 – Implement findings and prioritise actions

After any measures have been implemented, the assessor should communicate the findings to the relevant manager/s, and agree on the actions needed based on the outcome of the assessment. This may include a decision about whether the work can take place. When measures are required, these should have clearly defined timescales, any resources required and the people responsible for their implementation; this will all be recorded on the risk assessment.

Where no further measures are needed, documented reasons are required.

Where it is impossible to put all control measures into action at the time of assessment, adequate steps must be taken in the meantime to minimise risks.

	<p>Step 6 – Communicate findings</p> <p>All relevant information on the findings and control measures of a risk assessment should be communicated to employees and anyone else likely to be affected. Copies of risk assessments should be made available to all employees concerned. The completed risk assessment paperwork should contain clear information on the hazards, risks and control measures that are in place, and any other relevant information, such as a description of the new ways of working if appropriate.</p> <p>The assessor may need to request that further action is taken by managers or trainers, such as additional training or supervision or staff so that they fully understand the requirements and outcomes of the assessment.</p> <p>When additional communication is required, findings can be communicated in various ways, depending on the context and the audience. This may include information being shared during training courses, during 1:1 supervisions, the Service User Guide, Employee Handbook or in team meetings.</p> <p>Step 7 – Review of risk assessment</p> <p>A review of the risk assessment should take place a minimum of the mandatory requirement, dependent on what is defined in legislation, best practice guidance and company policy. Risk assessments should also be reviewed when changes take place, or in response to any concerns or issues that are raised. Any significant changes should be added to the assessment to take account of the new hazard.</p>
Key outcomes: (from key terms)	Efficient operations – processes completed thoroughly and on time, good communications
Most recent amendment date:	23.8.2019

Retention and Disposal of Records**1. Retention of Records****1.1 Records retention schedules**

In order to find out how long a particular type of record should be retained for, staff should refer to the Records Retention Schedule. For more information about Record Retention Schedules, they should refer to the to the Director/Care Manager, Nirupama Singh .

Staff listed (by job title) on records retention schedules as “Keeper” are responsible for keeping those records listed. They are also responsible for disposing of those records at the appropriate time, whether in hard or soft copy, or both.

1.2 Records or documents which should be listed on records retention schedules

Records or documents which we create, or which we receive, may be kept for varying periods of time, dependent on many factors. Anything which comes under any one of the following criteria, and which is kept for any length of time (may be several months, although there are instances of records which are listed on records retention schedules which we may only keep for one month, e.g. CCTV tapes), should be listed on a records retention schedule. The record is one which:

- records the transaction of a business or administrative process
- is kept as evidence of a business or administrative activity
- is a historical record of continuing importance to SSA Star Care Ltd or wider community
- is kept to comply with a legal or statutory requirement
- is kept to comply with good practice requirements

1.3 Records not listed on records retention schedules

Some types of records are not listed on the records retention schedules. They are the following types:

1.3.1 Ephemeral / transitory records

These are records of which will be little continuing value to SSA Star Care Ltd, which only need to be kept for a short period of time i.e. hours or days, possibly weeks. They could be for instance telephone messages, written on pads or post-its; they could be in the form of e-mail messages which do not need to be kept; they could be written or typed notes which are no longer needed or which have been transferred to a more formal document which is being kept as a record.

1.3.2 Correspondence

We all generate a large amount of correspondence, whether it be with other staff members by e-mail, or with people or organisations which are external to SSA Star Care Ltd, by any method. It might be that some of this correspondence needs to be kept for a certain period of time, as a record of an action taken. In this case it should be listed on the records retention schedule for your area. Remember that it may already be listed, as part of a group of files e.g. Collaborations with External Organisations; or Event Planning, for instance. Other day-to-day correspondence that you conduct,

which you do not feel should become a more formal “record”, may not need to be listed on a records retention schedule.

“Emails” or “Correspondence” are not records in their own right: it is the subject-matter that is contained in them that is of importance.

1.3.3 Publications or brochures received from outside SSA Star Care Ltd

You may receive copies of publications, journals, leaflets, brochures or other information, which is sent to you from an external source, either in response to an order, or on an ad hoc basis. It may not be necessary to include these sort of documents on records retention schedules, unless you have a particularly complete and useful collection which you feel should be listed.

1.3.4 Other

There might be other types of documents or records not listed on records retention schedules. If you feel that you own or keep records which are not listed, but which should be, please complete an Information Audit Form, giving more details about the records that you keep, and forward it to the Director/Care Manager.

1.4 Reviewing records retention schedules

It is the responsibility of the Director/Care Manager to review records retention schedules on a regular basis. This may be done annually at quiet times, although changes can be made to records retention schedules at any time of the year. Checks should involve:

- Ascertaining (may be through Faculty / Directorate meetings, or by e-mailing staff) whether any additions or changes to the list should be made
- Assuring themselves that disposal of records is taking place at the right time, and in the right way (see below).

2. Disposal of Records

Any staff member may have a responsibility for disposing of records and documents. The process of disposal should be undertaken taking into account the following, which are explained further below:

- The method of disposal should be appropriate to the required security or sensitivity needs of the record
- The disposal of the record should be authorised in some way (the authorisation will vary according to the level of record)
- Records should be disposed of in a timely fashion – in other words at the right time
- Disposal may need to be documented in some way

2.1 Level of sensitivity or security of records

We could categorise our records in terms of level of sensitivity or security, as follows:

2.1.1 Low level records

Low level records could have a low level of sensitivity, requiring very little or no security. They could be records or documents which are in the public domain anyway, or which we would provide

upon request to the public as a matter of course (e.g. our service user guide, some policies and procedures, some minutes of meetings). Or they could be ephemeral or transitory records, or copies of records which have been widely distributed around the offices (some of these might fall under medium level). They could be documents or records which are not considered of sufficient importance to be listed on records retention schedules (although some records listed on schedules could still be of low level).

2.1.2 Medium level records

Medium level records will have a higher sensitivity or security level. They could consist of personal information, or they might have a certain financial or commercial sensitivity. It might be the type of information that we would not routinely disclose upon request.

2.1.3 High level records

High level records may be more highly sensitive, either commercially or financially. They may be personal information of a sensitive nature, they may be information given in confidence, or they may be records retained for an investigation.

2.2 Authorisation of disposal

Medium level and high level records will almost certainly be listed on a records retention schedule. Low level records may or may not be listed. In order to decide whether it is acceptable to dispose of a record, staff members should:

- Check the records retention schedule for their particular area to ascertain whether the record is listed, and, if so, whether the record has been kept long enough
- If the record is a low level record not listed on a records retention schedule it can be disposed of
- If in doubt refer to the Director/Care Manager.

Note: records should not be disposed of if they are the subject of a current or pending enquiry, which may be under the Freedom of Information Act, Data Protection Act, or other enquiry including internal investigations. Staff can be held personally liable for unauthorised destruction.

2.3 Disposal of records at the correct time

Records should not be kept longer than necessary, therefore they should be disposed of at the right time. Unnecessary retention consumes time, space, and equipment use, and therefore disposal will aid efficiency. Unnecessary retention may also incur liabilities in respect of the Freedom of Information Act and the Data Protection Act: in other words, if we continue to hold information which we do not have a need to keep, we would be liable to disclose it upon request. The Data Protection Act also advises that we should not retain personal information longer than is necessary.

2.4 Disposal methods

The method which you use to dispose of records will depend upon the sensitivity / security level of the record. If it is a medium or high level category of record the destruction method should be irreversible: in other words, there is no reasonable risk that it can be recovered again.

Your risk assessment should apply the following criteria:

- How serious would the consequences of unauthorised access to a record be?
- Would it lead to some commercial or competitive disadvantage to SSA Star Care Ltd or an individual?
- Would it lead to some loss of reputation of SSA Star Care Ltd or an individual?
- How expensive will the disposal method that you have chosen be, in terms of time, and cost?
- What level of security was applied to the record during its lifetime?

Your disposal method may also depend upon the format or medium of the record. Recycling should be used when possible.

Taking into account these issues, the most appropriate method of disposal should be chosen.

2.4.1 Destruction by shredding

Records which are in paper format and which are of medium or high level may be shredded. If the sensitivity level is high you may want to do the work yourself within your own unit, or oversee it.

2.4.2 Cutting, crushing, or physical destruction

Records kept in portable media including CDs and disks, and optical media including video, film, or microform, may be cut, crushed or physically destroyed. If the sensitivity level is high you may want to do the work yourself within your own unit, or oversee it. Rewriteable media could be reformatted for re-use.

2.4.3 Deletion of electronic data

It is the case that if you delete a document from your computer, it is not deleted completely. If the record is of a medium or high level of sensitivity, you may wish to ensure that it is deleted completely. You should empty your recycle bins and deleted items folders, both on e-mail and on your pcs, regularly. It is possible that a document may still remain on disk in hidden form. Bear in mind that a document if backed up will remain on the backup for a specified period of time. Documents which are backed up to server are then the responsibility of AME, and will be deleted or overwritten after a specified period of time.

Computers which are transferred within the offices should be reformatted or overwritten to ensure permanent deletion of any data held on them. If disposed of outside the SSA Star Care Ltd office, this should be done by an outside contractor.

2.4.4 Outside contractors used for disposal

We may use an outside contractor to dispose of records, which they may do by shredding, pulping or disintegrating. You should only use contractors on our Approved Suppliers List, but in any case contractors should:

- be registered under the Data Protection Act 1998
- provide sealable bags or containers if you are to collect records locally over a period of time with final collection by the contractor at a specific time or when collection units are full

- be able to provide a fully documented audit trail of your consignment from initial receipt until its final destination e.g. pulping
- hold valid Environmental Agency Licences for the transport and management of waste appropriate to your disposal needs
- have lockable, sealed, and alarmed vehicles if left unattended
- ensure that destruction takes place within a short period of time after the instruction
- provide a written contract
- provide a certificate of destruction.

2.4.5 Low level disposal

It may be that low level records do not need to be destroyed. They can simply be put in the rubbish for collection, or into the recycling bin.

2.4.6 Disposal by transfer

You may sometimes transfer your records to another place, either within or outside the office of SSA Star Care Ltd. You should follow all necessary security precautions, depending upon the level of sensitivity of the records, when doing this. If records are sent to storage or archive, they should be appropriately packaged and labelled.

2.5 Disposal documentation

You do not need to document the disposal of records which have been listed on a records retention schedule, except where the disposal takes place outside the timescale of the schedule, and you wish to keep a record as evidence. Disposal documentation may involve:

- Keeping a log recording details of the records, the date and method of destruction
- If external contractors are used, a more formal register may be kept, along with certificates of destruction received from the contractor.