

Health & Safety Control Manual

for members of EVH

**PARKHEAD HOUSING
ASSOCIATION LTD.**

VERSION 2

First Prepared Jan 2010 (see 'Updates' for register of amendments made)

Foreword

EVH, ACS and UNITE (t&g) developed the original Health and Safety System in 1993/4. The System, and the subsequent Manual, were developed with EVH who had identified an expanding need then in the Housing sector for a System to meet the growing demands and complexity of Health and Safety Legislation. Since then it has been adopted by over 150 Social Employers in Scotland. It has been very well received by the HSE, Regulators and the Association of British Insurers and has become a 'benchmark' for Health and Safety management in the Housing Association Sector in Scotland.

The Manual was intended to provide a complete Management System and to be self-contained, e.g. each section contains a note of the relevant legislation, model work procedures and, where appropriate, copies of all forms to be used. It is appreciated, however, that different Associations/Co-operatives have diverse natures, sizes and organisations and are at different stages of development. The Manual may, therefore, need to be modified to reflect local conditions.

Most Associations, Partnerships and Co-operatives have found the Manual useful and have not found it necessary to seek outside assistance in any aspect of their management of Health and Safety. On occasions, queries will undoubtedly arise. If you have a problem, please contact:

ACS : Geoff Lawson geoff@acs-env.com
John Cadden john@acs-env.com 0141 427 5171

EVH : Foster Evans Foster@evh.org.uk 0141 352 7435
Lorraine Cassidy Lorraine@evh.org.uk 0141 352 7435

ACS are continuing the well established implementation/audit programme. Over the course of a two year cycle each full or associate EVH member will be visited by a member of the ACS Audit Team. The visit will take the form of a "paper audit", i.e. the employer will be asked to demonstrate that it is actually carrying out all procedures in the way described in the Manual.

For the newer full and associate EVH members who do not feel quite ready for the full audit, the Team will be happy to discuss an implementation strategy.

Due to the constantly changing nature of Health and Safety legislation, the manual has been regularly updated. In addition, the Manual has been reviewed annually. The enclosed modifications represent the latest round in the update/review process.

Roger Willey, ACS, and Foster Evans, EVH

EVH HEALTH & SAFETY CONTROL MANUAL UPDATES

Note: When making the following changes, remember to update the Amendment Procedure register at the start of the manual as well as the Revision No. and Date of each relevant policy.

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PARKHEAD HOUSING ASSOCIATION

HEALTH & SAFETY CONTROL MANUAL (VERSION 2)

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PARKHEAD
HOUSING ASSOCIATION

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SECTION 1

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Subject	Manual Distribution
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Copy No.

- 1 James Strang, Chief Executive
- 2 Margaret Barr, Depute Chief Executive
- 3 Aileen McGuire, Head of Corporate Services
- 4 Graeme Aitken, Head of Housing Services
- 5 Myles Millar, Technical Manager
- 6 The Board

Subject	Policy Statement
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HEALTH AND SAFETY AT WORK ETC. ACT 1974

SAFETY POLICY STATEMENT

The Board of Parkhead Housing Association is responsible for the conduct of the business of the Association.

The *Health and Safety at Work etc. Act 1974* imposes statutory duties on employers and employees. To enable these statutory duties to be carried out, it is the policy of Parkhead Association so far as is reasonably practicable, to ensure that responsibilities for safety and health are assigned, accepted and fulfilled at all levels of the Association; that all practicable steps are taken to manage the health, safety and welfare of all employees; to conduct the business in such a way that the health and safety of visitors, to any premises under our control, is not put at risk.

1. It is the intention of the **Association**, so far as is reasonably practicable, to ensure that:-
 - a) The working environment of all employees is safe and without risks to health and that adequate provisions are made with regard to the facilities and arrangements for their welfare at work.
 - b) The provision and maintenance of machines, equipment and systems of work which are safe and without risks to health to employees, contractors and any other person who may be affected with regard to any premises or operations under our control.
 - c) Arrangements for use, handling, storage and transport of articles and substances for use at work are safe and without risks to health.
 - d) Adequate information is available with respect to machines and substances used at work detailing the conditions and precautions necessary to ensure that when properly used they will be safe and without risk to health.
 - e) Employees are provided with such instruction, training and supervision as is necessary to secure their health and safety.
 - f) The Health and Safety Policy will be reviewed and updated as and when it is necessary. Communication of any such changes will be made to all employees.

Subject	Policy Statement
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2. It shall be the duty of all **employees** at work to ensure :-

- a) That reasonable steps are taken to safeguard the health and safety of themselves and of other persons who may be affected by their acts or omissions at work.
- b) Co-operation with the Board so far as is necessary to ensure compliance with any duty or requirement imposed on the employer, or any other person, under any relevant statutory duties.

Date Adopted at the Board		Date
Chairperson – John Ferguson	Signed	
Chief Executive – James Strang	Signed	

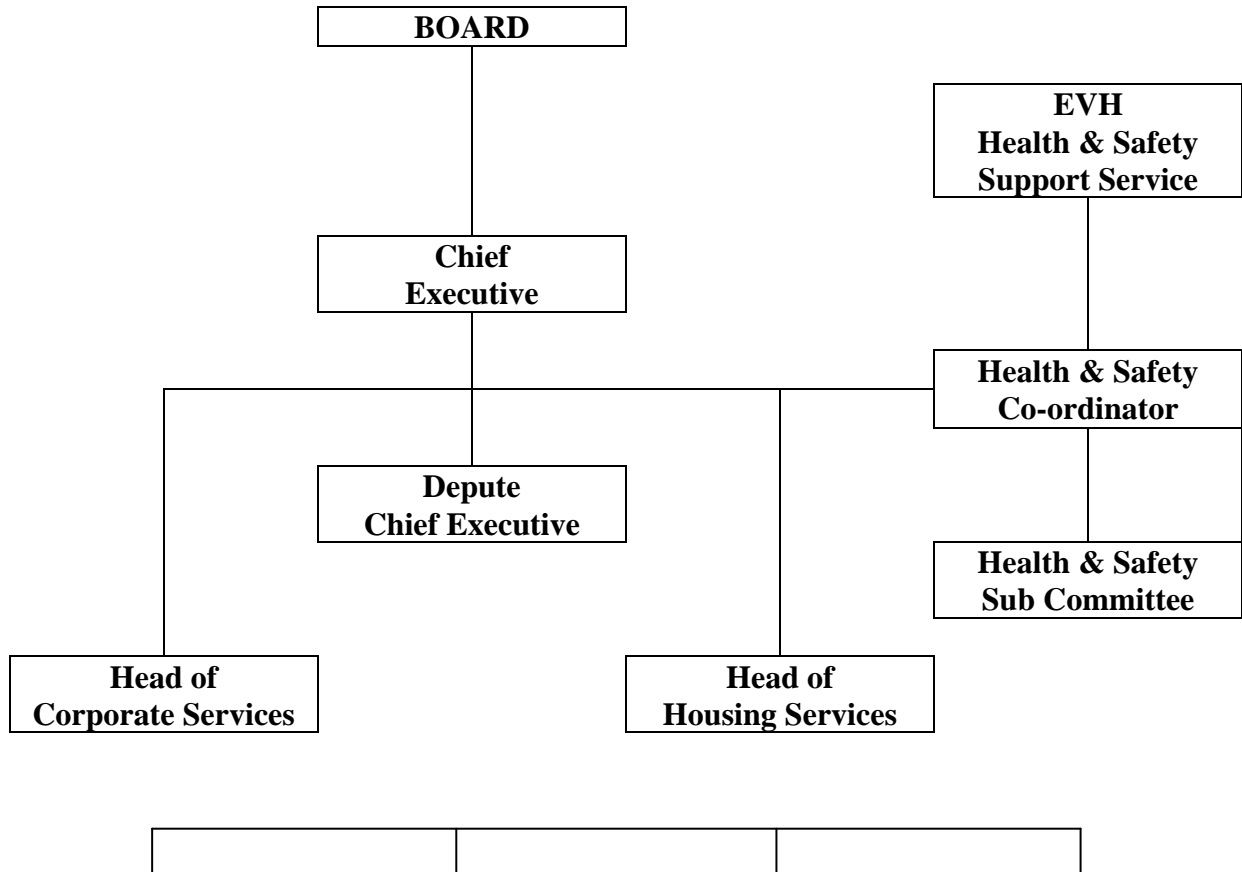
Subject	Responsibilities – Overview
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- 1) The Association recognises that all individuals within the organisation have a responsibility to ensure their own safety and that of others. Consequently, all employees will have the potential to be held liable if their negligent acts or omissions result in harm being caused to any other persons. Those in positions of responsibility have additional obligations, by virtue of their ‘managerial’ functions. Indeed, the Health and Safety at Work Act Enforcement Policy Statement Paragraph 41 states the following on ‘Prosecution of individuals’:

“... enforcing authorities should identify and prosecute or recommend prosecution of individuals if they consider that a prosecution is warranted. In particular, they should consider the management chain and the role played by individual directors and managers, and should take action against them where the inspection or investigation reveals that the offence was committed with their consent or connivance or to have been attributable to neglect on their part and where it would be appropriate to do so in accordance with this policy. Where appropriate, enforcing authorities should seek disqualification of directors under the Company Directors Disqualification Act 1986.”

- 2) The following sections set out the principal Health & Safety related responsibilities of individuals within the organisation. These duties will be in addition to the general duty on all individuals to ensure the Health, Safety and Welfare of themselves and all others who may be affected by their undertakings.
- 3) The rather unique management structure of Housing Associations differs from the traditional business organisation where a Board of Directors, Owner/Manager or Senior Management Board clearly runs the undertaking. Care has, therefore, been taken to determine realistic responsibilities of the Board and Chief Executive in particular.
- 4) In addition to the *individual* liability of senior staff, the *Corporate Manslaughter and Corporate Homicide Act 2007* allows *companies* and *corporations* to be prosecuted for corporate homicide (in Scotland) where serious management failures result in death. Under this Act there is no longer the need to identify a ‘controlling mind’ (i.e. one individual whose negligence or recklessness caused the death) to convict an organisation of homicide, thus making it easier to prosecute organisations.
- 5) The management responsibilities defined within this Control Manual should ensure that adequate and appropriate managerial control is exercised over Health & Safety issues to prevent against prosecution for corporate homicide.

Subject	Responsibilities – H & S Organisational Chart
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Subject	Responsibilities – The Board
1)	The Board, headed by a Chairperson, comprises ‘lay persons’ from the local community, acting largely as a body to oversee the operations carried on by the Association. The Board ensures that the interests of the community are taken into account and is responsible for approving certain company decisions and funding / resourcing requests made by the Chief Executive of the organisation.
2)	It is recognised that the Board, while not actively involved in the daily running of the organisation, has certain responsibilities in terms of Health & Safety and the following procedures will be adopted to ensure responsibilities are effectively discharged.
3)	The Board will endorse the Health & Safety policy and Control Manual and the Chairperson will sign the Health & Safety Policy Statement along with the Chief Executive. Where there is a change of personnel, the incoming Chairperson will sign the policy to ensure the commitment on behalf of the Board remains current.
4)	The Board will place ‘Health & Safety’ as a standing item on the Agenda of all general meetings. This will allow the Chief Executive to report on safety performance, funding requirements, safety failures and other Health & Safety related issues. The Board will give all such issues due consideration and will make available all reasonable funding and support as may be required.
5)	The Board will review the findings of all internal and external Health & Safety audits carried out within the organisation and will authorise the use of all reasonable support required to rectify any significant non-compliances identified by the audits.
6)	The Board will take an active interest in the investigation of any significant safety failure, making available all reasonable resources for a full investigation and for the taking of adequate measures to rectify any deficiencies in the existing arrangements.
7)	All Board members will undergo training in ‘Health & Safety Awareness’ and in management responsibilities. This will ensure that all members have a working knowledge of the topic, which will assist in the discussion of Health & Safety at all meetings. This should also assist the Board in determining whether the Chief Executive is managing Health & Safety adequately within the organisation.

Name of Board Member	David Anderson	Signature		Date	
Name of Board Member	David Bradley	Signature		Date	
Name of Board Member	John Brien	Signature		Date	
Name of Board Member	Carol Connelly	Signature		Date	
Name of Board Member	Winifred Duthie	Signature		Date	
Name of Board Member	John Ferguson	Signature		Date	
Name of Board Member	Sarah Fitzpatrick	Signature		Date	
Name of Board Member	Margaret Graham	Signature		Date	
Name of Board Member	Prince Ikemere	Signature		Date	
Name of Board Member	Elizabeth Kennedy	Signature		Date	
Name of Board Member	James MacKenzie	Signature		Date	
Name of Board Member	Susan McKeown	Signature		Date	
Name of Board Member	Ina Rennie	Signature		Date	
Name of Board Member	Agnes Wood	Signature		Date	

Subject	Responsibilities – Chief Executive
1)	The Chief Executive is responsible for the general day to day running of the Association. It is recognised that this function incurs the overall responsibility for Health & Safety management within the organisation and the following procedures will be adopted to ensure adequate provisions are made and maintained. In essence, the Chief Executive will fulfil the position now commonly known as ‘Chief Executive Responsible for Health & Safety’.
2)	The Chief Executive will endorse the Health & Safety policy and Control Manual and will sign the Health & Safety Policy Statement along with the Chairperson of the Board. Where there is a change of personnel, the incoming Chief Executive will sign the policy to demonstrate commitment and acceptance of responsibilities.
3)	The Chief Executive will hold ultimate responsibility for the <i>implementation</i> of the organisation’s policy, procedures and arrangements. To this end, and to comply with the duties set out in the <i>Management of Health and Safety at Work Regulations 1999, as amended</i> , he/she will appoint an adequate number of competent persons to achieve and maintain legal compliance. This will include a Health & Safety Administrator and the EVH Health & Safety Support Service. The Chief Executive will also take all appropriate action to reduce the risks to Health & Safety arising from the business undertaking and to improve the organisation’s safety performance. The Chief Executive may be held liable where Health & Safety offences are committed with his/her consent or connivance or as a result of his/her negligence (Health & Safety at Work etc. Act Section 37(1)).
4)	The Chief Executive will report on safety performance, funding requirements, safety failures and other Health & Safety related issues at each Board meeting, as well as make available all internal and external audit reports to the Board. Fully justified requests will be made to the Board for any resources, support or funding required for Health & Safety purposes.
5)	The Chief Executive will ensure that Health & Safety considerations are taken into account for all new investment opportunities and in the organisation’s purchasing policy. The objective will be to minimise risks as early in the purchasing chain as is reasonably practicable.
6)	The Chief Executive will be responsible for maintaining an adequate programme of Risk Assessment, allocating duties and funds as appropriate to keep assessments and control measures current.

Subject	Responsibilities – Chief Executive
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- 7) The Chief Executive will be responsible for maintaining an adequate programme of staff training in Health & Safety issues, ensuring that all staff are given appropriate instruction, information and training to reduce the risks associated with their work to an acceptable level.
- 8) The Chief Executive will ensure that adequate communication channels exist throughout the entire organisation to allow Health & Safety issues to be dealt with timeously and effectively. All staff will be given the opportunity to raise any safety related queries with appropriate management staff.
- 9) The Chief Executive will ensure that all significant safety failures are fully investigated and reported to the Board. He/she will also ensure that all necessary support is sought to adequately investigate the situation and develop suitable remedial measures to reduce the likelihood of a similar incident recurring.
- 10) The Chief Executive will give due consideration to all Health & Safety related requests from the Depute Chief Executive, H&S Administrator, Heads of Departments and all other staff, taking appropriate action where necessary and requesting support / approval from the Board where required.

Chief Executive Responsible for Health & Safety

Name	James Strang	Signature		Date	
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Subject	Responsibilities - Depute Chief Executive
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- 1) The Depute Chief Executive provides operational support to the Chief Executive and discharges many of the day to day management tasks required in the running of the organisation. It is, therefore, recognised that this function incurs some significant responsibility in terms of Health & Safety. In particular, the Depute Chief Executive may be held liable where Health & Safety offences are committed with his/her consent or connivance or as a result of his/her negligence.
- 2) The Depute Chief Executive will take an active participation in the Health & Safety Committee. This will involve the raising of pertinent issues for consideration by the Board and the reporting of Board concerns to the Chief Executive and other staff as may be appropriate.
- 3) The Depute Chief Executive will take an active role in the Risk Assessment programme, arranging for the undertaking of all appropriate risk assessments and reviews, for the dissemination of findings and for seeking approval from the Director for remedial measures required to be taken. The Depute Chief Executive will also ensure that any remedial measures agreed with the Chief Executive are effectively actioned.
- 4) The Depute Chief Executive will give all safety related queries due consideration, liaising with the Chief Executive, H&S Administrator, Heads of Departments, EVH Health & Safety Support Service and all other relevant bodies as appropriate.

Name	Margaret Barr	Signature		Date	
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Subject	Responsibilities - Heads of Departments
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- 1) Due to the 'managerial' function performed by Heads of Departments (HOD's), it is recognised that HOD's may be held liable where Health & Safety offences are committed with their consent or connivance or as a result of their negligence.
- 2) HOD's will take an active participation in the Health & Safety Committee. This will involve the identification of Health & Safety concerns within their departments; the raising of pertinent issues for consideration by the Board and the actioning of all measures identified by the Board and management staff as being required.
- 3) HOD's will implement all relevant policies, procedures and arrangements within their departments, as required by the Control Manual, the Health & Safety Committee and management staff.
- 4) HOD's will ensure that adequate communication channels exist throughout their departments to allow Health & Safety issues to be dealt with timeously and effectively. All departmental staff will be given the opportunity to raise any safety related queries with their line managers or HOD's.
- 5) HOD's will ensure that all departmental staff adopt safe working procedures, work in accordance with any training provided and properly use any control measures, protective equipment etc. that are appropriate for the work carried out.
- 6) Where HOD's identify the need for further training or any other form of risk control for departmental staff, the issue will be reported without undue delay to the Health & Safety Committee or Depute Chief Executive.
- 7) Where HOD's identify any significant breach of Health & Safety procedures, appropriate action will be taken to reduce the risk in the short term, and the issue will be reported to the Depute Chief Executive without undue delay.

Name	Aileen McGuire	Signature		Date	
Name	Graeme Aitken	Signature		Date	

Subject	Responsibilities - Employees
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- 1) While the duties of management staff have been made clear in previous sections, it is recognised that ALL employees have general duties to ensure their own safety and that of others. Indeed, the *Health and Safety at Work etc. Act 1974* (Section 7) notes the following in respect of employees' duties:

*"It shall be the duty of every employee while at work –
(a) to take reasonable care for the health and safety of himself and of other persons who may be affected by his acts or omissions at work; and
(b) as regards any duty or requirement imposed on his employer or any other person by or under any of the relevant statutory provisions, to co-operate with him so far as is necessary to enable that duty or requirement to be performed or complied with."*

The following procedures will, therefore, be adopted by all employees to ensure their duties are adequately discharged.

- 2) Employees will comply with the policies, procedures and arrangements set out in the Control Manual and with any information, instruction and training provided. In addition, any risk control measures and equipment provided to ensure safe working practices will be properly used.
- 3) Employees will report to their HOD or other member of management any identified breaches of Health & Safety procedures, any accidents or safety related incidents and any aspect which appears to them to give rise to a significant risk to the Health & Safety of employees or other persons. Such reports will be made without undue delay.
- 4) Employees will inform their HOD or other member of management, without undue delay, where they believe that further training or other risk control measures would be beneficial. Tasks will not be carried out where the employee believes significant risk to be present.
- 5) Employees will co-operate in all safety programmes, training, risk assessments and other initiatives that are intended to reduce risk and will actively implement any control measures identified as being required.
- 6) Employees will not participate in horseplay, practical jokes or other acts which may result in harm being caused to themselves or to other individuals.

Name	Signature	Date
Graeme Aitken		
Aarti Bahanda		
Karen Banham		
Margaret Barr		
Jacqueline Begg		
Clem Cloughley		
Andrew Duffus		
Jillian Green		
Michelle Hamilton		
Rosemary Hendry		
Jaclyn Hill		
Katie Horton		
Patricia Hudson		
Elizabeth Imrie		
Neil Kippen		
Pamela Logue		
Brenda McCaig		
Anne McCann		
John McCarron		
Aileen McGuire		
Karen McIntyre		
Derek McLean		

Name	Signature	Date
Myles Millar		
Lynsey Morgan		
Irene Murray		
Vincent Murray		
Geraldine Nevans		
Nicola Paul		
Craig Pollock		
Ruth Pollock		
Bernadette Ramsay		
Maureen Smith		
Paula Stevenson		
James Strang		
Jean Summers		
William Tippen		

Subject	Responsibilities - H&S Committee
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- 1) The H&S Committee will provide an open forum for the discussion of all Health & Safety related issues raised by members of the Committee and by any other relevant sources.

The H&S Committee will be a sub group of the Corporate Services Committee.

- 2) All Board members will undergo suitable training, which will include as a minimum 'Health & Safety Awareness'. This will ensure that all members have a working knowledge of the topic, commensurate with their role in the Board and within the organisation as a whole.
- 3) The Board will suggest solutions and initiatives for issues arising, which will be minuted and presented to the Chief Executive following each meeting, without undue delay.
- 4) Where appropriate, the Board will draft and revise policy, procedures and arrangements, for ultimate approval by the Chief Executive and the Board.
- 5) The Board will delegate, with the Board and Chief Executive's approval, to members and to other appropriate persons within the organisation, actions required to be taken to implement policies, procedures, arrangements and any other initiatives authorised by the Chief Executive.
- 6) The Board will review the Health & Safety performance of the organisation, analysing accident statistics, reported breaches of policy and procedures, audit and inspection reports and data from other information gathering exercises. Recommendations on options to improve safety performance will be made to the Chief Executive without undue delay.

Name	Signature	Date
James Strang		
Myles Millar		
Ruth Pollock		
Elizabeth Kennedy		
John Ferguson		

Subject	Responsibilities - H&S Administrator
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- 1) The function of the H&S Administrator is, by definition, one of '**administration**' as opposed to '**management**'. The H&S Administrator will be fully supported by the Chief Executive, Depute Chief Executive and HOD's.
- 2) The H&S Administrator will undergo suitable training, which will include as a minimum 'Health & Safety Awareness' and instruction in the implementation of the policies, procedures and arrangements set out in the Control Manual.
- 3) The H&S Administrator will maintain the master Control Manual and the record keeping system in an up to date and tidy condition. This will include the dissemination of all Manual updates to Manual holders and the filing of appropriate records.
- 4) The H&S Administrator will comply with his/her duties as set out in the Control Manual and will report the findings of any inspections, audits and other information gathering exercises to the H&S Committee without undue delay. Where the H&S Administrator has reason to believe that personnel are, or may foreseeably become, exposed to significant risk, direction will be sought from the Depute Chief Executive or Chief Executive without undue delay.
- 5) The H&S Administrator will provide assistance to the Chief Executive, Depute Chief Executive, H&S Committee and HOD's in the undertaking of risk assessments, control implementation, policy development, etc. This may involve liaison with the EVH H&S Support Service. It should be noted that the H&S Administrator will not be solely **responsible** for developing corporate policy, merely for **assisting** in its development and implementation.

Name	Signature	Date
Myles Millar		

Subject	Responsibilities - EVH H&S Support Service
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- 1) EVH maintains a contract with an external Health & Safety consultancy firm, which provides professional and technical support to the Association. This service complements the available internal resources, thus assisting the organisation to discharge its duty as set out in the *Management of Health and Safety at Work Regulations 1999, as amended* to appoint an adequate number of competent persons to achieve and maintain legal compliance.
- 2) The H&S service includes the provision of:
 - external auditing of the Health & Safety system
 - Control Manual updating service
 - helpline for all Health & Safety related queries
 - specialist consultancy and training support as required
- 3) The EVH Health & Safety pre-audit questionnaire has been added to the Control Manual at Appendix 03. Completion of this questionnaire, prior to the audit, will assist Housing Associations in identifying, in advance, any areas which may require additional resources, while also clarifying what documentation is required for review by the auditors.

PARKHEAD
HOUSING ASSOCIATION

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Subject	Buildings
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SECTION 2

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- 2.9 Gas Safety
- 2.10 Contact Details
- 2.11 Kitchen Safety
- 2.12 Lifts, Stairlifts and Escalators
- 2.13 Water Systems - Legionella

Subject	Fire Safety
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Purpose

- 1) To ensure that all persons are protected from harm caused by fire on the Association's premises or on adjoining premises.
- 2) To ensure that management and employees comply with the procedures within the adopted Fire Safety Policy.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Fire (Scotland) Act 2005
- 3) Fire Safety (Scotland) Regulations 2006
- 4) Fire safety – An employers guide ISBN 011 341 2290
- 5) IEE Guidance Note 3 – Inspection and Testing
- 6) Scottish Executive, Fire Safety Guidance Booklet: Are you aware of your responsibilities, August 2006, ISBN 0 7559 4965 X.

Key Legal Requirements

See summary at Section 8

Procedures

2.1.1 Fire Certificates

From the introduction of the Fire (Scotland) Act 2005 and the Fire Safety (Scotland) Regulations 2006, Fire Certificates will no longer be valid. Instead, the employer is responsible for assessing fire safety risks and implementing adequate control measures through the process of Risk Assessment (see Section 2.1.3).

HEALTH AND SAFETY POLICY AND PROCEDURES

FIRE SAFETY

INTRODUCTION

- 1 Fire is a risk to the viability of the organisation and to the safety of its staff, Board members and anyone who uses the services provided from our office.
- 2 The need to know who is in the building, when they are in it and where they are in the building is vital should the Fire and rescue services require this information. It is important that this detail is noted and retained on a daily basis.
- 3 The prevention of fire is important but it is also the case that no unnecessary risks are taken. The use of the fire extinguishers requires to be known so too when it is safe to do so.
- 4 The safe and effective evacuation of the building is paramount and requires to be regularly tested.
- 5 Everyone has a role to play, but there does need to be specific roles allocated to specific key personnel to ensure the protocols are implemented effectively. There is also a need to monitor and review all fire evacuation protocol.

FIRE PREVENTION

- 1 No unauthorised electrical appliance is to be introduced to the building. Any and all electrical equipment must be PAT tested prior to its introduction and use. The user(s) of any new equipment must be fully trained on its correct use.
- 2 All electrical equipment will be tested annually.
- 3 All staff will be trained in the application and use of fire extinguishers. Regular training updates will be introduced so that the skills are fresh.
- 4 All fire extinguishers will be tested and subjected to a maintenance scheme annually.

SHOULD A FIRE START

- 1 The person who discovers a fire will activate the fire alarm system first. They should inform or report to the reception that there is a fire and it is the duty of the receptionist to call the Fire Brigade. If the person discovering the fire deems it correct and feels it safe to tackle they may use the fire correct fire extinguisher.
- 2 The Evacuation protocol as outlined will then be enacted. [Appendix 1]
- 3 The designated Fire Officer will carry out their duties as shown in Appendix 2.

SATELLITE OFFICES

- 1 The Association currently has 2 satellite offices operated by the Sheltered Housing wardens. From time to time they are also used for social activities by the residents.
- 2 A full fire risk assessment requires to be undertaken for both offices.
- 3 An appropriate evacuation protocol established and tested on a regular basis.
- 4 Risk assessment protocols require to be undertaken for each activity undertaken in the facility.

HEALTH AND SAFETY POLICY AND PROCEDURES
FIRE EVACUATION PROTOCOL.

Appendix 1

- 1 In the event of the Fire alarm sounding all staff must leave in an orderly manner by the nearest fire exit. They must not stop to collect belongings. The safe will be locked and the senior Finance officer retains the key. All staff must be fully aware of the location of all fire exists. The location of these is shown in the Fire Evacuation chart attached to this protocol and forms part of this protocol. – [Chart one]
- 2 Each location will have a names fire warden and in their absence a depute fire warden. Their role is to ensure that all staff and visitors, including members of the public leave the building in an orderly manner and ensure that the section they have responsibility for is clear. They will also direct all staff, visitors and members of the public to the fire assembly area which is shown on the Fire Evacuation Chart. – [Chart two] All staff must acquaint themselves with its location.
- 3 All staff, visitors, and members of the public must be accounted for at the fire assembly point. The Chief Executive or the Depute chief Executive will conduct a role call at the Fire Assembly Point to ascertain that everyone is accounted for. This information is vital for the Fire and Rescue Services.
- 4 All staff and visitors will remain at the Fire Assembly Point until directed by the Chief Executive or the Depute chief Executive.
- 5 All visitors will sign the visitors' book. This will include Board members.
- 6 Reception staff will monitor the number of members of the public in the office at all times.
- 7 All staff will sign in upon entering the building. They will sign out as and when they leave on official duties and will sign in when they return. If they are likely to be away for the rest of the day and are not likely to return to the office they must register this. The staff register will be located at the staff entrance.
- 8 Upon the activation of the fire alarm, the Fire Warden for the reception will take the visitor book and the Chief Executive or the Depute Chief Executive or the most senior ranking member of management will take the staff register.
- 9 A fire evacuation practice will be held bi annually and will be held on a random date and time and will at least once a year involve an evacuation with members of the public and visitors being involved.
- 10 All staff, including temporary employees will sign to record their receipt and understanding of these procedures.

HEALTH & SAFETY POLICY AND PROCEDURES

ROLE OF THE FIRE WARDEN

Appendix 2

- 1 The overall duty of the Fire Warden is to be the last person out of a specific section! They should carry out a fire sweep of their area to check that no one has been left, including cupboards and under desks etc.
- 2 They are responsible for ensuring that all staff and visitors leave the building quickly and safely and reach the Assembly Point.
- 3 There should be a Fire Warden and Depute for:

The ground floor oval office – Anne McCann/Karen Banham
The upper oval office – Margaret Barr/Irene Murray
The Finance section – Aileen McGuire/Vince Murray
The public office – Michelle Hamilton/Lindsay Moran
The Housing/Development office – Andy Duffus/John McCarron
- 4 Depending on the location the roles are slightly different.
- 5 The ground floor oval office Warden will also supervise the evacuation from the Chief Executive's office and the library.
- 6 The Warden from the upper oval office will collect the register at the staff entrance and give this to the senior officer in attendance at the Assembly Point. This officer will take command of the situation and take the roll call.
- 7 The Finance section Warden will ensure the upstairs toilet and kitchen are clear.
- 8 The Housing/Development Warden will ensure the downstairs kitchen/IT room/toilets and photocopier room are clear.
- 9 The public office Warden will ensure the interview rooms are clear and will take charge of the visitor book and give this to the senior officer at the assembly point. This officer will take command of the situation and take a visitor roll call. In the event of a drill this Warden will also lock the front door after they exit. In an actual fire evacuation the locking of the door is not required.
- 10 All Fire Wardens will familiarise themselves with these procedures and acknowledge their understanding of the role.

Subject	Fire Safety
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2.1.2 Fire Action

The organisation will develop a site-specific Fire Action Plan for each premises, following the assessment of fire safety risks (see Section 2.1.3). However, the following provides a sample generic plan upon which the site-specific actions will be based.

1) On discovering a fire

- 1.1 Raise the alarm by operating the nearest Fire Alarm point.
- 1.2 If a phone is close at hand, DIAL 999
- 1.3 If safe to do so, (a personal judgement), and only if trained in the use of fire extinguishers, tackle the outbreak with an appropriate extinguisher. Otherwise, leave the building and proceed to the allocated Assembly Point.

2) On hearing the fire alarm

- 2.1 Ensure all persons are alerted.
- 2.2 Evacuate the building quickly, but safely, by the nearest EXIT point. DO NOT USE THE LIFT. Go to your Assembly Point.
- 2.3 Do not delay by taking coats or personal belongings.
- 2.4 Where possible, ensure that all toilets are empty.
- 2.5 Close all windows and doors if this does not significantly delay departure.
N.B. Fire doors must always be kept closed.
- 2.6 Check to ensure that someone has called the Fire Brigade:- DIAL 999
- 2.7 Do not re-enter the building under any circumstances until told to do so by a Fire Officer or the most senior member of staff present.

3) The Emergency Controller

- 3.1 For fire evacuation procedures, each organisation will appoint an Emergency Controller. (This will normally be the H&S Administrator). A second member of staff will be identified as the Deputy Emergency Controller.

Subject	Fire Safety
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3.2 On hearing the Fire Alarm, the Emergency Controller will:

- i) Ascertain the exact location of the fire, if possible, then report to the Assembly Point. The deputy will proceed directly to the Assembly Point and take charge until the arrival of the Emergency Controller. The head count will be started immediately.
- ii) Take the report sheet from the deputy. This will show if a full roll call was achieved. Wardens, who are trained in the use of extinguishers, will also perform the role of evacuation search teams if there is a need. On arrival of the Fire Brigade, the wardens will evacuate the premises.

The wardens will respond only to directions from the Emergency Controller or subsequently from the Senior Officer of the Emergency Services.

- iii) Direct and inform the Fire Officers of the exact fire location, if this has been determined, and any particular hazards which may exist.
- iv) End the state of emergency on the advice of the Fire Officer and give permission to return to the work areas.

Emergency Controller *****

Deputy Emergency Controller *****

4) Registers and checklists

- 4.1 A current list of all Association personnel will be retained by the H&S Administrator and Emergency Controller in a location easily accessible once an evacuation is underway.
- 4.2 The attendance registers for staff and visitors, both retained at Reception, will be uplifted by Reception staff upon evacuation, to be used to assist the Emergency Controller in the headcount at the Assembly Point.
- 4.3 The Head of Corporate Services will be responsible for advising the H&S Administrator and Emergency Controller of any personnel changes. This will include any internal moves which could alter the numbers expected at the

Assembly Point.

Subject	Fire Safety
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- 4.4 The H&S Administrator and Emergency Controller will be responsible for updating the lists on personnel changes.
- 4.5 Staff, who in the course of their work must leave the building, will ensure the attendance register has been updated so that unnecessary and perhaps dangerous search operations are not undertaken in an emergency situation.
- 4.6 After normal hours, a separate register will record those employees still on the premises.
- 4.7 Should only one person be working late, it must be ensured that they are familiar with what steps must be taken in an emergency situation. These will be determined by the Lone Working Risk Assessment (see Staff Safety and Violence Policy). It is also considered good practice for this person to phone a contact number on a regular schedule, e.g. reporting on the hour, and this will be taken into account in the Lone Working Risk Assessment.

2.1.3 Risk Assessment

- 1) The Fire (Scotland) Act 2005 and the Fire Safety (Scotland) Regulations 2006 require a Risk Assessment to be carried out of the fire risks present at all premises.
- 2) An assessment of the fire risks will be carried out by a competent person and filed in the Risk Assessment file by the H&S Administrator.
- 3) The assessment will identify possible ignition sources, combustible materials (such as piles of paper, storage of flammable materials etc.), working practices which give rise to fire risk (such as electric heaters being left on overnight), suitability of escape routes, fire detection / control systems, personnel who may be affected by fire and training needs of staff.
- 4) Where necessary, the existing fire Policy and Procedures will be amended to reflect any improvements deemed necessary by the risk assessment.
- 5) The assessment will be reviewed in the event of any significant change to operating practices, plant or equipment, materials used etc. and, in any case, on a regular basis.

Subject	Fire Safety
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2.1.4 Fire Training and Drills

- 1) A clear notice will be exhibited in a prominent position to tell all staff and the public, including disabled people, what to do in the event of an emergency.
- 2) A complete evacuation of all employees will take place at three-month intervals until the H&S Administrator is satisfied with the response obtained. Thereafter a fire drill will be carried out twice a year.

Staff will initially be told the day set aside for this drill but not the time. The date and time will both be unannounced when on the twice a year regime.

- 3) Volunteer staff will form a small team of fire wardens who will be trained in the selection and use of fire extinguishers for fire fighting. Other members of staff will be given basic instructions on how to use the extinguishers.
- 4) All staff will be advised of the office site plan (Section 2.1.8) showing the location of fire alarm points, fire extinguishers, etc. All new staff will be given this information as part of their induction training.

Each Association will insert the floor plan of their respective offices into this Manual (Section 2.1.7) showing locations of exits, fire equipment, fire alarm points and Assembly Points.

- 5) A record will be kept of any fire incidents and the fire drills carried out in the Association. (See Appendix02)

Note

In shared premises, the fire drill **only** applies to that section of the building occupied by the Association. Common courtesy would suggest that other occupiers of the building are informed of the fire drill prior to the alarms being activated.

2.1.5 Equipment Testing

- 1) All fire extinguishers will be inspected and certified by a competent person once per year. This inspection will be recorded in a Fire Safety Log Book. (See Appendix 02)

Subject	Fire Safety
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- 2) The fire alarm system will be formally inspected and tested by a competent person on an annual basis. This inspection and test will be recorded in a Fire Safety Log Book. (See Appendix 02)
- 3) The fire alarm system will be routinely tested once each week by the H&S Administrator using a different test point each time. This test will be recorded in a Fire Safety Log Book. (See Appendix 02)
- 4) The emergency lighting system will be routinely tested once each month by the H&S Administrator. This test will be recorded in a Fire Safety Log Book. (See Appendix 02)
- 5) The emergency lighting system will be formally inspected and tested by a competent person at least once every three years. This inspection and test will be recorded in a Fire Safety Log Book. (See Appendix 02)
- 6) Fire hoses will be inspected and tested, with hose fully extended, annually by a competent person. Water pressure also should be investigated. This inspection and test will be recorded on the in a Fire Safety Log Book. (See Appendix 02)
- 7) During safety / housekeeping inspections, all fire equipment and notices will be checked against the office site plan. Any deficiencies will be noted and corrected as soon as reasonably practicable.

2.1.6 Disabled Persons

- 1) The Association recognises the need to plan to assist disabled persons leave the building in event of an emergency situation developing. This will include both disabled members of staff and the general public who suffer from poor eye sight, a hearing impairment or who are physically disabled. The latter state could include those suffering a temporary physical problem.
- 2) For disabled members of staff, the actions to be taken will be documented in a Personal Emergency Evacuation Plan (PEEP). For visitors etc, two members of appropriately trained staff will be assigned per disabled person to ensure the evacuation goes quickly and smoothly.
- 3) The members of staff volunteering for this duty are nominated below in the pairings that will operate:-
 - i) ***** ***** ***** *****
 - ii) ***** ***** ***** *****

Subject	Fire Safety
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2.1.7 Visitors and Contractors

1) Visitors / the public

- 1.1 It is part of the safety policy that visitors to any office of the Association will be accompanied at **ALL** times by an employee.
- 1.2 It is not anticipated there will be a need for members of the public to proceed beyond the reception or interview rooms.
- 1.3 In the event that the fire alarm is sounded, it is the responsibility of the employee escorting the visitor to ensure that their visitor is directed safely from the building to the Assembly Point.

2) External contractors

- 2.1 The H&S Administrator will give a short Safety Induction to all external contractors when they first visit the premises (see Section 3.6). The fire safety element of the induction will at least cover:
 - i) the type of fire alarm (bell, siren, klaxon)
 - ii) the route to be followed to the nearest fire exit.
 - iii) the location of the nearest Assembly Point
 - iv) the location of any flammable materials and any other hazards in close proximity to the contractors place of work.
- 2) At the time of letting a contract, the contractor will be informed of the standards of safety that will be acceptable to the Association.
- 3) Information must be given, by the contractor, to the H&S Administrator of any anticipated fire or explosion risks which could occur during work performed on the premises. Where significant risks are present, a 'Hot Work Permit' may be required and will be issued by the Maintenance Manager.

2.1.8 Floorplan of Offices

- 1) The following plan shows the layout of the offices, indicating the locations of all exits, fire equipment, fire alarm points and Assembly Points.

PARKHEAD
HOUSING ASSOCIATION

H&S MANUAL (VERSION 2)

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Subject	Fire Safety
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Floorplan /

Subject	Electrical Safety
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Purpose

- 1) To ensure that management and employees comply with the procedures within the adopted Electrical Safety Policy.
- 2) To ensure that all persons are protected from harm which could be caused by misuse of, or by faulty, electrical equipment belonging to the Association.
- 3) To ensure formal safe working procedures are followed when performing maintenance on electrical equipment.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Electricity at Work Regulations 1989
- 3) IEE Wiring Regulations 17th Edition
- 4) IEE Guidance Note 3 – Inspection and Testing

Key Legal Requirements

See summary at Section 8

Procedures

- 1) Portable Appliance Testing
 - 1.1 All electrical equipment used on the premises will be given a unique identification number.
 - 1.2 A record book will be kept of all the equipment by the H&S Administrator.
 - 1.3 All electrical equipment will be subject to a formal documented inspection regime by a competent person and records will be updated regularly in line with the inspections and maintenance carried out. The required frequency and nature of inspections should be determined by the competent person, (e.g. a qualified electrician).

Subject	Electrical Safety
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- 1.4 All the items will be maintained in a safe condition and ready for use, as far as reasonably practicable.
- 1.5 Any new or used electrical equipment brought on to the premises will be tagged, logged and checked prior to being used (including private items brought in by the staff).
- 1.6 Should any item be deemed unfit to repair by the contractor, the H&S Administrator must be informed so that it can be removed from the register before disposal.

2) Isolation of Equipment

- 2.1 Before inspection or repair work on any electrical item, it will be necessary to effectively isolate it from the power supply.
- 2.2 Contractors must comply with 2.1. The method used to isolate will depend on the assessment made by the Contractor.

3) Monitoring

- 3.1 The Chief Executive will ensure all staff are trained and suitably instructed in the safe use of electrical apparatus and instructed not to use damaged or defective items.
- 3.2 All employees should observe electrical equipment in use for signs of cable damage, loose plugs, sparks from light switches, cracked casings and overlong trailing cables.
- 3.3 Should any faulty equipment be observed, it will be immediately reported to the H&S Administrator who will take the item out of service until it is repaired or replaced by a competent person. Items which cannot be moved will be isolated and labelled, e.g. DANGER -DO NOT USE.

All such actions will be recorded and the record kept alongside the Record Book (see 1.2).

4) Competent Persons

- 4.1 Staff must not attempt electrical repairs of any nature irrespective of how trivial the repair may seem.

Subject	Electrical Safety
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- 4.2 The Association will ensure that Service Contractors employed for inspection and repair work are competent within the terms of the Regulations and are members of recognised professional bodies.

5) Staff Procedures

- 5.1 Staff can assist in ensuring electrical safety within the organisation by :

- 5.1.1 not overloading any power point by use of multi-point adapters
- 5.1.2 keeping high housekeeping standards around any electrical items such as wall heaters, photocopiers, VDU equipment etc.
- 5.1.3 not tampering with, removing or transferring marking labels on electrical items
- 5.1.4 following all the guidelines outlined above and complying with the Association's electrical policy (in particular 1.5, 3.2 and 3.3)

6) Fixed Electrical Installation

- 6.1 The H&S Administrator will arrange for all fixed electrical installation (wiring, sockets, fuses, switchboards etc.) to be subject to a periodic inspection and testing regime. This regime will include routine checks (carried out by the H&S Administrator) and formal Inspection and Testing programmes (carried out by a competent person).
- 6.2 Routine checks need not be carried out by electrically skilled persons and are intended to take the form of simple visual inspections for obvious signs of problems. The checks will identify wear and tear, breakages, missing parts, signs of overheating and any other abnormal observation. Formal Inspection and Testing must be carried out by a competent person and will include careful scrutiny of the installation, supplemented by testing to verify compliance. Records of all such checks and inspections should be filed by the H&S Administrator.
- 6.3 Should any installation be seen to be faulty, corrective action will be taken as appropriate. Advice will be sought from a competent person where necessary.
- 6.4 The frequency of such tests will be in accordance with that set out in the Electrical Installation Certificate for the premises. In any case, frequency of checks and inspections should not be less than: 5 years.

Subject	Electrical Safety
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Offices		
i)	Routine checks	Annually
ii	Inspection and test	Every five years
)		
Residential Accommodation		
i)	Routine checks	Annually
ii	Inspection and test	Every five years
)		
Domestic Premises		
i)	Routine checks	None (responsibility of occupier)
ii	Inspection and test	Change of tenancy / every ten years
)		

Subject	Machine Safety
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Purpose

- 1) To ensure that any machinery used by employees is safe and is safely maintained.
- 2) To ensure that contractors use safe equipment when work is being carried out on Association premises.
- 3) To ensure that both staff and contractors are aware of any hazards which may be caused by machinery.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Provision and Use of Work Equipment Regulations 1998, as amended
- 4) Health and Safety (Miscellaneous Amendments) Regulations 2002

Key Legal Requirements

See summary at Section 8

Procedures

- 1) The Chief Executive will ensure that machines used are fit-for-purpose and accommodated in the workplace in a safe layout and safe condition.
- 2) Office layout will take account of spacing to allow safe access for operation, maintenance, cleaning or adjustments.
- 3) Lighting, either natural or artificial, should be sufficient to allow safe operation of the machinery.
- 4) Cables will be laid out such that a tripping hazard does not and cannot exist.
- 5) No machinery used on the premises of the Association will be used without the machine guards supplied by the manufacturer.
- 6) No new machinery will be installed by the Association unless it is fully machine guarded.

Subject	Machine Safety
7) Machinery (including office equipment such as shredders or guillotines) will only be used by trained personnel.	8) Machinery will be inspected and maintained in accordance with manufacturers recommendations. The H&S Administrator will retain records of all such inspection and maintenance.
9) Consideration will be given to safety factors (such as noise and vibration levels) at the procurement stage of all machinery and equipment.	
10) All machinery and equipment will be subject to Risk Assessment and adequate and appropriate control measures, training, etc. provided (see Risk Assessment Policy).	

Subject	Workplace Conditions
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Purpose

- 1) To ensure that various sundry obligations placed on the Association by legislation is complied with.
- 2) To provide guidelines within which Association employees will endeavour to operate to comply with these obligations.

References

- 1) Workplace (Health, Safety and Welfare) Regulations 1992, as amended
- 2) Health and Safety at Work etc. Act 1974
- 3) Management of Health and Safety at Work Regulations 1999, as amended
- 4) Health and Safety Information for Employees Regulations 1989
- 5) Health and Safety (Miscellaneous Amendments) Regulations 2002

Key Legal Requirements

See summary at Section 8

Procedures

- 1) Alterations
 - 1.1 Prior to carrying out any alterations to the premises, all necessary licenses, consents and notices will be obtained. Advice will be obtained from an Architect where required.
 - 1.2 When proposing structural changes to the buildings, if at all practicable, consideration will be given to providing alternative means of escape with the exit route clearly marked.
- 2) Maintenance
 - the workplace, equipment, devices and systems will be maintained in efficient working order and in good repair. Where appropriate, they will be subject to a suitable system of maintenance.

Subject	Workplace Conditions
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3) Ventilation

- the workplace will be provided with an adequate supply of fresh or purified air, sufficient to reduce stale, contaminated, hot and humid air, without causing discomfort.

4) Temperature

- a reasonable temperature (not less than 16°C after the first hour of working) will be maintained within buildings during work times. The upper level is not determined by legislation but will be maintained at a reasonable level. A sufficient number of thermometers will be positioned around the workplace to allow employees to measure ambient temperature.

5) Lighting

- levels of lighting that are suitable and sufficient will be provided, with natural light being used where possible. Emergency lighting will be provided where failure of normal lighting would cause danger.

6) Cleanliness

- workplaces and furnishings will be kept sufficiently clean. Waste materials will not be left to accumulate, except in suitable receptacles.

7) Space

- work areas will have sufficient floor area, height and unoccupied space. The “Air Space” provided will not be less than **eleven** cubic metres per person.

8) Workstations

- workstations will be suitable for the worker and for the work being undertaken. A suitable seat will be provided where necessary (see Policy on Display Screen Equipment).

9) Floors

- floors will be suitable, not uneven or slippery and unlikely to present a safety risk. They will be kept free from obstructions likely to cause a trip, slip or fall. Handrails will be provided on staircases, except where they would obstruct traffic.

Subject	Workplace Conditions
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10) Falls and Falling Objects

- suitable and sufficient measures will be taken to prevent people falling or being struck by falling objects.

11) Windows

- windows and transparent / translucent surfaces will consist of safe materials; will be clearly marked; and will be designed to be safe when they are open. Windows large enough to allow a person to fall out will be so-designed (or modified) to prevent falls. Consideration will be given to glazing full glass doors and patio windows with toughened or safety glass. Any proposed window alteration will be discussed with the Fire Authority.

12) Traffic

- the workplace will be organised to allow safe movement of traffic by pedestrians and vehicles.

13) Doors

- doors and gates will be suitably constructed to comply with relevant specifications, (i.e. Building Control guidelines etc.).

14) Escalators

- escalators will function safely, will be equipped with necessary safety devices, and will be fitted with easily identifiable and readily accessible emergency stop controls.

15) Toilets and Washing Facilities

- suitable and sufficient, well ventilated and lit sanitary conveniences and washing facilities will be provided at readily accessible places. Hot and cold, or warm, running water and a supply of towels, soap and waste bins will be provided. Adequate provision will be made for employees with disabilities. Toilet paper in a holder or dispenser and a coat hook will be provided and, in water closets used by women, suitable means will be provided for the disposal of sanitary dressings.

The following tables note the minimum numbers of facilities to be provided:

Subject	Workplace Conditions
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Table 1 shows the minimum number of sanitary conveniences and washing stations which should be provided. The number of people at work shown in column 1 refers to the maximum number likely to be in the workplace at any one time. Where separate sanitary accommodation is provided for a group of workers, for example men, women, office workers or manual workers, a separate calculation should be made for each group.

Table 1

<i>1</i> <i>Number of</i> <i>people at work</i>	<i>2</i> <i>Number of water</i> <i>closest</i>	<i>3</i> <i>Number of</i> <i>washstations</i>
1 to 5	1	1
6 to 25	2	2
26 to 50	3	3
51 to 75	4	4
76 to 100	5	5

In the case of sanitary accommodations used only by men, Table 2 may be followed if desired, as an alternative to column 2 of Table 1. A urinal may either be an individual or a section of urinal space which is at least 600mm long.

Table 2

<i>1</i> <i>Number of men</i> <i>at work</i>	<i>2</i> <i>Number of water</i> <i>closets</i>	<i>3</i> <i>Number of</i> <i>urinals</i>
1 to 15	1	1
16 to 30	2	1
31 to 45	2	2
46 to 60	3	2
61 to 75	3	3
76 to 90	4	3
91 to 100	4	4

16) Water

- an adequate supply of wholesome drinking water and cups will be readily accessible and clearly marked.

Subject	Workplace Conditions
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17) Clothing

- suitable and sufficient accommodation for clothing as well as changing facilities will be provided where specific protective clothing is worn.

18) Restrooms

- suitable and sufficient rest facilities will be provided at readily available accessible places. An adequate number of tables and seats with backs will be available. Rest rooms and areas will include suitable arrangements to protect non-smokers from discomfort. Suitable facilities will be provided for pregnant or nursing workers to rest (see New and Expectant Mothers policy), and for workers to eat meals.

19) Posters

- a completed Health and Safety Law poster (ISBN 97807 1766 3149) will be displayed in the workplace. [This may be obtained from HSE Books (Tel.: 01787 881165 / Fax: 01787 313995) or from most good bookshops].

20) Disabled Persons

- where necessary, the workplace will be organised (paying particular attention to passageways, doors, stairs, showers, washbasins, lavatories and workstations) to take account of personnel with disabilities.

Subject	Safety Inspections
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Purpose

- 1) The Association, recognising that accidents may be caused by the absence of adequate management controls and that most accidents can be prevented, have introduced housekeeping and safety inspections as part of a risk control programme.
- 2) By scrutinising areas of the workplace, hazards will be identified and by doing so, it will be possible to reduce the risk of accidents within the organisation.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Successful Health and Safety Management - HS(G) 65
- 3) Workplace (Health, Safety and Welfare) Regulations 1992, as amended
- 4) Management of Health and Safety at Work Regulations 1999, as amended

Key Legal Requirements

See summary at Section 8

Procedures

- 1) Housekeeping Inspections
 - 1.1 General good housekeeping is the responsibility of all employees.
 - 1.2 Housekeeping inspections will normally be performed by one person, usually the H&S Administrator.
 - 1.3 The workplace will be viewed on a routine basis to check that equipment and procedures are as they should be and that there are no exposed hazards. It is suggested that the inspection be carried out on a monthly basis.
 - 1.4 An inspection checklist and report form should be used to assist the person doing the inspection consider most aspects of safety relevant to the office environment. (See Appendix03.)

Subject	Safety Inspections
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- 1.5 Any non-conformance can be reported directly to the person who can respond and influence the required action.
- 1.6 All completed checklists should be filed by the H&S Administrator, including evidence of rectified non-conformances.

2) Safety Inspections

- 2.1 This is a formal inspection, planned in advance, and undertaken by a team consisting of management and safety committee members.
- 2.2 A schedule will be produced showing time, date and complement of each team and each team member will have a copy. The ideal complement is considered to be three persons.
- 2.3 Should a team member be unable to attend any inspection, then a deputy must be nominated to make up the numbers.
- 2.4 The frequency of the safety inspections will be once every three months, coinciding with the three month accident report assembled for presentation at the Board meeting.
- 2.5 This frequency may be changed depending on the accident record.
- 2.6 Should the team think that an inspection warrants remedial action and a repeat inspection is necessary, then this will be initiated by the team leader
- 2.7 A Safety Inspection checklist and report form has been produced to assist the team (see Appendix 03) and should be used to record the inspection. The report records non-conformances observed and the actions required. A more detailed Safety Inspection checklist is available and can be downloaded from the EVH website (www.evh.org.uk).
- 2.8 All completed checklists should be filed by the H&S Administrator, including evidence of rectified non-conformances.

Subject	Safety Audit
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Purpose

- 1) The Association wishes to ensure that all the key elements of health and safety management that have been put in place, are continually reviewed, are current and are evaluated.
- 2) To ensure the key elements of health and safety such as policy, organisation, planning and safety systems are audited on a regular schedule.
- 3) To ensure documented procedures comply with existing legislation, so far as is reasonably practicable.
- 4) To provide objective evidence that the system is working in accordance with the laid down procedures.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Successful Health and Safety Management - HS(G) 65
- 3) Management of Health and Safety at Work Regulations 1999, as amended

Key Legal Requirements

See summary at Section 8

Procedures

- 1) The Association will ensure that all safety systems and procedures recorded in the Safety Manual will be regularly audited to ensure that the high standards expected are being maintained.
- 2) Safety Audits will consider all aspects of safety and records will be kept such that any non-compliances and recommendations can be actioned upon.
- 3) The audit will be performed by an external auditor who will plan, perform and report the audit.
- 4) The time period between audits will depend on the system under scrutiny.
- 5) A pre-audit questionnaire can be found at Appendix 01

Subject	Safety Records
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Purpose

- 1) To ensure that all records produced in conjunction with and concerning safety matters will be collated in a central filing system held by the H&S Administrator.
- 2) To ensure that when records are requested by the enforcing authorities, e.g. the Fire and Rescue Service, the records can be easily found and presented.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Manual Handling Operations Regulations 1992, as amended
- 4) Health and Safety (Display Screen Equipment) Regulations 1992, as amended
- 5) Control of Substances Hazardous to Health Regulations 2002, as amended (COSHH)
- 6) Fire (Scotland) Act 2005
- 7) Fire Safety (Scotland) Regulations 2006

Key Legal Requirements

See summary at Section 8

Procedures

- 1) Many of the Association's policies, in accordance with specific regulations or “good practice”, require the keeping of records, files, assessment reports, checklists etc.
- 2) The H&S Administrator will keep a central filing system which will permit logical filing and, thus, easy retrieval of such records.

Subject	Safety Records
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- 3) The H&S Administrator will be responsible for ensuring records are kept up-to-date and for identifying requirements for reviews / refresher training etc.
- 4) The filing system will include the following records:
 - i) Fire Safety Log Book (containing Evacuation procedures, alarm, detector, emergency lighting and extinguisher tests)
 - ii) Risk Assessments – including General, Fire, Legionella, Lone Worker, DSE, Manual Handling, COSHH, New and Expectant Mothers, Young Persons, Work at Height, Stress and Occupational Driving.
 - iii) Electrical Appliances and Fixed Electrical Installations – Inventory and Testing Records
 - iv) Accident and Near Miss Register and Records
 - v) Personal Protective Equipment – Distribution and Maintenance Register
 - vi) Training
 - x) Safety Inspections
 - xi) Safety Audit
 - xii) Gas Safety Records
- 5) Where records are not held in the central filing system for any reason, precise details of the actual filing location will be entered in the central filing system. This will allow an auditable trail of all relevant records to be maintained, hence permitting easy access to all health and safety related information.

Subject	Letter Bombs
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Purpose

- 1) To reduce the possibility of injury through the receipt of letter bombs.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended

Key Legal Requirements

See summary at Section 8

Procedures

- 1) Should there be a good reason for suspecting that a letter or parcel contains a bomb, then immediate evacuation procedures should be initiated - exactly as for a fire (see Section 2.1).
- 2) Using a telephone system **outside** the premises, contact the Police and Fire Service.
- 3) Re-enter the premises only when told to do so by the Emergency Services.
- 4) Some warning signs that a letter or package may contain an explosive device are :
 - * grease marks on the envelope or wrapping
 - * an unusual odour such as marzipan or machine oil
 - * visible wiring or tin foil, especially if the envelope or package is damaged.
 - * the envelope or package may feel very heavy for its size
 - * the weight distribution may be uneven: the contents may be rigid in a flexible envelope
 - * it may have been delivered **by hand** from an unknown source or posted from an unusual place
 - * if a package, it may have excessive wrapping
 - * there may be poor handwriting, spelling or typing
 - * it may be wrongly addressed or come from an unexpected source
 - * there may be too many stamps for the weight of the package

Subject	Gas Safety
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Purpose

- 1) To ensure the effective inspection, maintenance and management of gas systems within premises occupied by Association staff.
- 2) To reduce the risk of injury occurring in the event of a gas related incident.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Gas Safety (Installation and Use) Regulations 1998
- 4) Gas Safety (Management) Regulations 1996

Key Legal Requirements

See summary at Section 8

Definitions

- 1) “*Gas Appliance*” means an appliance for the heating, lighting, cooking or other purposes for which gas can be used. In general, portable or mobile appliances are not covered, except that portable or mobile space heaters (e.g. LPG cabinet heaters) are covered.
- 2) “*Gas Fittings*” means pipework, valves (other than Emergency Controls), regulators and meters and fittings etc. designed for use by consumers of gas.
- 3) “*Flue*” means a passage for conveying the products of combustion from a gas appliance to the external air.

Health & Safety Executive (HSE) Gas Safety Advice Line

Tel: 0800 300 363

Subject	Gas Safety
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Procedures

1) Competent Persons

- 1.1 All reasonable steps will be taken to ensure that all work (including safety inspections) required to be undertaken on gas appliances and fittings is carried out by a competent person, who will be registered on the Capita 'Gas Safe Register', which is overseen by the HSE. In addition to the normal Association policy on appointment of sub-contractors, potential gas contractors will be required to provide evidence of Gas Safe membership, Quality Control and Quality Assurance programmes, reporting mechanisms and previous similar contracts.
- 1.2 The Association will appoint an internal "competent person" to liaise with external bodies in relation to gas issues and to set up a Gas Safety Management System. This system will allow the competent person to keep an accurate log of all gas appliances within Association premises (including housing stock), appliance servicing records, contractor monitoring arrangements, gas incidents and other issues as required by this policy. The competent person will be provided with appropriate training to permit effective discharging of duties.

Typically, such a system may include policies and procedures on the following:

responsibilities – responsibilities of in-house administrators and external contractors would be defined

contractor selection – a contract specification for gas contractors would be set out to ensure contractors are competent and are commissioned to provide an effective and adequate service

data management – suitable databases would be developed to ensure easily retrievable and up to date information is maintained on all gas-supplied properties, including dates of annual checks, faults reported, vacated properties (which would require an additional check prior to re-occupation) etc. Systems would also be set up for checking and filing received safety check certificates and for maintaining effective lines of communications between parties.

Subject	Gas Safety
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quality control / assurance – quality checks would be carried out by both in-house staff (including the checking of received safety check certificates) and by external bodies, who would physically audit and report on the work carried out by the contractors

access procedures – structured procedures would be followed, and documented, where access to properties could not be gained. The procedures would clearly define the steps to be taken by contractors, the Association and, ultimately legal bodies.

2) Appliances

- 2.1 The Association will not knowingly use or permit the use of any unsafe gas appliance within its premises.
- 2.2 The Association will **not**:
- i) install a gas appliance in a room used or intended to be used as a bathroom or a shower room **unless it is a room-sealed appliance**
 - ii) install a gas fire, other gas space heater or a gas water heater of more than 14kW in a room used or intended to be used as sleeping accommodation, **unless it is a room-sealed appliance**
 - iii) install a gas fire, other gas space heater or a gas water heater of 14kW or less in a room used or intended to be used as sleeping accommodation, **unless it is a room-sealed appliance or incorporates a safety control designed to shut down the appliance before there is a build up of a dangerous quantity of the products of combustion in the room concerned.**
- 2.3 The Association will not convert any room into sleeping accommodation which contains an appliance that would contravene points ii) or iii) in 2.2.
- 2.4 The Association will install room sealed appliances in preference to non room-sealed appliances with control systems, wherever reasonably practicable.

Subject	Gas Safety
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3) Inspection and Maintenance

- 3.1 The Association will ensure that all gas appliances, flues and installation pipework are inspected for safety within each 12 month period and that a structured inspection and maintenance programme is implemented. This inspection and maintenance work will be undertaken by an external contractor, who complies with point 1.1, above.
- 3.2 Records of such gas safety inspections will be reviewed by the competent person, to ensure proper completion. Should any discrepancies be observed, the competent person should raise the issue with the contractor. Records will be retained for a 2 year period.
- 3.3 Where a property is due to be re-let (and an annual safety check has been carried out within the previous 12 months), a further check will be carried out by an external contractor which will identify any unsafe equipment and will include a pipework soundness test. Any unsafe equipment will be rectified or replaced before a new tenancy begins. Where an annual safety check has not been carried out within the previous 12 months, one will be undertaken prior to re-occupation.

4) Emergencies

- 4.1 All staff will be made aware of the location and operation of the “Emergency Control” valve (normally adjacent to the meter), which shuts off the supply of gas to the premises.
- 4.2 In the event of a suspected gas leak (including natural gas or carbon monoxide), the Emergency Control valve should be closed as soon as practicable. If the smell of gas is still apparent or if the leak is suspected to continue, the **National Grid (formerly Transco) Gas Emergency Freephone Number (0800 111 999)** should be called immediately and the premises evacuated, as per normal Fire Evacuation Procedures.
- 4.3 It should be noted that in the event of an incident concerning a portable or mobile space heater, the relevant gas supplier should be contacted rather than the Freephone number.

Subject	Contact Details
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Purpose

- 1) To provide readily accessible contact details for safety related third parties.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended

Contacts

- 1) **Health & Safety Executive (HSE)** tel 0141 275 3000
1st floor, Mercantile Chambers, 53 Bothwell Street, Glasgow, G2 6TS

Health & Safety enforcing authority for industrial / commercial premises and operations. Relevant contact for safety related enquiries / complaints outwith the normal operation of the Housing Association (see Environmental Services).

- 2) **EMAS (Employment Medical Advisory Service)**
contact details as HSE

Occupational Health and Medical advisory service attached to the HSE. Relevant contact for medical enquiries related to work.

- 3) **Environmental Services** tel 0141 287 4210
(or Environmental Health)

Health & Safety enforcing authority for the Housing Association. Relevant contact for safety related enquiries / problems within the scope of the Housing Association work (e.g. dealing with staff, premises, etc.)

- 4) **Fire Authority Parkhead** tel 0141 554 4455
(Local Fire Brigade)

Fire Safety enforcing authority for the Housing Association. Relevant contact for the reporting of fires or other accidents requiring the Fire Brigade. Also relevant contact for fire safety advice.

Subject	Contact Details
5) RIDDOR reporting centre	tel 0845 300 99 23 fax 0845 300 99 24 email riddor@natbrit.com web www.riddor.gov.uk add Incident Contact Centre, Caerphilly Business Park, Caerphilly, CF83 3GG

Relevant contact for reporting 'RIDDOR' reportable accidents, incidents and dangerous occurrences (see Accidents Policy).

6) **Police**

Police Emergency Line tel 999

Relevant contact for reporting emergencies where there is a danger to life or a crime in progress.

Local Police Office tel 0141 532 4600
London Road

Relevant contact for reporting non-emergency crimes and for providing advice on crime prevention.

Crimestoppers tel 0800 555 111

Relevant contact for providing anonymous information about a crime or where one fears for one's safety.

Subject	Contact Details
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7) **Hospitals etc.**

24-hour A&E tel 0141 211 4000

Relevant contact for the 24 hour treatment of serious injuries / sudden illnesses. Where injuries or illnesses are not deemed to be an emergency, the local hospital or GP should be contacted (below).

Local Hospital – Glasgow Royal Infirmary tel 0141 211 4000

NHS 24 tel 0845 4 24 24 24

Relevant contact for general advice on health and illness.

8) **Gas**

Gas Emergency Service (National Grid (formerly Transco))
tel 0800 111 999

Relevant contact for reporting suspected gas leaks.

HSE Gas Safety Advice Line tel 0800 300 363

Relevant contact for advice on gas safety issues.

9) **Water**

Scottish Water
24-hour emergency helpline tel 0845 600 8855

Relevant contact for enquiries / problems with water supply (within or outwith premises).

Local Emergency Plumber tel 07719 904543

Relevant contact for reporting water leaks / flooding on premises.

Subject	Contact Details
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10) **Electricity**

Electricity Supplier EON tel 0845 055 0065

Relevant contact for enquiries / problems with electricity supply.

11) **Environment**

Scottish Environment Protection Agency (SEPA)

Local Branch tel 0141 945 6350
24-hour emergency hotline tel 0800 807 060

Environment / waste enforcing authority. Relevant contact for reporting environmental / waste management complaints and for obtaining advice on same.

12) **Housing / General Employment**

EVH tel 0141 352 7435
4th floor, Regent House,
76 Renfield St., Glasgow
G2 1NQ

Relevant contact for all housing and employment related enquiries.

13) **Health & Safety Management System**

ACS Physical Risk Control Ltd tel 0141 427 5171
(Health & Safety Hotline)
Unit 14, Claremont Centre,
Durham St, Glasgow
G41 1BS
fax 0141 427 2722
acs@acs-env.com

Relevant contact for general advice on H&S issues and on the EVH H&S Management System.

Subject	Kitchen Safety
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Purpose

- 1) To ensure, so far as is reasonably practicable, that health and safety risks associated with kitchen operations are minimised. This Policy does not, however, deal with Food Hygiene considerations (see Policy on Food Hygiene).
- 2) To set out procedures specific to kitchen areas, over and above the general procedures for the Association as a whole.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Workplace (Health, Safety and Welfare) Regulations 1992, as amended
- 4) Provision and Use of Work Equipment Regulations 1998, as amended
- 5) HS(G)55 Health and Safety in Kitchens and Food Preparation Areas

Key Legal Requirements

See summary at Section 8

Procedures

- 1) The general layout of the kitchen, space allocation, flooring surface (slip resistant), room temperature, ventilation and level of luminance will be such that kitchen staff can carry out their duties in a safe and competent manner.
- 2) Equipment will be installed, inspected, maintained and used in accordance with manufacturers' instructions. Particular care will be taken to protect against fire and electrical risks. All equipment will be installed on a level surface on a secure base. Appropriate guards will be used on all equipment with dangerous moving parts. Equipment will be constructed and sited so as not to require excessive stooping, bending or stretching.
- 3) Any faults identified with the equipment or safety devices will be reported to the H&S Administrator as soon as is reasonably practicable and the equipment / device will be so labelled and put out of use if deemed necessary.

Subject	Kitchen Safety
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- 4) The kitchen, equipment and safety devices will be subject to regular inspection, in accordance with the Policy on Safety Inspections.
- 5) Staff will be adequately instructed, trained and supervised, as appropriate, in the use of equipment and in the health and safety risks inherent in the kitchen duties. Training records will be filed by the H&S Administrator.
- 6) A suitable and sufficient assessment of the health and safety risks posed by work in the kitchen will be carried out (see Policies on COSHH and Risk Assessment). Staff will make use of all control measures and personal protective equipment provided, as deemed necessary by the assessments.
- 7) Oven hoods are recognised as posing a potential fire risk and will be inspected and maintained by a competent person on a regular basis.
- 8) High standards of housekeeping will be maintained to minimise the level of risk in the workplace, including:
 - i) the cleaning up of spills as quickly as is reasonably practicable
 - ii) the avoidance of trailing cables
 - ii) the correct signage of obstacles, wet floors etc.
- 9) Gas shut-off valves will be located close to gas appliances to allow the gas supply to be stopped in the event of an emergency (see Policy on Gas Safety for further information relating to emergency action).
- 10) Appropriate fire detection and fighting measures will be present in the kitchen (see Policy on Fire Safety).
- 11) Staff will be made aware of the location and correct use of all safety devices.
- 12) Where pesticides are required to be used in the kitchen, appropriate measures will be taken to protect the health of employees and visitors.
- 13) The microwaving of liquids can result in an “eruption” of boiling liquid upon removal from the microwave, if the liquid is not adequately mixed. To protect against this eventuality, the following precautions will be taken:
 - i) liquids will be stirred before and after heating and at least twice during the heating cycle
 - ii) liquids will not be overheated
 - iii) suitable containers will always be used, which will be at least one third bigger than the volume of liquid to be heated

Subject	Kitchen Safety
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- 14) Refrigerators will be set to operate between 1°C and 4°C. A thermometer will be located in each refrigerator to allow the temperature to be measured. These temperatures should be recorded on a weekly basis.

Subject	Lifts, Stairlifts and Escalators
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Purpose

- 1) To ensure that lifts, stairlifts and escalators are maintained in a safe manner and are used safely by all personnel.

References

- 1) Health and Safety at Work Act etc. 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Provision and Use of Work Equipment Regulations 1998, as amended
- 4) Lifting Operations and Lifting Equipment Regulations 1998

Key Legal Requirements

See summary at Section 8

Procedures

- 1) Awareness of employees' and visitors' special needs will be considered with regard to the use of lifts, stairlifts and escalators. In particular, attention will be given to the level of control buttons, sound controls, Braille buttons and access for wheelchairs and walking aids.
- 2) Stairlifts will only be considered where the installation of a passenger lift is not a viable option. In any case, all new equipment will be constructed to a suitable standard to comply with relevant legislation and standards.
- 3) Where reasonably practicable, lifts will be fitted with emergency seats and with two way communication systems for use in emergency situations. With regard to stairlifts, appropriate safety signs and instructions for use will be clearly displayed at each end of travel.
- 4) Where employees / visitors require help to use the stairlift, procedures will be implemented to ensure assistance is available.

Subject	Lifts, Stairlifts and Escalators
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- 5) At least one member of staff will be trained in emergency rescue procedures for lifts. If this involves hand-winchng of a lift to a lower floor, the staff member will be trained and certified by a competent body. Where trained staff are not available, the lift maintenance company will be contacted to deal with the rescue. On no account will untrained staff attempt to free passengers trapped in a lift.
- 6) Lifts, stairlifts and escalators will be inspected at regular intervals by an independent inspection authority and records kept of the inspections / recommendations / actions. The inspections should normally be carried out at six monthly intervals - unless the assessment carried out by the inspection authority indicates otherwise. The H&S Administrator will arrange for any necessary corrective actions to be taken and will record and file evidence of such actions.
- 7) In addition to the formal inspection regime, simple routine safety checks of lifts will be carried out by the H&S Administrator on a monthly basis. These will be carried out from the safety of lift landings and will include:
 - checks to ensure the bottom of the doors run smoothly in their channels and grooves and when a moderate force is applied to the bottom of the door it is not deflected into the lift car and shaft
 - checks to ensure the build up of debris and grease in the channels is not adversely affecting safety
 - checks to ensure the guide shoes on the bottom of the doors and the channels and grooves are not damaged

Should any lift be seen to be faulty, it will be immediately put out of use and the H&S Administrator will arrange for any necessary corrective actions to be taken. Advice will be sought from a competent person where there is any doubt over safety. Records will be filed by the H&S Administrator of all checks carried out, along with any documentation in relation to faults etc.

- 8) Under no circumstances, will lifts or stairlifts be used as a means of escape in an emergency.

Subject	Water Systems - Legionella
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Purpose

- 1) To reduce the risk of Legionella growth in the water tanks and pipework.

References

- 1) Health and Safety at Work Act etc. 1974
- 2) Management of Health and Safety at Work Regulations 1999
- 3) Control of Substances Hazardous to Health Regulations 2002
- 4) L8 Legionnaires' Disease - The control of Legionella bacteria in water systems, Approved Code of Practice and Guidance
- 5) IAC27(rev2) Legionnaires' Disease – A Guide for Employers
- 6) INDG 253 (Rev1) Controlling Legionella in Nursing and Residential Care Homes
- 7) HSG 220 Health and Safety in Residential Care Homes

Key Legal Requirements

See summary at Section 8

Comment

- 1) Legionnaires' Disease is a type of pneumonia caused by inhaling airborne water droplets containing the viable Legionella organism. Certain groups of people are known to be at higher risk of contracting Legionnaires' disease; for example, men appear more susceptible than women, as do those over 45 years of age, smokers, alcoholics, diabetics and those with cancer or chronic respiratory or kidney disease (Ref.: L8 Legionnaires' Disease).
- 2) Water temperatures in the range of 20 – 45°C favour the growth of Legionella in water systems. It is uncommon to find proliferation below 20°C and it will not survive above 60°C. In addition to temperature control, other methods of protection include ionisation, UV light, chlorine dioxide, ozone treatment or thermal disinfection.

Subject	Water Systems - Legionella
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Procedures

- 1) A suitable and sufficient Risk Assessment will be carried out to identify and assess the risk of legionellosis occurring from water sources on the organisation's premises.
- 2) The water system will be adequately inspected and maintained by a competent person at regular intervals, as determined appropriate by the Risk Assessment and set out in a written Control Scheme.
- 3) Hot water will be stored in tanks at a temperature of at least 60°C.
- 4) Water pipes will be as short and direct as possible and pipes and tanks will be effectively insulated. Tanks will be protected against contamination and materials used which do not encourage Legionella growth.
- 5) Hot water will reach taps at 50°C within 1 minute of running.
- 6) Cold water will be stored and distributed at a temperature of less than 20°C.
- 7) Where water is used or stored for consumption in any devices, e.g. water coolers, tea urns, drinks machines etc., an effective system of regular cleaning and disinfecting will be introduced, in accordance with manufacturer's instructions.

PARKHEAD
HOUSING ASSOCIATION

H&S MANUAL (VERSION 2)

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Subject	People
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SECTION 3

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- 3.3 Accidents
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- 3.5 Staff Safety and Violence
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- 3.14 New and Expectant Mothers
- 3.15 Stress
- 3.16 Young Persons
- 3.17 Electromagnetic Radiation
- 3.18 Food Hygiene
- 3.19 Occupational Health
- 3.20 Homeworking

Subject	Health and Safety Committee
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Purpose

- 1) The Health & Safety Committee is part of the consultative process which exists within the Association to assist in the process of accident prevention and improvement of safety standards.

Membership

- 1) The Safety Committee will normally have a complement of about five members and be chaired by a senior member of staff, the latter to show the Association's commitment to safety.

Safety Committee Members

- | | | |
|----|----------------------|-------------------|
| 1. | Chief Executive | James Strang |
| 2. | H&S Administrator | Myles Millar |
| 3. | Union Representative | Ruth Pollock |
| 4. | Board Member | Elizabeth Kennedy |
| 5. | Board Member | John Ferguson |

Objective and Functions

- 1) As laid down in L146 – Consulting Workers on Health and Safety. Safety Representatives and Safety Committee Regulations 1977 (as amended) and Health and Safety (Consulting with Employees) Regulations 1996 (as amended).
- 2) A copies of this guidance are available from HSE:

(ISBN 978 0 7176 6311 8 Price £13.95 or
as a free PDF download
(<http://www.hse.gov.uk/pubns/priced/l146.pdf>)

Frequency of Meetings

- 1) Initially, it is suggested that the frequency of meetings be once per month. After implementation, the frequency could be made less, subject to local agreement.
- 2) The date and time of meetings, for a twelve month period, will be drawn up in a schedule and publicised.

Subject	Health and Safety Committee
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- 3) Members not able to attend will ask a deputy to attend on their behalf.
- 4) Extraordinary meetings can be called outwith the schedule.
- 5) Minutes of the meetings will be filed by the H&S Administrator.

Remit of Committee

- 1) The H&S Committee will provide an open forum for the discussion of all Health & Safety related issues raised by members of the Committee and by any other relevant sources.
- 2) The Committee will suggest solutions and initiatives for issues arising, which will be minuted and presented to the Chief Executive following each meeting, without undue delay.
- 3) Where appropriate, the Board will draft and revise policy, procedures and arrangements, for ultimate approval by the Chief Executive and the Board.
- 4) The Committee will delegate, with the Chief Executive's approval, to members and to other appropriate persons within the organisation, actions required to be taken to implement policies, procedures, arrangements and any other initiatives authorised by the Chief Executive.
- 5) The Committee will review the Health & Safety performance of the organisation in a structured manner, following a set Agenda at each meeting. The organisation should develop its own suitable and realistic Agenda, however the following suggests a range of typical topics for inclusion:
 1. accident and incident events and statistics
 2. reported breaches of policy and procedures
 3. enforcement actions
 4. risk assessment register, reports and progress on actions
 5. audit and inspection reports
 6. current safety issues (from EVH, SSB, etc.)
 7. management and staff enquiries or comments on Health & Safety
 8. recommendations on options to improve safety performance

Subject	First-aid
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Purpose

- 1) To meet the duty imposed on the Association to ensure, so far as is reasonably practicable, the health and safety of all the employees.
- 2) To ensure that the Association complies with duties placed on it to provide adequate first-aid cover and to inform all employees of the arrangements made in connection with first-aid.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Health and Safety (First-aid) Regulations 1981
- 3) Health and Safety (Miscellaneous Amendments) Regulations 2002
- 4) Health and Safety (Safety Signs and Signals) Regulations 1996

Key Legal Requirements

See summary at Section 8

Procedures

- 1) A Risk Assessment will be conducted to determine the appropriate first-aid requirements of the organisation. The Association will have at least one employee per site trained as a 'First Aider at Work'. This employee will have successfully undergone the HSE certified 'FAW' course, with refresher training every 3 years. The first aider will work mainly in the office, available to administer first-aid should they be so required.
- 2) At least one additional employee will be trained to provide back-up cover in the event of the first-aider being unavailable. This employee will hold, as a minimum, a current 'Emergency First Aid at Work' certificate but will not attempt to give first-aid for which they have not been trained.
- 3) It is recognised that the office based first-aid cover may not be adequate for employees involved in a significant amount of 'out of office' work. In addition, these peripatetic workers may be at increased risk due to lone working etc. Hence, such employees will be provided with a basic level of first-aid training (e.g. 'Emergency First-Aid at Work') and first-aid equipment as deemed appropriate.

Subject	First-aid
4)	Appropriate first-aid signs indicating the names and working locations of the first-aiders and Appointed Persons together with a list showing the locations of all the first-aid boxes will be posted at strategic locations on each floor.
5)	The contents of the first-aid boxes (which will be identified by a white cross on a green background) will be at least as listed in procedure 9, below, and it will be the responsibility of the first aiders to maintain stocks.
6)	All employees will be made aware of the availability of the first-aid arrangements and will inform a first aider or, in their absence, an Appointed Person, if and when they require first-aid treatment.
7)	New employees will learn of the first-aid arrangements as part of their induction training.
8)	Prior to a contractor commencing work in the premises, the induction course given will include the details of the first-aid arrangements.
9)	Sufficient quantities of each item should always be available in every first-aid box. These will normally be: <ul style="list-style-type: none">a) one guidance cardb) x 20 individually wrapped sterile adhesive dressings of assorted size and appropriate to the place of workc) x 2 sterile eye pads with attachmentsd) x 6 individually wrapped triangular bandagese) x 6 safety pinsf) x 6 medium sized individually wrapped sterile, unmedicated wound dressings (10cm x 8cm)g) x 2 long sterile individually wrapped unmedicated wound dressings (13cm x 9cm)h) x 3 extra large individually wrapped sterile, unmedicated wound dressings (28cm x 17.5cm)
10)	Where a first-aid room is deemed necessary (determined by the risk assessment), it will contain essential first-aid facilities and equipment, be easily accessible to stretchers and other equipment needed to convey patients and be appropriately signposted.

Subject	Accidents
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Purpose

- 1) To ensure that the Association complies with the duty placed on it by legislation, to inform the appropriate authorities of any persons injured whilst carrying out work performed for or on behalf of the Association.
- 2) To ensure an accurate record of all accidents and incidents is kept by the Association.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995
- 3) Social Security (Claims and Payments) Regulations 1987
- 4) HSE 31 (Rev 1) RIDDOR Explained
- 5) HSG 245 Investigating Accidents and Incidents – A Workbook for Employers, Unions, Safety Representatives and Safety Professionals

Key Legal Requirements

See summary at Section 8

Procedures

- 1) All Accidents / Incidents
 - 1.1 All accidents, incidents and “near misses” arising on the site, or in connection with any work carried out by Association staff, will be reported to the resident First aider as soon as possible, who will deal with the situation as appropriate. A sample ‘near miss’ form can be found at Appendix 04.
 - 1.2 The first aider can diagnose a transfer to hospital as being necessary if this is not immediately obvious. This transfer may be achieved by taxi, private car or ambulance, which ever is considered the most expedient at the time.
 - 1.3 The treatment of minor accidents / illnesses must not be carried out by the first aider unless they have been trained specifically to do so.

Subject	Accidents
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- 1.4 Following the incident, the H&S Administrator will carry out a full investigation which will address the immediate causes, any contributory causes, faulty equipment or control measures, site rules broken by the casualty or any other member of staff, necessary corrective action and required reviews of the Policies and Procedures. The H&S Administrator may take photographs, interview other operatives and so on.
- 1.5 The details of the incident will be recorded in the Accident Book BI 510 ISBN 0717626032 (see Appendix 05). This Accident Book contains detachable pages to comply with data protection requirements and completed forms will, therefore, be filed in a confidential location and held for a period of 3 years.
- 1.6 An Internal Accident/Incident Report Form (see Appendix 06) will be completed by an appropriate person (e.g. H&S Administrator, First-aider, Line Manager) for **all** accidents and incidents (including those reportable under RIDDOR). All completed forms will be submitted to the Director, who will take appropriate action. All forms will be filed in a confidential location and held for 3 years.
- 1.7 The H&S Administrator will give an up to date account of accidents and incidents at each H&S Committee Meeting (see Responsibilities - H&S Committee policy).

2) Reportable Accidents / Incidents

- 2.1 Under certain circumstances, injuries, diseases and dangerous occurrences must be officially reported to the enforcing authority. The "RIDDOR" regulations set out specific definitions of such incidents and the required reporting mechanism.
- 2.2 The traditional methods of reporting by a telephone call to the enforcing authority and the submission of form F2508 within 10 days for all reportable incidents may still be used. However, the Association may also report reportable incidents via the "Incident Reporting Service". This method reduces the amount of work required to be carried out by Association staff.
- 2.3 Accidents, incidents and illnesses requiring reporting include the following:
 - i) Death of an employee, or a self-employed person working on the premises, as a result of an accident or physical violence
 - ii) Accidents where members of the public are killed or taken to hospital











Subject	Accidents
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- iii) Accidents (including acts of physical violence) where an employee, or a self-employed person working on the premises, is away from work or unable to do the full range of their normal duties for more than 3 days. The 3 days should include weekends, rest days etc. but not include the day of the injury itself.
- iv) “Major Injuries” suffered by an employee, or a self-employed person working on the premises. Major injuries are defined in the HSE’s guidance note as follows:
- v) “Dangerous Occurrences” which do not actually result in a reportable injury but which clearly could have done. The HSE guidance note summarises such incidents as follows:



Definitions of major injuries, dangerous occurrences and diseases

Reportable major injuries are:

-  fracture other than to fingers, thumbs or toes;
-  amputation;
-  dislocation of the shoulder, hip, knee or spine;
-  loss of sight (temporary or permanent);
-  chemical or hot metal burn to the eye or any penetrating injury to the eye;
-  injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
-  any other injury: leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
-  unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
-  acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
-  acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

Subject	Accidents
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“Dangerous Occurrences” continued



- 13 dangerous occurrence at a well (other than a water well);
 - 14 dangerous occurrence at a pipeline;
 - 15 failure of any load-bearing fairground equipment, or derailment or unintended collision of cars or trains;
 - 16 a road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;
 - 17 a dangerous substance being conveyed by road is involved in a fire or released;
- The following dangerous occurrences are reportable except in relation to offshore workplaces:*
- 18 unintended collapse of: any building or structure under construction, alteration or demolition where over five tonnes of material falls; a wall or floor in a place of work; any false-work;
 - 19 explosion or fire causing suspension of normal work for over 24 hours;
 - 20 sudden, uncontrolled release in a building of: 100 kg or more of flammable liquid; 10 kg of flammable liquid above its boiling point; 10 kg or more of flammable gas; or of 500 kg of these substances if the release is in the open air;
 - 21 accidental release of any substance which may damage health.

Note: additional categories of dangerous occurrences apply to mines, quarries, relevant transport systems (railways etc) and offshore workplaces.

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- vi) “Reportable Diseases” which are notified to the employer by a doctor. The HSE guidance note summarises such reportable diseases as follows:



Reportable diseases include:

- certain poisonings;
- some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne;
- lung diseases including: occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma;
- infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;
- other conditions such as: occupational cancer; certain musculoskeletal disorders; decompression illness and hand-arm vibration syndrome.

The full list of reportable diseases can be found in the detailed guide to the Regulations and in the pad of report forms, or simply ring HSE to check. They are related to particular work activities.

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Subject	Accidents
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- vii) Where an employee dies within a year of sustaining a reportable injury, the death should be reported as soon as it becomes known. The requirement to report the death is irrespective of whether or not the initial injury was reported.

- 2.4 To report all reportable accidents, incidents, diseases and dangerous occurrences, the following procedure will be followed, as soon as reasonably practicable after the incident:

STEP 1

Contact the Incident Reporting Centre by any one of the following means to provide certain requested information pertaining to the incident:

tel 0845 300 99 23
fax 0845 300 99 24
email riddor@natbrit.com
web www.riddor.gov.uk
add Incident Contact Centre, Caerphilly Business Park, Caerphilly,
CF83 3GG

Where reporting by telephone, trained operators will ask a series of questions regarding the incident and will fill out appropriate reporting forms on behalf of the caller.

STEP 2

The call centre will then fax / post / email the completed forms to the caller for checking and then to the relevant enforcing authority.

STEP 3

Should any new information become available, or should the caller realise that incorrect information was given during the initial correspondence, simply re-contact the reporting line giving the revised information. The call centre will then fax / post / email revised forms to both the caller and the relevant enforcing authority.

- 2.5 Records of all reportable incidents will be filed by the H&S Administrator and kept on file for at least 3 years from the date of the incident.

Subject	Risk Assessments
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Purpose

- 1) To meet its obligations within the requirements of the Management of Health and Safety at Work Regulations 1999, as amended, the Association has drawn up procedures with the objective of completing risk assessments of each task identified within the Association.
- 2) To use the risk assessments to contribute to the health and safety of all employees. This will be achieved by highlighting the areas in need of immediate attention, e.g. whether it be in methods of doing work, a requirement for personal protective equipment (PPE), or perhaps in provision of more space at a work station.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Health and Safety (Display Screen Equipment) Regulations 1992, as amended
- 4) Control of Substances Hazardous to Health Regulations 2002, as amended
- 5) Control of Noise at Work Regulations 2005
- 6) Manual Handling Operations Regulations 1992, as amended
- 7) Control of Lead at Work Regulations 2002
- 8) Control of Asbestos at Work Regulations 2002
- 9) Fire Safety (Scotland) Regulations 2006

Key Legal Requirements

See summary at Section 8

Procedures

1) General Risk Assessment

- 1.1 A suitable and sufficient assessment of the general health and safety risks will be undertaken at the site, as required by the Management Regulations.

Subject	Risk Assessments
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- 1.2 This assessment will be reviewed in the event of any significant change to operating practices, plant or equipment, materials used etc. and, in any case, on a regular basis.
- 1.3 Where non-standard operations are undertaken (such as plant maintenance, cleaning etc.), Job Cards and task-specific risk assessments will be completed prior to commencement of the task.
- 1.4 Arrangements will be made to comply with the recommendations of all risk assessments and reviews, where reasonably practicable.
- 1.5 All risk assessment documentation will be filed in the Risk Assessment file by the H&S Administrator.
- 1.6 Particular care should be taken to assess any risks which may be of more significance to higher risk groups of people, including:
 - staff with disabilities
 - young persons
 - new and expectant mothers
 - inexperienced personnel
 - immuno-compromised personnel, e.g. HIV sufferers
 - personnel with certain medical conditions, e.g. asthma sufferers, may be at increased risk from certain airborne substances

The EVH risk assessment model offering guidance on how to carry out a Risk Assessment and a 'General Risk Assessment' template is provided in Appendix 29. Appendix 26 also provides a blank generic Risk Assessment form and Appendix 28 an HSE example of a completed assessment.

2) Specific Risk Assessments

- 2.1 In addition to the general risk assessment and task-specific risk assessments, other risk assessments (required by more specific regulations) which may be required to be undertaken include the following (see specific Policies):
 - Noise assessment
 - COSHH assessment
 - Manual Handling assessment
 - Display Screen Equipment assessment
 - Lead-in-air assessment
 - Asbestos risk assessment
 - Fire risk assessment
 - Legionella

Subject	Risk Assessments
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- 2.2 Appropriate sections of the Manual indicate the Association's policies on these areas and provide information useful to the completion of appropriate risk assessments.
- 2.3 A risk assessment register should be produced in order to assist in Health and Safety administration. The register should contain a summary sheet, which identifies the date the assessment was conducted, the review date, the assessor and any significant findings of the previous risk assessment. Appendix 27 provides a blank copy of an example Risk Assessment Register.

Responsibilities

- 1) The Director will be responsible for ensuring the risk assessments are carried out. However, the assessment itself should be carried out by a person familiar with the task being assessed.
- 2) The H&S Administrator will assist and advise on any stage of the procedure.

Subject	Staff Safety and Violence
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Purpose

- 1) To assist in establishing systems and working practices which recognise the potential risk to staff from acts of violence. The procedures have been divided into three areas which identify situations where staff may be at risk, namely:
 - Incidents where violence arises within the Association internal work environment, i.e. interaction between staff members.
 - Incidents where violence arises to members of staff from visitors to the Association office, i.e. interaction between members of staff and tenants, or members of the public.
 - Violent or potentially violent situations which staff may encounter when undertaking home visits to tenants.
- 2) To develop mechanisms by which acts of violence to Association staff are eliminated or minimised wherever possible.
- 3) To generate an open forum for discussion and input from all Association staff in respect of their concerns and experiences in relation to violent or aggressive behaviour within the work environment.

Definition

- 1) It is important that management and staff are aware that violence in the context of health and safety management is not confined simply to physical attack. It also includes verbal abuse, ostracism, discrimination, and racial or sexual harassment.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995
- 4) EVH "Personal Safety" document (Appendix08)
- 5) Managing Aggression and Violence (Pepar/EVH/1997)

Subject	Staff Safety and Violence
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Key Legal Requirements

See summary at Section 8

General Comments

- 1) The Association should also be aware that assistance is available to all members of staff through the Employee Counselling Service. This service can be accessed through the Association, EVH, or by individual employees who can contact the service direct without reference to their employers.
- 2) Further information and assistance on specific issues and particular procedures that have been developed by other Associations is available from EVH.
- 3) Information and guidance is available to members of staff through their Trade Union. Initial contact for information should be made to the relevant officer on 0141 332 7321.
- 4) For further guidance on violence in the workplace see Appendices 08 and 09.
- 5) Staff who are involved in incidents may benefit from counselling and/or other appropriate support after the incident. The senior staff member should assist the person involved in obtaining appropriate support.
- 6) Any evidence of violence/aggression to a member of staff will be the subject of investigation by senior management and the findings, and any resulting change to procedures, conveyed as soon as possible to all members of staff.
- 7) The Association will review the systems and security procedures annually. A report will be made by the Chief Executive to the Board, who will decide whether any modifications to work practices or procedures will be necessary.
- 8) There exists no statutory requirement to report violent incidents to the Police. The decision as to whether to report such incidents to the Police should be based on personal and professional judgment, naturally taking account of the wishes of the affected staff member. The *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (RIDDOR), however, do place a statutory duty on the employer to report **all** violent incidents if a reportable injury has been sustained. In situations where the affected party wishes the incident to remain

Subject	Staff Safety and Violence
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private (e.g. in cases of sexual abuse), the Association will report the incident as a “violent incident”, without going into detail. This ensures that all such incidents are logged into the national reporting system and statistics, without breaching the individual’s privacy rights.

Procedures

1) Violent behaviour between members of staff

- 1.1 The Association will encourage staff to discuss any problems or difficulties which they experience in relation to violent or aggressive behaviour from colleagues.
- 1.2 Any reports received from members of staff concerning violence/aggression from a colleague should be thoroughly investigated and documented.
- 1.3 Reports relating to violence/aggression from a colleague should be made to the Chief Executive, who will treat any such complaints with suitable consideration to the confidentiality of the individuals involved.
- 1.4 It is important that complainants are made aware that only by recording and investigating a complaint can the Association reduce the risk of reoccurrence.
- 1.5 A record should be kept of any action taken or the need for further monitoring, in order that the level of risk is reduced.

2) Violent behaviour from visitors/members of the public

- 2.1 The Association recognises that members of staff are at risk from violence/aggression from visitors to the offices. As part of the risk assessment process potential hazards will be identified and risk control measures to eliminate or reduce such risk will be implemented.
- 2.2 The Association will consider providing guidance and training, where possible, in order that risk reduction techniques are known to staff who may be at risk.
- 2.3 A risk assessment will be undertaken for each interview room and reception / waiting area in order that physical risk reduction measures may be identified. This will include, but not be limited to, ergonomic design considerations, provision of alarms/panic buttons, use of surveillance equipment.

Subject	Staff Safety and Violence
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- 2.4 The way the workplace, in particular interview rooms, are laid out might help to prevent incidents of violence. Providing clear pathways and lines of sight for staff in order that they can leave quickly or raise help are examples of such measures. If any staff member considers that improvements can be made to certain areas of the office to reduce the risk of violent behaviour they should raise the matter with a member of management.
- 2.5 All staff will be trained in the use of any security systems which the Association have implemented, e.g. panic buttons, personal alarms etc. All staff will be given instructions on escape routes from interview/meeting rooms where applicable.
- 2.6 Staff members should attempt to ensure that wherever possible a colleague is available to be summoned in the event of an emergency. If the office is likely to be staffed by a single person, consideration should be given to rearranging the interview/meeting for another time.
- 2.7 If a visitor is known to be potentially violent, measures should be implemented to reduce the risk to staff.
- (i) In the case of interviews these should be scheduled with a minimum of two members of staff present.
 - (ii) In situations where such a person arrives at the office without prior arrangement, reception should immediately advise a responsible person who should, with a colleague if possible, go promptly to reception and attend to the visitor.
- 2.8 In the event of an incident:
- (i) The senior member of staff (or most suitably trained member) of staff present will assume control of the situation.
 - (ii) The First aider will render treatment as appropriate.
 - (iii) If the senior member (or most suitably trained member) of staff considers it necessary the appropriate emergency services will be contacted.
 - (iv) The office will be closed to the public if necessary until the incident has been resolved.

Subject	Staff Safety and Violence
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- 2.9 It is recognised that the ability of the Association to implement some / all of the above will be dependent on size and availability of resources.
- 2.10 It is emphasised that the key approach is for organisations to do as much as is reasonably practical - concentrating first in those aspects which present the highest potential risk. These are likely to be best identified through normal risk assessment techniques, and by fully consulting the staff who actually undertake the activities.

3) Violent behaviour to staff when conducting home visits

- 3.1 Members of staff who are required in the course of their normal work to visit homes will, wherever possible, be offered suitable training or instruction on how to deal with potentially violent situations.
- 3.2 Wherever possible interviews with persons who are not known to staff, or persons whom experience shows may be potentially violent, should be conducted at the Association offices.
- 3.3 Wherever possible information should be obtained about the interviewee's background prior to any visit.
- 3.4 If there is a known history of violent behaviour and the interview must take place at the home, the proposed visit should be discussed with a member of staff before making arrangements.
- 3.5 Where possible, visits should be made in pairs.
- 3.6 All organisations are asked to consider developing a system where staff leaving the office to carry out visits record details of their proposed movements and approximate follow up action to be invoked where staff have not returned within a reasonable period of time.
- 3.7 Some security firms may be able to offer an external 'tracking' system, where internal staff resources are limited.
- 3.8 Staff should complete an Incident Report Form if any home visit raises cause for concern in terms of safety. Only through such reports will management be able to adopt suitable measures for preventing other staff members being placed at risk.

Subject	Staff Safety and Violence
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- 3.9 The Association will undertake a risk assessment of the hazards associated with home visits within their area and consider the implementation of practical measures wherever possible. Such measures may include personal alarms, mobile phones, two-way radios, etc.
- 3.10 Again it is recognised that the ability of Association to implement some / all of the above will be dependent on size and available resources.
- 3.11 It is again emphasised that the key approach is for organisations to do as much as is practical - concentrating firstly on those aspects which offer the highest potential risk. These are likely to be best identified through normal risk assessment techniques, and by fully consulting the staff actually undertaking the activities.

4) Post Incident Support

- 4.1 Responding to staff needs after an incident is to be viewed as an extremely important aspect of any incident. Providing support for staff is part of the overall policy on preventing and controlling violence at work. Support measures will help to minimise and control any impact on staff that they recover from the incident as soon as possible.
- 4.2 Response arrangements will naturally vary in line with the size complexity and culture of the individual organisation. The following framework is suggested as containing many elements of good practice.
- (i) The initial response should be made as soon as possible after the incident has happened. This may take the form of an informal group meeting or individual conversations with an appointed member of staff. The objective is to respond to immediate needs and to help staff to feel that what they are expecting is a normal reaction and that the need for support is not seen as a failure on their own part.
 - (ii) An effective, sensitive initial response is important to people's ability to cope in the longer term. It can help to avoid loss of confidence and adverse on work performance.
 - (iii) As well as giving a member of staff the opportunity to express their feelings and reaction to the incident, an initial conversation should also cover:

Subject	Staff Safety and Violence
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- an outline of incident reporting procedures
 - a report on the progress of any investigation or action taken by the Association or the authorities, including what is likely to happen next
 - details of further support that is available, i.e. independent counselling, and how this would be arranged
 - legal advice and help in taking proceedings against the assailant
- (iv) Whatever form of help is given, it needs to combine emotional support and practical information. It must be made clear that management understand the anxiety and stress associated with such incidents and that staff should be able to express such feelings without fear.
- (v) In certain cases long term support may be required, this should be established through follow up sessions with the individual involved.
- (vi) Learning from feedback of the experiences of staff is one of the most helpful ways of developing strategies designed to reduce risks. Associations are urged, therefore, to regularly review and discuss all aspects of their operational procedures.

5) Lone Working

5.1 The Association will develop a policy and procedures to reduce so far as is reasonably practicable the risks associated with lone working both in the office and at remote locations. In particular, procedures should be developed for tasks such as:

- opening premises
- closing premises
- lone working within offices and at remote locations (including out of office hours)
- dealing with emergencies

An example Lone Working policy is presented in Appendix 09.

Subject	Information, Instruction and Training
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Purpose

- 1) To comply with Health and Safety legislation, all employees will be given sufficient practical training to allow them to perform their tasks safely and efficiently.
- 2) To ensure, as far as is reasonably practicable, that no injuries or dangerous occurrences happen within the Association because of lack of staff training.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Manual Handling Operations Regulations 1992, as amended
- 4) Provision and Use of Work Equipment Regulations 1998, as amended
- 5) Personal Protective Equipment at Work Regulations 1992
- 6) Health and Safety (Display Screen Equipment) Regulations 1992, as amended
- 7) Control of Substances Hazardous to Health Regulations 2002, as amended (COSHH)
- 8) Control of Noise at Work Regulations 2005
- 9) Health and Safety (First-aid) Regulations 1981
- 10) Electricity at Work Regulations 1989
- 11) Safety Representatives and Safety Committees Regulations 1977
- 12) Health and Safety (Safety Signs and Signals) Regulations 1996
- 13) Health and Safety Information for Employees Regulations 1989
- 14) range of other specific Regulations dealing with, for example, asbestos, lead, pesticides etc.

Subject	Information, Instruction and Training
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Key Legal Requirements

See summary at Section 8

Procedures

- 1) A range of health and safety legislation requires the provision to employees of information, instruction and training to ensure their health and safety. Thus, all new employees will be given an induction course which will include elements of safety pertinent to their job role and working environment. Such elements will include their responsibilities for health and safety matters, relevant sections of the Control Manual and in-house policies and procedures on safe working practices. Documented records of attendance at these courses will be filed in the training file by the H&S Administrator.
- 2) Any specific training required by individual Regulations will be carried out by a competent person and records filed by the H&S Administrator.
- 3) A copy of the HSE **Health and Safety Law** poster (ISBN 9780717663149) will be prominently displayed at a central location on each floor. Each poster will be completed with contact details of the relevant enforcing authority and EMAS (Employment Medical Advisory Service). The poster may be obtained from HSE Books (Tel.: 01787 881165 / Fax: 01787 313995) or from most good bookshops.
- 4) Should any member of staff be moved to a new position which involves equipment not previously used or exposure to any different risks, training and instruction will be given to ensure the health and safety of themselves and fellow employees.
- 5) The Association will introduce a documented training plan so that all employees will be given training and update training as required to ensure they keep abreast of all safety matters. All records will be filed in the training file by the H&S Administrator.
- 6) Supervision of trainees will be maintained until line management are convinced that the desired competency to work safely and to a high standard has been achieved.
- 7) Any machinery, equipment or substances which can be classed as dangerous being used in the premises occupied or served by the Association, will not be operated by any person under 18.

Subject	Information, Instruction and Training
8)	The safety awareness of an operative using hand tools will be assessed before he/she uses the equipment for the first time - safety training will be given if required.
9)	Safety training within the organisation will be carried out by a competent person. The person used to deliver the training will depend largely on the nature and depth of the training required. Training may be carried out by the H&S Administrator alone, or with a manager conversant with the operations in question. However, in certain circumstances, an external competent training agency may be required to deliver specialist training.
10)	All contractors carrying out work on Association premises will be formally inducted on relevant health and safety issues within the organisation. The induction will include such topics as fire and evacuation procedures, first-aid arrangements and known hazards on the premises. A record of the training will be signed and dated by all participants and filed by the H&S Administrator. Where the same contractors undertake similar works on the same premises, the induction need only be provided on an annual basis.

Subject	COSHH
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Purpose

- 1) To ensure that the Association complies with the obligations placed on it by the COSHH Regulations.
- 2) To ensure that control measures are in place to prevent or control exposure of employees to identified hazardous substances.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Control of Substances Hazardous to Health Regulations 2002, as amended (COSHH)
- 3) Chemicals (Hazard Information and Packaging for Supply) Regulations 1994, as amended – “CHIP Regulations”

Key Legal Requirements

See summary at Section 8

Procedures

1) COSHH Assessment

- 1.1 A survey of **ALL** the chemicals used within the Association's business area will be undertaken. The survey will also take account of any dusts, fumes, vapours etc. to which personnel may be exposed.
- 1.2 This survey will be done irrespective of the quantities of chemicals used or stored so that those which are hazardous can be identified.
- 1.3 A documented Risk Assessment of the use of any hazardous substances will be carried out. This “COSHH Assessment” will include an investigation of the use of all materials, appraisal of the hazards and risks to health, determination of whether it is possible to eliminate or substitute the material, investigation of available control measures and provision of suitable training.
- 1.4 Measures will be taken to eliminate or control exposure to identified hazardous substances, so far as is reasonably practicable.

Subject	COSHH
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- 1.5 The COSHH Assessment will be reviewed on a regular basis, as will any control measures or PPE that have been put in place.
- 1.6 Employees will be required to assist with COSHH procedures:-
- i) by using control measures when and as required
 - ii) by reading hazard labels on containers before using chemical substances
 - iii) by using tools fit for the purpose
 - iv) by co-operating with the Association on Health and Safety programmes
 - v) by using safe working procedures when doing any job
- 1.7 Employees are encouraged to report anything which they find unusual in the normal course of their job. For example, a burst or leaking container must never be assumed to have been already noticed and reported.
- 1.8 The H&S Administrator will inspect and examine on a regular basis, any safety equipment put in place by the Association as recommended by the equipment suppliers or by legislation.

2) Suppliers

- 2.1 Under the CHIP Regulations, suppliers must provide “Material Safety Data Sheets (MSDS's)” for all products containing hazardous substances. These sheets will be requested, if not supplied, for **ALL** the chemical products used by the Association/Co-operative.
- 2.2 The Association will follow recommended handling procedures, control measures or personal protective equipment (PPE) requirements, as stipulated by the manufacturer / supplier.
- 2.3 The MSDS's sent by the suppliers will be filed by the H&S Administrator alongside the COSHH Assessment and made available for perusal by all employees. Employees will be informed of any known hazardous chemicals in use in the Association.
- 2.4 A request form for seeking hazard information from suppliers has been prepared for use on occasions when the information has not been forthcoming (see Appendix 10).

Subject	COSHH
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3) Training

- 3.1 All chemicals must be handled with caution, initially assuming there is a potential for harm.
- 3.2 All staff likely to be exposed to hazardous substances will be informed of the hazards and risks to health, the findings of the COSHH Assessment and the correct use of any control measures or good working practices.
- 3.3 Where special training may be required, the issue and use of chemical substances will be limited to those who have had such training.

Subject	Noise
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Purpose

- 1) To ensure that the Association complies with the obligations placed on it by the Control of Noise at Work Regulations.
- 2) To reduce the risk of noise induced hearing loss occurring among employees from exposure to noise at work.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Control of Noise at Work Regulations 2005

Key Legal Requirements

See summary at Section 8

Procedures

- 1) Any new equipment being obtained for use by Association staff will be investigated to establish what noise levels are likely to be produced. [Manufacturers now have to supply such information.]
- 2) Workshops are areas where noise levels can be high. The wearing of suitable ear defenders when using equipment generating high levels of noise, or when working near noisy machinery, is mandatory.
- 3) If jobs undertaken outwith the premises incur prolonged exposure to high noise levels then the wearing of ear defenders will be required. This will be noted in the risk assessment and marked on the Job Card for the work.
- 4) The fact that noise does not just damage hearing but can cause other problems such as disturbance, interference with communication and stress will be considered when reviewing safety procedures.
- 6) Use of the guidelines shown in Figure 1 will determine if a noise assessment in accordance with the Regulations will be required in any area or at any job function.
- 7) Figure 1 shows typical decibel, dB(A), levels for some common sounds. These can be used to make comparison with some of the sounds produced in suspect areas of the premises to determine whether further investigation is necessary.

Subject	Noise
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Decibel Levels (dB(A))		(Guidelines Only)
Threshold of Pain	140	Jet Engine (25m distance)
	130	Jet Aircraft taking off 100m
	120	Riveting Hammer
	110	Pop Group
	100	Pneumatic Drill/Chipper
	90	Heavy Truck (7m away)
	80	Busy Street
	70	Loud Radio
	60	Business Office (noisy)
	50	Conversational Speech
	40	Business Office (quiet)
	30	Quiet Library
	20	Sound Studio
	10	Quiet Woods
Threshold of Hearing	0	Faintest Audible Sound

- 8) The Regulations require that a full Noise Assessment (undertaken in accordance with the Regulations) is carried out where it is likely that personnel may be exposed to a noise exposure of 85 dB(A) averaged over an 8-hour day. To ensure that exposure is kept below this level, the Association/Co-operative will arrange for a noise assessment to be undertaken where it is likely that employees may be exposed to any noise levels above 85 dB(A) on a regular basis.
- 9) The H&S Administrator will keep records of all noise assessments carried out and of manufacturer's data on noise levels of machinery / tools etc.
- 10) Where an assessment indicates that employees may be exposed above the 85 dB(A) daily average, the full requirements of the Regulations will be complied with, including the use of appropriate control measures, staff training etc.

Subject	Display Screen Equipment (DSE)
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Purpose

- 1) To ensure that the Association complies with the obligations placed on it by the Display Screen Equipment Regulations.
- 2) To reduce the risk of injury and discomfort to “users” of Display Screens.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Health and Safety (Display Screen Equipment) Regulations 1992, as amended
- 3) Workplace (Health, Safety and Welfare) Regulations 1992, as amended
- 4) Health and Safety (Miscellaneous Amendments) Regulations 2002

Key Legal Requirements

See summary at Section 8

Procedures

- 1) All work stations will be examined via a Risk Assessment to assess the risks to the health and safety of Display Screen Equipment (DSE) "users". The intention is to reduce the risks to the lowest level reasonably practicable.
- 2) Employers must decide which of their employees are DSE “**users**” and therefore exposed to the risks associated with DSE. The likelihood of experiencing these is related to the frequency, duration and intensity of DSE use. The combination of factors that given rise to risk makes it impossible to lay down hard and fast rules (e.g. based on set hours’ usage per day or week) about who should be classified as a user or operator. If display screen equipment has been provided and the individual depends on use of DSE to do some or all of their job then it makes sense to assess all such people and let the assessment decide who is, or is not, at risk.
- 3) Each work station will be examined using an ergonomic approach to office furniture, office equipment, workstation design and layout and the immediate work environment relating to the operator. (Copies of the forms to do the VDU workstation set-up and checklist, as well as a sample DSE Risk Assessment, are included in Appendix 11).

Subject	Display Screen Equipment (DSE)
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These forms, along with DSE Risk Assessments covering information, instruction, training, breaks, posture changes etc will be recorded and copies filed by the H&S Administrator.

- 4) "Users" will have their work routines set up such that changes in work activity will reduce the time periods spent operating the DSE. Ideally between 5 to 10 minutes in every hour (cumulatively) should be spent carrying out other tasks which cause the users focus to be away from the screen. Postural change should also be strongly encouraged at the same time.
- 5) Note that breaks away from DSE should not be accumulated to give longer breaks and a break in this context does **not** mean the operator does **no** work at all during this period away from DSE.
- 6) Although there is no evidence linking work involving DSE with eye damage or deterioration of eyesight, employees who are "users" are entitled, but not obliged, to undergo eye tests at the expense of the employer. New employees will be made aware of the eye test policy and, if an eye test is requested, this will be carried out prior to the employee becoming a "user".
- 7) These eye tests will be repeated at regular intervals on the advice of the optician. The eye tests should include a test of vision and an examination of the eye. In addition, the test should take account of the nature of the user's work, including the distance at which the screen is viewed, and the working environment.
- 8) The optometrist conducting the eye test should make a report to the employer, copied to the employee, stating whether a corrective appliance is required specifically for DSE work and when re-examination should take place. Any prescription, or other confidential clinical information, should only be passed to the employer with the employee's consent.
- 9) When spectacles are prescribed **specifically** for work with DSE, the Association will provide the basic cost of suitable lenses and frames. This will not include "designer frames", the extra cost of which may be funded by the employee.
- 10) Office lighting will be maintained at the highest possible standard and glare or reflections on screens will be eliminated, if possible, either by changing the work station arrangement or through the provision of glare inhibitor screens.

Subject	Display Screen Equipment (DSE)
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- 11) Any other control measures identified during the Risk Assessment as being required (e.g. wrist rests) will also be provided, and employees trained in their correct use.
- 12) Following the Risk Assessments, users will be informed of the hazards and risks, available control measures, good working practices, reasons for making any changes to work practices and of their responsibilities in properly using the DSE supplied. Users will also be informed of the procedure for reporting faults / defects of the equipment and will be required to report any musculoskeletal discomfort or eye defects suspected to be caused by DSE to their Line Manager as soon as is reasonably practicable. A record will be retained of all information, instruction and training provided.
- 13) A key principal of the DSE Regulations and the risk assessment requirements outlined above is the need to set up each work station to specifically suit the needs of the particular User during the time DSE is being used (e.g. the height or back support setting of a chair may suit one individual but not another). It is, therefore, important that the Users are personally involved in the risk assessment process and receive adequate information, instruction and training to allow them to recognise how their own workstations should be set up. This is of particular importance where 'hot-desking' is adopted or where personnel may share workstations.

Subject	Vehicles
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Purpose

- 1) The Association has a safety policy on vehicles supplied to employees to ensure that the vehicles are considered in the same terms of safety as other places of work.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Provision and Use of Work Equipment Regulations 1998, as amended

Key Legal Requirements

See summary at Section 8

Procedures

- 1) Cars supplied to employees to assist them in carrying out their work are considered an extension of the workplace and, as such, will be appropriately insured, maintained in a roadworthy condition and provided with safety equipment, e.g. a small fire extinguisher and a small travelling first-aid box. All drivers will be given training in the correct use of the fire extinguisher, use of which will be based on a personal judgment of whether it is safe to do so. A contract will also be maintained with a suitable road recovery / breakdown firm.
- 2) All staff required to drive on company business or being allowed the use of company vehicles will submit a current copy of their driving licence. Staff using their own vehicles for company business will also submit a current copy of the insurance certificate (indicating whether the vehicle may be used for business) and a signed assurance that the vehicle to be used is in, and will be maintained in, a road-worthy condition and that they know of no adverse health / fitness effects that could affect their driving. These documents will be requested on an annual basis and will be filed by the H&S Administrator.

An example Vehicle Declaration Form is presented in Appendix 12. If used, the contents of this form will be amended to suit the organisation and the procedures regarding the use of company and / or personal vehicles for business use (above) will be tailored accordingly.

Subject	Vehicles
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- 3) Employees will be required to inform the H&S Administrator of any changes to the documents / information required by point 2, who will take appropriate action.
- 4) Staff using vehicles on company business should adhere to the following:
 - i) Good driving practices, in accordance with the Highway Code, are expected of all vehicle users.
 - ii) Any accidents / incidents incurred will be reported, investigated by senior staff and recorded on an accident report form and in the accident book.
 - iii) Employees should not attempt to drive when feeling tired, unwell or under the influence of alcohol / drugs.
 - iv) Any noticeable irregularities in company vehicles' performance should be reported to the Chief Executive.
 - v) Drivers should ensure an adequate means of communication is available on all excursions.
 - vi) Drivers must not use mobile telephones (including via hands-free kits) or any other communications devices unless the vehicle is parked in a safe location and the engine is switched off.
- 5) A Risk Assessment will be carried out in respect of all employees using either Company vehicles or their own vehicles for Company business. The depth and complexity of the assessment will depend upon the extent and nature of the actual driving operations carried out and the following issues will be considered:
 - i) The driver – competency / training / fitness and health
 - ii) The vehicle – suitability / condition / safety equipment / safety critical information / ergonomic considerations
 - iii) The journey – routes / scheduling / time / distance / weather conditions

Appendix 13 presents guidance set out in HSE Guidance Note *Driving at Work* in relation to assessing the risk from driving.

Subject	Vehicles
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- 6) In the event of an accident or emergency situation, drivers will not attempt to deal with any situation unless they have been specifically trained and, making a personal judgment, believe that it would be safe to do so. Drivers will make a personal judgment on whether to contact the emergency services or road recover firm but will, on all occasions, report details to senior staff as soon as is reasonably practicable.
- 7) Public and hired vehicles such as taxis and buses may be used to convey staff from one location to another. Where practicable, all public transport will be pre-booked and a contract between the Association and a hire company will be considered so that some element of control can be exercised on standards of safety.
- 8) It is the intention that, so far as is reasonably practicable, only hire companies that are reputable, appropriately licensed, have suitably trained drivers and whose vehicles carry safety equipment will obtain a contract for vehicle hire.
- 9) Only UN approved containers will be used to transport liquid fuel (e.g. petrol) in vehicles.

Subject	Smoking
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Purpose

- 1) To ensure that the welfare requirements placed on the Association by legislation are complied with.
- 2) To help to protect non-smoking employees from discomfort and the possible adverse health effects of passive smoking.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Smoking, Health and Social Care (Scotland) Act 2005
- 3) Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006

Key Legal Requirements

See summary at Section 8

Procedures

- 1) From 26th March 2006, smoking will not be permitted within **any** Association/Co-operative premises which are wholly or substantially enclosed. This will include all buildings and vehicles owned / leased / hired by the Association as well as employees' own vehicles while transporting colleagues / clients / visitors on company business.

[Substantially enclosed means premises which have a ceiling or roof and walls on more than 50% of its perimeter].

- 2) 'No Smoking' signs will be obviously displayed which can be seen by people in the premises and approaching the premises. The signs will:
 - be a minimum of 230mm by 160mm
 - state that the premises are 'no smoking' and that it is an offence to smoke there or knowingly to permit smoking there
 - display the international 'no smoking' symbol (at least 85mm in diameter)
 - display the name of the person to whom a complaint may be made by anyone who observes someone smoking

Subject	Smoking
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An example of an appropriate 'No Smoking' sign is presented in Appendix 14.

- 3) Where it is deemed necessary to display additional signs throughout the premises, these additional signs will:
 - state that the premises are 'no smoking' and that it is an offence to smoke there or knowingly to permit smoking there
 - display the international 'no smoking' symbol (at least 85mm in diameter)
 - 4) All vehicles owned / leased / hired by the Association will also display signage which:
 - states that the vehicle is 'no smoking' and that it is an offence to smoke there or knowingly to permit smoking there
 - displays the international 'no smoking' symbol
 - display the holder of a particular post to whom a complaint may be made by anyone who observes someone smoking
- [Note that copies of sample signage can be downloaded from www.clearingtheairscotland.com].
- 5) Where employees are exposed to passive smoke outwith Association premises / vehicles while on company business, they will be entitled to request a smoke-free environment in which to continue their business. Where no such environment is available, the employee will be entitled to cease work within the area. In such circumstances, the employee will report the situation to their Line Manager without delay, who will take the appropriate action.
 - 6) If the Board, in conjunction with the Chief Executive, determines there is a general need, a smoking support regime will be established. This could take the form of self-help groups, outside counsellors or the supply of smoking patches.

A further example of a 'Smoking Policy' is available for downloading from the EVH website (www.evh.org.uk).

Subject	Alcohol and Drugs
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Purpose

- 1) To ensure that the Association's aim to have a safe and healthy work environment is not compromised.
- 2) To ensure that any employee experiencing alcohol or drug related problems will receive a consistent and caring response.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Example Policy Document produced by the Scottish Council on Alcohol, Glasgow.

Key Legal Requirements

See summary at Section 8

Procedures

- 1) The Association will provide a fair and consistent system under which management may refer for help those employees with alcohol / drug related performance difficulties. Disciplinary action will normally be withheld in such circumstances.
- 2) Any employee observed to have such a problem will be offered the opportunity to seek an independent assessment and be given an assurance of confidentiality.
- 3) Attendance at such an assessment will be granted as leave of absence with pay. The employee's attendance will be confirmed to management by the agency.
- 4) The job or a comparable one will be held open for an employee who as a result of the assessment undergoes treatment and the employee's promotion prospects will not be impaired by this absence.
- 5) In a relapse situation, the case will be considered on its merits and further help may be offered.

Subject	Blood, Body Fluids, Sharps
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Purpose

- 1) The Association recognises that its staff may be put at risk through exposure to contaminated blood, body fluids or sharps. It has introduced control systems to reduce this risk as far as is reasonably practicable.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Control of Substances Hazardous to Health Regulations 2002, as amended (COSHH)

Key Legal Requirements

See summary at Section 8

Procedures

1) Work Carried out by Association Staff

- 1.1 Housing Association staff should only carry out remedial cleaning-up work themselves if they have been provided with appropriate training and equipment and are reasonably sure that it can be done safely. If in doubt, an external competent agency should be contracted.

1.2 Blood and Body Fluids

- 1.2.1 Each office will have a supply of Blood/Body Fluid Spillage Kits readily available.
- 1.2.2 Designated members of staff will receive detailed instructions on the use of the kits and on the procedures to be adopted following discovery of blood, body fluids or sharps.
- 1.2.3 Precise details of procedures are contained in Appendix 15.

Subject	Blood, Body Fluids, Sharps
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1.3 Discarded Sharps

- 1.3.1 A number of member organisations have encountered difficulties concerning the collection of discarded sharps and disinfection of blood spillages. This has been mainly within the City of Glasgow, and the applicability of comments below on Environmental Health / Services Department will vary throughout Scotland.
- 1.3.2 The Environmental Health Department may be able to provide the necessary equipment via a holdall sharp safe box, needle uplift tool, disinfectant and neoprene gloves to allow employees to remove sharps themselves.
- 1.3.3 Alternatively, this can be purchased from suppliers of Health & Safety products (*current cost approximately £20*) e.g. *P&R Laboratory Supplies* (Tel.: 01509-231166).
- 1.3.4 The sharps box is bright yellow in colour, and clearly marked as a sharps box, conforming to the relevant British Standard. (*These are the boxes used in doctors'/dentists' surgeries*).
- 1.3.5 The sharps kit should be stored in close proximity to the first-aid kit in the Housing Association's office (*in an area secure from the public*).
- 1.3.6 When sharps are found, the whole kit should be transported to the site by a designated trained member of staff and using the uplift tool and gloves, sharps should be carefully put inside the container. The sharps box should then be transported back to the Housing Association's office.
- 1.3.7 When the sharps box approaches half-full, the Environmental Health Department should be contacted to arrange for uplift and safe disposal.
- 1.3.8 SHARE and some Environmental Health Departments are able to offer training courses on collection and disposal of sharps. The course should provide advice on protective clothing, safe working practices, information on disinfectants and COSHH assessment if required.

2) Work Carried out by External Agencies

- 2.1 Some Environmental Health Departments provide a free same day response service for uplifts of sharps and disinfection of body fluids in public areas e.g. *close entrances, stairs etc.*

Subject	Blood, Body Fluids, Sharps
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- 2.2 Similarly, some Environmental Health Departments can provide a free uplift of syringes service from within houses within a 3 day response time.
- 2.3 Searching of houses for sharps or clearing out houses of furniture, etc. where there may be a risk of sharps, may be done by the Environmental Health Department. In Glasgow, this can be at short notice, and outwith normal working hours. A charge would be made for this service.

Subject	New and Expectant Mothers
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Purpose

- 1) To ensure the protection of employees who are pregnant or who have recently given birth, and to protect the developing child.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Workplace (Health, Safety and Welfare) Regulations 1992, as amended
- 4) INDG 373 – A guide for new and expectant mothers who work

Key Legal Requirements

See summary at Section 8

Definitions

- 1) “*New or expectant mother*” means a worker who is pregnant, who has given birth within the previous 6 months or who is breastfeeding.
- 2) “*Given birth*” is where a woman has delivered a living child or, after 24 weeks of pregnancy, a stillborn child.
- 3) “*Pregnant employee*” means a worker who has given her employer a medical certificate (or similar) stating she is pregnant.

Procedures

- 1) On receiving notification that an employee is pregnant, an employer must assess the risks specific to that employee and take action to ensure that she is not exposed to anything which will damage either her health or that of the developing child. This Risk Assessment should be recorded and filed by the H&S Administrator.
- 2) If the assessment shows that there is a risk then the employee must be informed and measures must be introduced to eliminate or adequately control the risk.

Subject	New and Expectant Mothers
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- 3) The main risk areas to be considered for new and expectant mothers include:
- Trips, falls, confined spaces
 - Physical shocks – particularly blows to the abdomen
 - Handling of loads
 - Excessive heat and cold
 - Ionising radiation
 - Non ionising radiation
 - Biological agents – bacteria, viruses, etc.
 - Chemicals and lead
- 4) Risks may be eliminated or controlled by:
- Adjusting working conditions and / or hours
 - Providing alternative work (mandatory for certain regular night workers)
 - In extreme cases, giving the employee Safety and Health leave under Section 18 of the Maternity Protection Act 1994
- 5) Electromagnetic radiation from computer screens is currently not believed to adversely affect the mother or foetus. However, certain pregnant employees may be anxious about possible health effects and, as a consequence, the anxiety may cause unwanted health effects. The Association will inform pregnant employees of the current thinking on this subject with a view to reducing DSE work should the employee strongly wish.
- 6) The Association will provide facilities for new and expectant mothers to rest. These facilities will be located conveniently to sanitary facilities and will include provisions for lying down, where necessary.
- 7) It is recommended that the New and Expectant Mothers risk assessment be reviewed regularly throughout the pregnancy.

Subject	Stress
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Purpose

- 1) To take reasonable steps to assess the risks and reduce the likelihood of employees suffering from stress related illness.
- 2) To help prepare staff to understand stress, identify it and develop appropriate coping mechanisms.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) HSE Management Standards on Stress

Key Legal Requirements

See summary at Section 8

Definitions

- 1) The HSE defines stress as an “*adverse reaction people have to excessive pressures or other types of demand placed upon them*”. Typical symptoms include:
 - short temper
 - absence from work/illness
 - tiredness
 - loss of confidence/motivation
 - unusual mood swings
 - mistakes in work/errors in judgement
 - loss of concentration
 - anxiety
 - increased alcohol consumption
- 2) From the Sutherland -v- Hatton case, the legal test for cases of alleged ill-health caused by occupational stress is “*whether this kind of harm to this particular employee was reasonably foreseeable*”. Also, the employer is usually entitled to assume that an employee can withstand the normal pressures of the job unless they are aware of some particular problem or vulnerability.

Health & Safety Executive (HSE) Stress Helpline

0845 345 5678

Subject	Stress
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Procedures

- 1) The Association recognises that certain employees may suffer ill-health as a result of undue stress at work and will, therefore assess the risks and take all reasonable steps to control such risks. This will involve working towards the HSE's Management Standards on Stress (see Appendix 16).
- 2) A system / culture of supervision, teamwork and staff meetings will be developed which aims to support and protect staff. An example stress policy can be found at Appendix 17. Employees are encouraged to make their line managers and ultimately the Chief Executive aware if they, or any member of staff, appear to be having difficulty coping with stressful situations in everyday work. Employees should also inform Management staff of any work process that appears to be putting undue stress on staff.
- 3) The Association will assume that an employee can withstand the normal pressures of the job unless the employee indicates otherwise or there are plain indications of impending harm caused by occupational stress. All information provided by an employee in terms of his ability to cope with stress will be taken at face value, unless there is good reason to think to the contrary.
- 4) Training and other opportunities will be provided to assist staff in identifying and helping them prepare towards coping with stressful situations. This may include training in such issues as dealing with aggression and violence, assertiveness and time management.
- 5) Employees will be made aware that assistance, advice and support is available to all members of staff through the confidential Employee Counselling Service. This service can be accessed through the Association, EVH or by individual employees who can contact the service direct without reference to their employers. Staff will also be provided with additional relevant written information / contacts / support services that might assist in coping with stress.
- 6) Reasonable steps will be taken to protect employees identified as adversely suffering from stress. These arrangements may include reallocation of duties, provision of additional staffing support, counselling etc. All such issues will be dealt with in confidence. Where the only reasonable and effective step available to control the risks would be to dismiss or demote the employee, a willing employee may be allowed to continue in the job but the Association could no longer be held in breach of duty should stress-related illness occur (Sutherland -v- Hatton).

Subject	Young Persons
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Purpose

- 1) To ensure the Association complies with current legislation and good practice to protect the health and safety of young persons at work.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended

Key Legal Requirements

See summary at Section 8

Definitions

- 1) “*Young Person*” means any person who has not attained the age of 18
- 2) “*Child*” means a person who is under the minimum school leaving age

Procedures

- 1) Before employing a child or a young person a full risk assessment of the proposed job function(s) will be carried out. This risk assessment will be recorded and filed by the H&S Administrator.
- 2) The risk assessment will take particular account of the inexperience, lack of awareness of risks and immaturity of the child/young person.
- 3) Before employing a **child**, the employer will provide the **parent / guardian** with comprehensive and relevant information on the identified risks to health and safety and any protective measures.
- 4) The Association will take particular care that the young person is not employed on work which is beyond his / her physical or psychological capacity.
- 5) The Association will also take care that the young person is not exposed (*e.g. during building / refurbishment work*) to toxic or carcinogenic substances, or any other substances which may cause genetic damage or harm.

Subject	Young Persons
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- 6) The Association will provide relevant and comprehensible information on risks, and full training in preventative / protective measure where necessary.

Subject	Electromagnetic Radiation
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Purpose

- 1) To protect employees from possible risks caused by exposure to electromagnetic radiation as far as is reasonably practicable.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Keep Your Top On – HSE Guidance Note INDG 147 (Rev1)

Key Legal Requirements

See summary at Section 8

General Comment

- 1) The principal sources of radiation to which employees may be exposed at work include:
 - i) radiation from the sun (outdoor work)
 - ii) radiation from VDU's
 - iii) radiation from mobile telephones
 - iv) radiation from microwave ovens

Procedures

- 1) Radiation from the sun
 - 1.1 Employees most at risk from health risks associated with exposure to the sun include gardeners, handymen and other outdoor workers. Short-term health effects can include sunburn and blistering and peeling of the skin. Long-term risks can include premature skin ageing and skin cancer.
 - 1.2 Employees working out of doors will be instructed in the possible health risks associated with exposure to the sun and will be encouraged to adopt the following good working practices:

Subject	Electromagnetic Radiation
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- i) always keep the skin covered and refuse the temptation to remove clothing in the hot weather
- ii) take particular care in the 3-4 hours around mid-day, when the sun's rays are strongest
- iii) take care even on cloudy days, as the rays can penetrate clouds
- iv) take breaks in the shade, where possible

1.3 Persons most at risk include:

- i) persons with fair or freckled skin, or who go red before tanning
- ii) persons with red or fair hair and light coloured eyes
- iii) persons with a large number of moles – say over 50

1.4 The Association will provide outdoor workers with a sunscreen of (at least) SPF (sun protection factor) 15, for use on parts of the body which cannot comfortably be covered by clothing – e.g. backs of hands, back of neck, face.

1.5 Where employees notice the following signs, they should inform the resident First aider, who will arrange for a medical check to be carried out by a doctor. Alternatively, the employee may wish to consult their own GP.

- i) small scabby spots which do not disappear after a few weeks
- ii) changed or newly formed moles, or moles which grow or bleed
- iii) any growths which appear on the face or backs of hands

2) Radiation from VDU's

2.1 Electromagnetic radiation from computer screens is currently not believed to adversely affect users, including pregnant employees (see Section 3.14), although existing skin conditions may be aggravated in conditions of low humidity.

2.2 VDU's will be subject to assessment under the DSE Regulations (see Section 3.9) and users will follow safe working practices.

2.3 Personnel should immediately report cracked, broken or damaged screens or casings to the H&S Administrator, who will arrange for the VDU to be taken out of service until a professional assessment of the unit has been made.

Subject	Electromagnetic Radiation
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3) Radiation from mobile telephones

- 3.1 The possible effects of exposure to radiation from the use of mobile telephones is presently under research by the Government, telecommunications companies, the Radiation Protection Division of the Health Protection Agency and the HSE.
- 3.2 Although “official” indications are that risks from the limited use of mobile telephones are negligible, the Association will strive to take the prudent course of action of reducing exposure as far as is reasonably practicable.
- 3.3 In line with the general risk control hierarchy, the Association will adopt the following control strategy for the use of mobile telecommunications equipment:
- i) provide mobile telecommunications equipment only where required as part of a job function (e.g. for security or essential communications purposes)
 - ii) consider the provision of pagers for certain employees in place of mobile telephones
 - iii) where mobile telephones are provided, supply “hands-free” kits or proprietary “guards” to reduce the level of radiation passing between the aerial and caller’s head
 - iv) encourage employees to make only short calls on mobile telephones – calls should never last for longer than 20 minutes
 - v) encourage employees to carry mobile telephones / pagers in bags etc. where practicable, or in outer pockets, away from the body. In any case, mobile telecommunications equipment should not be carried next to the body or in front pockets adjacent to the genitals.
- 3.4 An inventory of all mobile telecommunications equipment will be kept on file by the H&S Administrator, together with a log of all users. All users will be instructed in safe working practices and will not be forced to use such equipment where they are concerned about the level of risk.
- 3.5 Where employees who use mobile telecommunications equipment experience adverse health effects believed to be associated with the use of the equipment (e.g. headaches, fatigue), symptoms should be reported immediately to the H&S Administrator, who should arrange for an independent medical examination to be carried out.

Subject	Electromagnetic Radiation
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4) Radiation from microwave ovens

- 4.1 Microwave ovens are manufactured to strict quality and safety standards and should not pose a risk to health under normal use.
- 4.2 Microwave ovens will be subject to the PAT Testing regime of all electrical equipment (see Section 2.2) and will be maintained and inspected in strict accordance with manufacturer's guidelines.
- 4.3 Under no circumstances will the microwave oven be used if the door does not close properly or if the oven casing is damaged or cracked in any way, until a professional assessment has been carried out. In addition, if the interlock switch (which switches off the oven when the door is opened) does not function correctly, the oven will not be used.
- 4.4 The oven will be located on a level surface in such a position as it is not subject to knocks and the air vents will not be obstructed by walls etc. Objects should not be placed on top of the oven during cooking cycles.
- 4.5 Records of all inspection, testing and maintenance operations will be filed by the H&S Administrator.

Subject	Food Hygiene
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Purpose

- 1) To ensure, so far as is reasonably practicable, that all foods provided for consumption by staff, tenants and the public are wholesome and without risk to health.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Workplace (Health, Safety and Welfare) Regulations 1992, as amended
- 4) Food Safety Act 1990
- 5) Food Hygiene (Scotland) Regulations 2006

Key Legal Requirements

See summary at Section 8

Procedures

- 1) A Hazard Analysis, Control and Monitoring study will be conducted to identify all food hazards and to develop and implement effective control and monitoring procedures to adequately manage the risks.
- 2) All food handlers will be trained in food safety and hygiene to a level commensurate with their food handling responsibilities.
- 3) Premises, facilities and equipment will be suitable and appropriate and will be maintained in a condition which does not pose a risk to the safety of foods stored or prepared.
- 4) A full Management System will be developed and implemented (setting out Policies and procedures for each stage in the food production chain), based on the Hazard Analysis, Control and Monitoring study, to ensure the safe handling and preparation of foods.

Subject	Occupational Health
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Purpose

- 1) To advise management and staff on all matters relating to the effect of health on work and work on health.
- 2) To prevent ill health caused by work and to promote good health.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Control of Substances Hazardous to Health Regulations 2002, as amended (COSHH)
- 4) Manual Handling Operations Regulations 1992, as amended
- 5) Health and Safety (Display Screen Equipment) Regulations 1992, as amended
- 6) Control of Noise at Work Regulations 2005
- 7) Securing Health Together (Government Strategy for Occupational Health), 2001
- 8) EVH Model Attendance Management Policy, Feb 2000

Key Legal Requirements

See summary at Section 8

General Comments

The Health & Safety Executive (HSE) estimates that within the UK:

- 1 in 20 of the population (some 2 million people) experience ill health caused by work
- Of these, some 1.2 million suffer from musculoskeletal disorders and 0.5 million suffer from work-related stress
- Over 25,000 people a year leave the workplace on a permanent basis because of a work-related injury or ill-health caused by work

Subject	Occupational Health
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- Workplace accidents and work-related ill health costs society up to £18 billion per year – more than 2% of the Gross Domestic Product (GDP)
- Each year, accidents in the workplace and work-related ill health costs employers between £3.5 billion and £7.3 billion

The HSE's figures for Scotland indicate that:

- 170,000 people suffer from work-related health problems a year, amounting to a loss of some 2.2 million work days
- Workplace accidents and work-related ill health is estimated to cost employers in Scotland up to £539 million a year

This policy makes reference to an 'OH Advisor', where advice and support is required in dealing with specific OH issues. Such an Advisor may be retained by the organisation or services sought from a consulting firm as required. However, all OH Advisors consulted should be Registered Nurses with specialist qualifications in Occupational Health Nursing (OHNC, Diploma or Degree).

It should be noted that, with the exception of certain health surveillance requirements under specific situations of exposure to chemical or physical hazards, the provision of OH support is not a specific statutory requirement. The changing nature of occupational injuries does, however, render the provision of sound OH support an important tool in effective Health and Safety management.

Appendix 17 presents further information on Occupational Health management, with some examples of policies and procedures that are now becoming commonplace within industry and commerce.

Procedures

1) Attendance Management

- 1.1 A "return-to-work" interview will take place following certain periods of absence due to, for example, the length of the period of absence or the nature of the illness. The decision on whether an interview will be appropriate will be made by the employee's Manager. The interview will be conducted by the Manager.

Subject	Occupational Health
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The interview may be conducted in the absence of the interviewee's supervisor and / or in the presence of another senior member of staff should the interviewee so request.

Advice may also be sought from an OH Advisor, where deemed appropriate.

- 1.2 The objective of the interview will be to determine whether the employee is fit to return to work or whether further rehabilitation is required. It will also identify any means of support required to be provided to the employee upon return to work. These decisions will be made by the Manager.

2) Health Surveillance

- 2.1 Where employees are exposed to certain physical and chemical hazards (e.g. noise, hazardous substances) and where an OH Advisor deems it appropriate, employees will be referred to specialists for further specific investigation (and testing where required).

3) Occupational Illness (sickness / ill health caused by work) / Infectious Diseases

- 3.1 In the event that any employee is suspected to be suffering from a work related illness, specific advice will be sought from an OH Advisor on how best to deal with the situation. This may include referral of the employee by the OH Advisor to a specialist.
- 3.2 It is recognised that staff may suffer from / become exposed to infectious diseases during the course of their work and all reasonable efforts will be made to reduce the spread of such diseases. Appendix 19 provides some guidance on dealing with infectious diseases.

4) Rehabilitation

- 4.1 Employees suffering from ill-health, including those injured at work or suffering from a work-related illness, will be offered the appropriate support needed to return to work. Rehabilitation programmes will be tailor-made to suit the individual as it is appreciated that no two people will respond to treatment in the same way.

Subject	Occupational Health
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5) Recording and Record Keeping

5.1 Records will be kept of the following:

- details of return-to-work interviews and opinion of OH Advisor, where applicable
- results of any health surveillance tests carried out

5.2 **All** records will be treated as being confidential. While some records may be kept in individuals' personnel files, certain other records may be required to be retained by an OH Advisor. All record keeping will be under the direction of an OH Advisor.

5.3 All OH records, or copies thereof, will be held for a period of 40 years from the date of the last entry made in them.

Subject	Homeworking
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Purpose

- 1) To ensure that the risks associated with homeworking are adequately controlled.
- 2) To apply all relevant Health & Safety legislation to employees, equipment, premises and working procedures associated with homeworking.

References

- 1) Health and Safety at Work Act etc. 1974
- 2) Management of Health and Safety at Work Regulations 1999
- 3) Control of Substances Hazardous to Health Regulations 2002, as amended
- 4) Electricity at Work Regulations 1989
- 5) Fire (Scotland) Act 2005
- 6) Fire Safety (Scotland) Regulations 2006
- 7) Health and Safety (Display Screen Equipment) Regulations 1992, as amended
- 8) Health and Safety (First-aid) Regulations 1981
- 9) Health and Safety Information for Employees Regulations 1989
- 10) Health and Safety (Miscellaneous Amendments) Regulations 2002
- 11) Manual Handling Operations Regulations 1992, as amended
- 12) Provision and Use of Work Equipment Regulations 1998, as amended
- 13) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- 14) Homeworking – Guidance for employers and employees on health and safety (HSE Ref.: INDG 226)

Key Legal Requirements

See summary at Section 8

Subject	Homeworking
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Definitions

- 1) The HSE defines homeworkers as *“those people employed to work at home for an employer”*.

Comment

- 1) The organisation does not consider any of its employees to be ‘homeworkers’, although certain employees may be permitted to work from home on occasion, due to personal circumstances.
- 2) Should circumstances change such that any employee may be regarded as a ‘homeworker’, a full revision to this policy would be made prior to the appointment, taking account of the most current HSE guidance on the topic. In particular, policies and procedures will be defined for the following:
 - risk assessment – of the premises, equipment, individual, proposed working practices (to include DSE assessment programme)
 - equipment – ensuring all equipment provided is fit-for-purpose / provision of adequate information, instruction and training / effective inspection and maintenance programmes / provision of suitable risk control measures
 - communications between office and homeworker
 - accidents and incidents (including reporting)
- 3) The following procedures, therefore, are relevant only for the occasional circumstances where employees may be permitted to work from home. In addition, only normal ‘office-type’ work will be permitted to be carried out at home.

Procedures

- 1) An employee will only be permitted to work from home where the Chief Executive is satisfied with the individual’s maturity and knowledge of safe working practices.
- 2) Only employees who have attended a suitable Health & Safety Awareness training course will be eligible candidates for working at home.

Subject	Homeworking
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- 3) Prior to permitting an employee to work from home (i.e. on the first occasion), the employee will be given a copy of the HSE guidance note INDG 226 and EVH guidance note on Homeworking (Appendix 20) and will sign a statement confirming that he/she has read both documents and will take all reasonable precautions to ensure his/her safety and that of any others who may be affected by their work (e.g. children in the home). Such statements will be filed by the H&S Administrator.
- 4) An employee will only be permitted to take home equipment that has been subject to a suitable and valid inspection and test regime (e.g. PAT).
- 5) No employee will be permitted to hold any meetings within their home.
- 6) Any employee working from home will contact the office upon starting work and again at the end of their working shift. Such contact will be recorded by the H&S Administrator.
- 7) Any accident / incident / near miss occurring during the time an employee is working from home will be reported without delay to the H&S Administrator, who will deal with the situation as appropriate.

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HOUSING ASSOCIATION

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Subject	Work Carried Out By Employees
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SECTION 4

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- 4.1 Manual Handling / Lifting
- 4.2 Work at Height
- 4.3 Scaffolds
- 4.4 Workshops
- 4.5 Personal Protective Equipment (PPE)
- 4.6 Drains
- 4.7 Landscape Works
- 4.8 Asbestos

Subject	Manual Handling / Lifting
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Purpose

- 1) To ensure, so far as is reasonably practicable, that no injuries are incurred by employees through unsafe manual handling techniques or poor ergonomics.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Manual Handling Operations Regulations 1992, as amended
- 3) Lifting Operations and Lifting Equipment Regulations 1998
- 4) Health and Safety (Miscellaneous Amendments) Regulations 2002

Key Legal Requirements

See summary at Section 8

Procedures

- 1) A Manual Handling “Risk Assessment” will be carried out of all job functions to identify operations which may pose a risk of physical injury. All tasks whereby a load is moved by bodily force will be investigated and suitable control measures identified and implemented.
- 2) The general hierarchy of risk control will be followed to reduce risks identified by the Risk Assessment. This includes:
 - i) elimination of the task, where reasonably practicable
 - ii) mechanising the task, where reasonably practicable
 - iii) training of employees in safe working practices, where tasks cannot be eliminated or mechanised
- 3) Employees involved in any manual handling operations or operations which involve ergonomic issues (e.g. the need for correct posture etc.) will be trained in the hazards and risks and the use of safe working practices.
- 4) Employees will be instructed that lifting, pushing or pulling even light loads incorrectly can put severe strain on the back muscles.
- 5) Employees will be encouraged to employ correct handling methods using the strong leg muscles where possible and not just the arms.

Subject	Manual Handling / Lifting
6)	A load which is large, though perhaps light in weight, should not be carried by one person if it obscures their vision.
7)	Employees who regularly lift loads should wear protective footwear and if the load is metallic, with possibly sharp or jagged edges, gloves.
8)	No untrained person will be allowed to direct, or carry out, a lifting operation involving hoists, pulleys or cranes.
9)	Figures shown in Appendix 21 are guideline charts issued by the HSE to assist <ul style="list-style-type: none">i) in judging if loads are too heavy for safe liftingii) methods of employing lifting techniques.
All staff will be made familiar with these charts.	

Subject	Work at Height
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Purpose

- 1) To protect Association employees, so far as is reasonably practicable, from the dangers presented by working at height.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Work at Height Regulations 2005
- 4) Confined Spaces Regulations 1997
- 5) Health and Safety in Roof Work – HSE Guidance Note HSG 33

Key Legal Requirements

See summary at Section 8

Definitions

- 1) The Work at Height Regulations 2005 apply to all work at height where there is a risk of a fall liable to cause personal injury. (Note that the former ‘2 metre rule’ no longer applies).

Procedures

1) Work at Height Regulations

- 1.1 Before any work at height is carried out, a competent person will plan and properly organise the task. This will involve the undertaking of a suitable and sufficient risk assessment and, where appropriate, the development of formal working procedures.
- 1.2 The planning, organising and risk assessing process will take account of the following hierarchy:
 - i) avoid the need to work at height through designing out the work at height activity
 - ii) protect through the installation of guard rails or parapet wall construction

Subject	Work at Height
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iii) arrest the fall with as short a potential fall distance as is practicable and the impact on the faller as low as is feasible (e.g. safety nets are favoured over harnesses).

1.3 Where work at height is unavoidable, the following will be considered as part of the risk assessment:

- competence of person(s) to work at height
- selection and use of appropriate work equipment
- the particular risks from fragile surfaces
- inspection and maintenance of equipment

2) Roof Work

- 2.1 In addition to the requirements of 1), above, the following procedures will be followed for roof work.
- 2.2 Only roof work of a non-extensive nature may be carried out by employees of the Association. In deciding what is non-extensive work, an assessment of the time, difficulty, content of the work and number of people involved, will be made by the Maintenance Manager.
- 2.3 All roofs on any Association property will be considered 'fragile' unless reliable information to the contrary is available.
- 2.4 Access to all roofs will be restricted to appropriately trained and competent personnel.
- 2.5 Roof ladders and duck boards of sound construction **must** be used for roof work.
- 2.6 Extra care will be taken where skylights or other fragile panels are present.
- 2.7 When using safety harnesses a check must be made that there is a suitable and secure anchorage point and that there is safe access to the anchor point.
- 2.8 If a skylight is being used as the means of getting onto the roof, the anchorage point must be located inside the loft.

Subject	Work at Height
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- 2.9 In all cases the anchorage point must be deemed capable of withstanding the shock of a fall.
- 2.10 No roof work will be undertaken in adverse weather conditions.
- 2.11 No roof top work will be undertaken if there are overhead power lines which have not been isolated prior to work commencement.
- 2.12 Work will always be planned and executed in such a way as to ensure the safety of all concerned, including the general public.

3) Loft Work

- 3.1 In addition to the requirements of 1), above, the following procedures will be followed for loft work.
- 3.2 All work which requires the entry into loft space will be conducted by at least 2 members of staff. Both will be familiar with the safe working practices and with procedures to be adopted in emergency situations.
- 3.3 Loft work or access to loft space will only be allowed if a suitable boarded passageway exists or if duck boards can be placed across roof joists or beams.
- 3.4 This will also be the case if the loft and a skylight are being used as the access route to the roof. A small platform will require to be constructed under the skylight before this procedure can be followed.
- 3.5 It must be ensured that an adequate source of light and ventilation is available inside the loft **before** entering the loft space.
- 3.6 Employees will wear approved CE marked dust respirators and overalls when entering all loft spaces. Overalls should have open collars and cuffs, to reduce the likelihood of irritation upon contact with Machine-Made Mineral Fibre (MMMF) dusts (e.g. glass fibre insulation).
- 3.7 If MMMF is evident in the loft space, then it is recommended that minimal disturbance of insulation is made and goggles should be worn in addition to the respirator.

Subject	Work at Height
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- 3.8 Upon leaving loft spaces which contain MMMF, in order to prevent skin irritation the skin should be rinsed in lukewarm water **prior** to using soap.
- 3.9 No hot work will be carried out in the loft space unless adequately covered in the Risk Assessment.
- 3.10 Asbestos materials may be present in the loft as lagging on hot water tanks or hot water pipes, thermal insulation material or asbestos boards. Where such materials are suspected of containing asbestos, are friable or damaged or are to be disturbed, a professional assessment of the materials should be carried out by an accredited asbestos testing firm (see Policy on Asbestos, Section 4.8).

4) Ladders

- 4.1 Ladders used by Association personnel will be of sound construction with no missing steps or rungs and will remain unpainted so that cracks and other faults can be easily recognised.
- 4.2 Ladders will be visually inspected before and after use, looking out for warping, splintering, cracking, bruising, missing steps / rungs etc. Defective ladders will be removed from use, labelled and a request for repair or replacement submitted to the H&S Administrator. Where it is not possible to repair a ladder, it will be destroyed as soon as reasonably practicable. A Ladder Inspection Report will be completed for each ladder on a monthly basis (see 22).
- 4.3 Ladders in use must be positioned at the correct angle (4 up for 1 out) on a firm base and be tied at the top for support. The ladder will be supported by a second person until tied. Alternatively, if the ladder cannot be tied, a second person will act to 'foot' the bottom of the ladder and act as a look-out.
- 4.4 Not more than one person at a time will be allowed on a ladder and, if the ladder is the actual work platform, then the ladder should extend at least 1.50m above the highest rung on which the employee has to stand. Pole ladders (i.e. single section ladders with the stiles made from a single pole cut lengthways) will only be used for gaining access and will not be used as working platforms. When using step-ladders, the user will not use the top step as a platform.

Subject	Work at Height
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- 4.5 Where using a ladder to gain access to a work platform, the ladder will extend at least 1m above the landing place. The landing rung should be level with or slightly above the landing platform. There should be space between each rung for a proper foothold, ensuring that there are no obstructions to the foot.
- 4.6 Ladders will not be climbed higher than the third rung from the top.
- 4.7 Short ladders may be carried by one person, either vertically against the shoulder or horizontally across the shoulder. Longer ladders will be carried horizontally on the shoulders of two people, one either end, in as comfortable a manner as possible. Care should be taken to avoid overhead hazards (such as power lines).
- 4.8 As over-reaching or stretching whilst on a ladder can lead to loss of balance, if the work area can not be reached, the ladder will be moved, or a longer one used, to allow the work area to be reached safely.
- 4.9 After use, ladders will be cleaned. Ladders will not be stored outside unless adequately covered and will be hung horizontally on a rack (supported under the stiles) or supported on blocks (under the stiles). They will not be supported by the rungs, stored flat on the ground or placed against walls, radiators or hot pipes, which can lead to warping, sagging or distortion.

Subject	Scaffolds
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Purpose

- 1) To ensure the safe use of scaffolding as a working platform or as a means of access to the place of work.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Construction (Design and Management) Regulations 2007

Key Legal Requirements

See summary at Section 8

Procedures

- 1) Scaffolds, built by outside contractors, will be inspected by a suitably trained Association employee prior to the scaffold being used.
- 2) Alternatively, if no Association employee present has been trained to inspect scaffolding, the contractor will be asked for a safety certificate (including “pull tests” etc.) which states the scaffold is safe for use.
- 3) This rule will apply whether the scaffold provides access for employees of the contractor or of the Association or both.
- 4) If scaffolding is to be left unattended at any time, it essential to prevent illegal access. To achieve this, access ladders will be removed, unless the scaffold is protected by hoardings erected around its base. This will be carried out at the end of each working day.
- 5) Before erecting a scaffold on a public highway the appropriate authority will be contacted to obtain permission.
- 6) Suitable measures will be carried out to protect the public from any operations carried out from scaffolding structures.
- 7) Guidance will be taken from a specialist on whether a scaffold structure erected for the Association's use requires to be earthed.

Subject	Scaffolds
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- 8) Scaffolds will be inspected on an on-going basis as deemed necessary (at least weekly) by a competent person.

Subject	Workshops
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Purpose

- 1) To ensure that all work carried out in a workshop is performed in a safe environment with safe working procedures and well maintained equipment.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Workplace (Health, Safety and Welfare) Regulations 1992, as amended
- 4) Provision and Use of Work Equipment Regulations 1998, as amended

Key Legal Requirements

See summary at Section 8

Procedures

- 1) All equipment or machinery used and owned by the Association will be maintained in a safe condition, as will access to and from the workshop. Any equipment brought onto the premises by workshop personnel must be inspected by the H&S Administrator and any other person as deemed necessary by the Administrator.
- 2) All electrical equipment supplied from plug and socket will be protected by a circuit breaking facility.
- 3) All machinery controls will be labelled clearly to show button functions.
- 4) All machines will have an Emergency Stop facility.
- 5) A Risk Assessment and Job Card system, as described in Appendices ** & ** will be provided to aid communication to the workman of requirements and procedures to be followed.
- 6) No job will be carried out if a Job Card has not first been received.
- 7) The Risk Assessments will indicate what personal protective equipment (PPE) is required for all standard jobs.

Subject	Workshops
8)	Any new procedure requested will require an assessment to be carried out by the Maintenance Manager who will then record his findings on the Job Card.
9)	The workplace will be cleaned and maintained so as to avoid the build-up of dusts and other debris. Cleaning methods should not give rise to dust-raising (e.g. surfaces should not be blasted with compressed air).
10)	Suitable and safe storage facilities will be provided and used for all equipment and substances which may pose a risk to health (e.g. sharp tools, solvents etc.)
11)	All control equipment, including Local Exhaust Ventilation, machine guardings etc. will be subject to formal inspection regimes and all appropriate documentation filed by the H&S Administrator.
12)	Workshop employees will be appropriately trained in the hazards, risks and safe working practices associated with their work.

Subject	Personal Protective Equipment (PPE)
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Purpose

- 1) To ensure that appropriate Personal Protective Equipment (PPE) is available and is correctly stored and maintained.
- 2) To ensure that personnel are adequately trained in the correct use of PPE, where required.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Personal Protective Equipment at Work Regulations 1992
- 4) Personal Protective Equipment Regulations 2002
- 5) Health and Safety (Miscellaneous Amendments) Regulations 2002

Key Legal Requirements

See summary at Section 8

Definition

- 1) Personal Protective Equipment (PPE) includes a range of clothing and protective devices to protect the wearer from certain hazards. PPE includes such items as hard hats, respirators, safety boots, protective gloves, weatherproof clothing, overalls etc.

Procedures

- 1) All tasks which require PPE will be identified in the Risk Assessment procedure. A system based on Job Cards will be set up to record what PPE is required to carry out any job within the business sphere of the Association/Co-operative. It is recognised that PPE should be used as a last line of defence, acceptable only where engineering controls would not be reasonably practicable.

Subject	Personal Protective Equipment (PPE)
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- 2) It is possible that a Job Card will be required for a job which has **not** previously undergone a risk assessment. The Maintenance Manager and/or the H&S Administrator will determine suitable precautions to be taken and PPE to be worn.
- 3) All PPE will be fit for purpose, properly cleaned, serviced and maintained, correctly stored and compatible with other PPE required to be worn. Where available PPE will be CE marked. To ensure that PPE is hygienic and otherwise free of risk to health, all such equipment will only be used by the individual to whom it is issued.
- 4) Personnel requiring to use PPE will be trained in its correct use (which will include demonstrations where deemed necessary) and in the appropriate procedures for reporting defects, inspecting PPE before use, etc.
- 5) A register of all PPE, together with details of servicing, issue to personnel, repairs etc. will be kept on file by the H&S Administrator.
- 6) Where respiratory protective equipment (RPE) is required (e.g. dust masks or respirators), a satisfactory face-fit test will be carried out by a competent person before the RPE is used. Repeat fit tests will be carried out where a different model of RPE is to be used, where a new facepiece is required or where the facial characteristics change significantly.

Subject	Drains
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Purpose

- 1) To protect employees from the hazards that can exist in work associated with drains.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Control of Substances Hazardous to Health Regulations 2002, as amended

Key Legal Requirements

See summary at Section 8

Procedures

- 1) Sometimes it is necessary to have drains on Association's property cleared of chokes.
- 2) In carrying out this work, it must be assumed that hazards may be encountered by the employee e.g. sharps such as needles, biological hazards etc. These hazards will be identified and addressed in a Risk Assessment and a Job Card will be prepared prior to the commencement of work. The H&S Administrator will file the Risk Assessment and Job Card.
- 3) Under **no circumstances** should the employee enter the drain (including inserting the head for visual inspection) or reach into the drain with unprotected arms or hands.
- 4) In carrying out any work on drains, appropriate personal protective equipment (PPE) such as gloves, eye-protection, body protection and safety footwear, will be employed. Where it is likely that splashes of contaminated water may be raised, full face protection via a visor will be required.
- 5) Proper tools must be used for these jobs such as scoops, grabs or rods. All tools must be properly cleaned and stored after use.

Subject	Drains
<ul style="list-style-type: none">6) Should offensive odours be encountered then the operator will be supplied with a suitable CE marked respirator. Ignition sources will be excluded from the immediate vicinity of open drains.7) Consideration must be given to ensure safe disposal of the hazardous waste recovered from the drains. In particular, should needles be recovered from the drain the procedures outlined in Section 3.13 should be followed to ensure safe handling, storage and disposal.8) Appropriate cleaning and decontamination procedures must be carried out on all clothing and equipment used for the task. In addition, high levels of personal hygiene will be required of the operative. Full decontamination should be carried out before the operative smokes, eats, drinks or uses lavatory facilities.9) Where chemicals are used for drain cleaning, a full COSHH Assessment will be undertaken as per Section 3.7.10) Where drain work is required on a regular basis, consideration should be given to the provision of inoculations / vaccinations for the more common blood-borne diseases and diseases associated with sewage (e.g. hepatitis, tetanus).	

Subject	Landscape Works
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Purpose

- 1) To ensure safe systems of work for jobs in the gardening /landscaping category are considered and implemented.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended
- 3) Control of Noise at Work Regulations 2005
- 4) Control of Substances Hazardous to Health Regulations 2002, as amended (COSHH)
- 5) Manual Handling Operations Regulations 1992, as amended
- 6) Provision and Use of Work Equipment Regulations 1998, as amended

Key Legal Requirements

See summary at Section 8

Procedures

- 1) The Maintenance Manager will ensure that all the necessary tools and equipment are supplied in good condition and good state of repair.
- 2) All employees expected to perform gardening duties will be trained in the use of the tools and equipment where necessary.
- 3) The requirement to use any control measures and to wear personal protective equipment (PPE) will be identified by the General and Specific Risk Assessments. Where these measures are required, operatives will be trained in their correct use.
- 4) Before cutting grass, or beginning any manual work, an inspection of the area is required.

Subject	Landscape Works
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- 5) Any foreign bodies, such as sharps or stones, must be picked up so that no accidents can occur during cutting operations, e.g. caused by flying stones. This inspection procedure could also prevent damage to the equipment such as the grass cutters. Sharps, blood and body fluids must be dealt with in accordance with the procedures outlined in Section 3.13.
- 6) Particular care should be taken when emptying grass cutting machines. If syringes and/or needles, are found then extra special care is required.
- 7) If electrical equipment is in use then care is necessary of the trailing cables. These could be inadvertently cut or could become a tripping hazard.
- 8) Circuit breakers will be used on any electrical supply serving such electrical equipment.
- 9) Other risks of particular relevance to landscape works (which should be controlled by referring to the appropriate sections of the manual) include:
 - i) COSHH issues
 - ii) noise
 - iii) vibration
 - iv) manual handling

Subject	Asbestos
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Purpose

- 1) To effectively manage all asbestos containing materials and to reduce the asbestos related risks to as low a level as is reasonably practicable.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Control of Asbestos Regulations 2006

Key Legal Requirements

See summary at Section 8

Procedures

1) General

- 1.1 In a case where material is suspected of containing asbestos, an external consultant having UKAS (United Kingdom Accreditation Service) accreditation for sampling and analysis, will be contacted to carry out an identification.
- 1.2 If asbestos material is identified on any premises occupied by the Association, it will be examined carefully to determine its condition.
- 1.3 If it is observed to be damaged or cracked, or if it is of a “friable” nature (liable to produce airborne fibres) then a report should be immediately made to the Chief Executive.
- 1.4 The Chief Executive will contact a competent person who will advise on the most appropriate course of action.
- 1.5 No Association employee will handle or remove asbestos materials.
- 1.7 Asbestos products such as gloves, aprons or fire blankets will not be used.

Subject	Asbestos
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2) Asbestos Surveys and Management Plans

- 2.1 Where Association premises or housing stock were built or renovated prior to 2000, a 'Type 2' asbestos survey will be carried out by a competent asbestos management consultant. (HSE expects that no asbestos containing materials would be in use from 2000.) The surveyor should determine an appropriate strategy to cost-effectively assess relevant premises.
- 2.2 The findings of all surveys undertaken should be used to prepare a register of asbestos containing materials (including their location and condition along with details on how best to manage / remediate the material) in all relevant premises.
- 2.3 An asbestos management plan will be developed and implemented, ensuring that all asbestos containing materials are properly managed. This will include procedures for inspecting materials and carrying out remedial works where necessary.
- 2.4 A member of staff will be designated "asbestos co-ordinator" and will be responsible for maintaining registers, providing information to contractors etc.
- 2.5 All contractors whose work could foreseeably damage asbestos containing materials will be informed before the start of site works of the presence and type of asbestos containing materials.

Asbestos Co-ordinator Myles Millar

3) Maintenance / Refurbishment / Demolition / Repair Works

- 3.1 Prior to any work being carried out on the fabric of buildings, the asbestos register will be interrogated to determine whether asbestos may be encountered and appropriate precautions (including the use of HSE licensed contractors where necessary) will be taken. Where the works are likely to disturb material not included in the registers (e.g. behind wall panels, within voids, etc.), 3.2 will apply.
- 3.2 Prior to any refurbishment, demolition or repair works on building fabric which is not known to be asbestos free, a competent asbestos management consultant will be commissioned to carry out a 'Type 3' (i.e. intrusive) asbestos survey of the area to be worked upon. Appropriate precautions (including the use of HSE licensed contractors where necessary) will then be

taken.

Subject	Asbestos
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4) Work with Asbestos Materials

- 4.1 Most work likely to disturb or remove asbestos must be carried out by an HSE licensed asbestos removal contractor and notified to the HSE 14 days prior to commencement. However, the Control of Asbestos Regulations 2006 do allow work with certain lower risk asbestos containing materials (e.g. asbestos cement and asbestos textured coatings) to be carried out by non-licensed personnel and without notification to the HSE. Advice will be sought from a competent UKAS accredited asbestos management consultancy prior to any works being carried out on asbestos containing materials.
- 4.2 Where work does not require to be carried out by licensed contractors and does not require notification to the HSE, it will, nevertheless, be undertaken in a safe manner, by appropriately trained personnel, reducing the generation of airborne dusts to as low a level as is reasonably practicable. All method statements and risk assessments for such work will be screened by a competent person prior to work commencing.
- 4.3 Where licensed contractors are required to carry out asbestos works, the following documentation will be requested from the contractor prior to commissioning, and copies kept in the job file:
- current asbestos licence (issued by the HSE)
 - insurance certificate indicating the insured is covered for asbestos work
 - medical examination certificates of all personnel who will work on the job
 - training records for all personnel who will work on the job (asbestos management and handling courses)

In addition, evidence of the following should be seen:

- where applicable, notification of the job to the HSE 14 days prior to commencement
- method statement for the job

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Subject	External Contractors
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SECTION 5

Subject	Contents of Section 5
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Contents of Section 5

5.1 Selection and Control of Contractors

5.2 Construction Design and Management

Subject	Selection and Control of Contractors
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Purpose

- 1) To ensure that competent and reliable Contractors are chosen to work on Association sites.
- 2) To ensure that selected Contractors comply with all current and relevant statutory requirements and good practice.

References

- 1) Health and Safety at Work etc. Act 1974
- 2) Management of Health and Safety at Work Regulations 1999, as amended

Key Legal Requirements

See summary at Section 8

Procedures

- 1) The Chief Executive shall ensure that only qualified and experienced Contractors with proven safety records are appointed to carry out work for the Association.
- 2) The following information shall be obtained so that a suitable and sufficient assessment of the Contractor can be made before work activities commence:-

Mandatory

- (i) Provision of EL/PL/PI insurance details
- (ii) Provision of suitable references from previous clients for similar work
- (iii) Provision of Safety Policy
- (iv) Provision of licence to operate, where appropriate *e.g. asbestos workers*
- (v) Provision of risk assessments and method statements

Preferred

- (ii) Description of safety training provided
- (iii) Details of membership of a Trade Association or Safety Group
- (iv) Details of access to a qualified safety advisor
- (v) Accident/injury data
- (vi) Health & Safety prohibition and improvement notices

Subject	Selection and Control of Contractors
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- 3) It is recognised that Association often prefers to employ small local companies, particularly for small "jobbing" contracts. In these circumstances the initial approval process may be less exhaustive - especially where the Company is known to the Association. It is recommended, however, that all elements of the mandatory list still be scrutinised.
- 4) A list of those "Approved" Contractors shall be made up and held by the Maintenance Manager.
- 5) Prior to the commencement of any work the Maintenance Manager shall arrange for the Contractor to be provided with details of the risks to health and safety arising out of work activities on the site.
- 6) The Maintenance Manager shall ensure that the Contractor has been supplied with a copy of the Association's "Safety Rules for Contractors" document.
- 7) The Contractor shall formally acknowledge receipt of the "Rules" and confirm their acceptance of / compliance with same.
- 8) The Maintenance Manager shall be responsible for monitoring the activities of the Contractor for the duration of their time on site in order that the necessary safety and security and management supervision can be carried out. This will include carrying out and recording sample measurements of actual performance observed on site against the risk assessments and method statements provided.
- 9) On completion of the work, the Maintenance Manager shall ensure that the site has been left in a clean and tidy condition and any unused materials removed.
- 10) The Chief Executive shall ensure that appropriate Health & Safety Contract Records are maintained viz.,
 - i) Contractor Assessment Checklist
 - ii) Approved Contractors List
 - iii) Acknowledgement of Safety Rules
 - iv) Safety Inspection Checklist

Subject	Construction Design and Management
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Purpose

- 1) To ensure that the Association complies with relevant safety legislation during major construction works.

Reference

- 1) Health and Safety at Work etc. Act 1974
- 2) Construction (Design and Management) Regulations 2007 (CDM)

Key Legal Requirements

See summary at Section 8

Definitions

“construction site” includes any place where construction work is being carried out or to which the workers have access, but does not include a workplace within it which is set aside for purposes other than construction work;

“construction phase” means the period of time starting when construction work in any project starts and ending when construction work in that project is completed;

“construction phase plan” means a document recording the health and safety arrangements, site rules and any special measures for construction work;

“construction work” means the carrying out of any building, civil engineering or engineering construction work

“pre-construction information” means the information described in Regulation 10 and, where the project is notifiable under Regulation 15.

“principal contractor” means the person appointed as the principal contractor under Regulation 14(2);

“project” means a project which includes or is intended to include construction work and includes all planning, design, management or other work involved in a project until the end of the construction phase;

Subject	Construction Design and Management
---------	------------------------------------

For the purposes of the CDM Regulations 2007, a project is notifiable to the HSE if the construction phase is likely to involve more than

- (a) 30 days; or
- (b) 500 person days, of construction work.

Procedures

- 1) It is important to realise that, under the CDM Regulations, Health and Safety is a **shared** responsibility between the Association and other relevant parties, including the CDM Co-ordinator, the Designer, the Principal Contractor and other persons involved with the construction work.
- 2) Under the CDM Regulations, the duties of all parties will be as follows:

a) Client

For non-notifiable projects:

- Check the competence and resources of all appointees
- Ensure that there are suitable management arrangements for the project, including welfare facilities
- Allow sufficient time and resources for all stages
- Provide pre-construction information to designers and contractors

For notifiable projects (additional duties):

- Appoint a CDM Co-ordinator **until the end of the construction phase**
- Appoint a Principal Contractor **until the end of the construction phase**
- Make sure that the construction phase does not start unless there are suitable:
 - welfare facilities, and
 - construction phase plan in place
- Provide information relating to the health and safety file to the CDM Co-ordinator
- Retain and provide access to the health and safety file

Subject	Construction Design and Management
---------	------------------------------------

b) CDM Co-ordinator (required for notifiable projects only)

- Advise and assist the client with his/her duties
- Notify the HSE
- Co-ordinate health and safety aspects of design work and cooperate with others involved with the project
- Facilitate good communication between client, designers and contractor
- Liaise with the Principal Contractor regarding ongoing design
- Identify, collect and pass on pre-construction information
- Prepare/update health and safety file
- Retain and provide access to the health and safety file

c) Designer

For non-notifiable projects:

- Eliminate hazards and reduce the risks during design
- Provide information about remaining risks

For notifiable projects (additional duties):

- Check the client is aware of his/her duties and a CDM Co-ordinator has been appointed
- Provide any information needed for the health and safety file

d) Principal Contractor (required for notifiable projects only)

- Plan, manage and monitor the construction phase in liaison with the contractor
- Prepare, develop and implement a written plan and site rules. (Initial plan completed before the construction phase begins.)
- Give contractors relevant parts of the plan
- Make sure suitable welfare facilities are provided from the start and maintained throughout the construction phase
- Check the competence of all appointees
- Ensure all workers have had site inductions and any further information and training needed for the work
- Consult with the workers
- Liaise with the CDM Co-ordinator regarding ongoing design
- Secure the site

Subject	Construction Design and Management
---------	------------------------------------

e) Contractors

For non-notifiable projects:

- Plan, manage and monitor own work and that of workers
- Check the competence of all appointees and workers
- Train own employees
- Provide information to own workers
- Comply with the specific requirements in Part 4 of the Regulations
- Ensure there are adequate welfare facilities for own workers

For notifiable projects (additional duties):

- Check Client is aware of duties and a CDM Co-ordinator has been appointed and the HSE notified before starting work
- Co-operate with Principal Contractor in planning and managing work, including reasonable directions and site rules
- Provide details to the principal contractor of any contractor whom he engages in connection with carrying out the work
- Provide any information needed for the health and safety file
- Inform the Principal Contractor of problems with the plan
- Inform the Principal Contractor of reportable accidents, diseases and dangerous occurrences

PARKHEAD
HOUSING ASSOCIATION

H&S MANUAL (VERSION 2)

SECTION NO. 6
PAGE 1 OF 1
REV. 0
DATE: JAN 2010

Subject	Sheltered Housing
---------	-------------------

SECTION 6

Subject	Contents of Section 6
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- 6.2 Fire Procedures
- 6.3 Lifts
- 6.4 Electrical Equipment & Appliances
- 6.5 Water Systems
- 6.6 Communal Rubbish Chutes & Storage Areas
- 6.7 Communal Laundry Area
- 6.8 Handling & Lifting
- 6.9 Adaptations to Residents' Homes
- 6.10 Communal Bathing & Toilet Areas
- 6.11 Resident's Handbook
- 6.12 Medication
- 6.13 Clinical Waste

Subject	Introduction
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Introduction

This additional section on Sheltered Housing was commissioned some time after the Health & Safety Control Manual was introduced. This new section is not, however, freestanding. It should be read in conjunction with the rest of the Control Manual.

It is essential that the key areas from the Control Manual are completed, alongside Section 6. Particular attention should be paid to:

- Section 1 Organisational Structure
- Section 2.1 Fire Policy
- Section 2.2 Electrical Safety
- Section 3.2 First-aid
- Section 3.3 Accidents

and any other relevant "high-risk" areas.

Subject	Fire Procedures
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Fire Procedures

General fire procedures are described in Section 2 of the Control Manual. However, additional procedures specific to sheltered housing complexes should be introduced.

- 1) Wardens should have a list of the names and descriptions of all residents. The descriptions should include details of any disabilities, e.g. Dementia, Neurological problems, use of wheelchairs or walking aids.
- 2) Residents likely to require assistance during an evacuation should be clearly identified. Where staffing permits, a plan should be developed to assist these residents during an emergency. Alternatively, staff should make their way to the Assembly Point (Section 2.1.2) where the Emergency Controller (2.1.2) will make all necessary information available to the Fire Brigade.
- 3) In cases where the complex does not have 24 hour cover, a system should be developed to ensure proper channels of communication between the emergency services and person(s) with detailed knowledge of the complex and it's residents. Depending on local circumstances, this could be a "duty board" on the outside of the building, or some other form of (electronic) communication.
- 4) All residents should be made aware of the arrangements for egress from the building in case of fire, with particular reference to those using wheelchairs or walking aids.
- 5) Designated "fire safe areas" should have ample space for wheelchairs and walking aids.
- 6) Wherever possible, regular fire practice should be carried out. Even if this is felt to be a resident's responsibility, this is a shared home concept and residents should be encouraged to take part.
- 7) If certain residents have a sensory impairment, then appropriate fire alarms should be installed at their residence.
- 8) It is recommended that smoke alarms are installed in all individual homes and are regularly tested.

Subject	Lifts
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Lifts

- 1) Awareness of residents' special needs should be considered. In particular, attention should be given to the level of control buttons, sound controls, Braille buttons and access for wheelchairs and walking aids.
- 2) It is recommended that lifts be fitted with emergency seats and with two way communication systems for use in emergency situations.
- 3) At least one member of staff should be trained in emergency rescue procedures. If this involves hand-winchng of a lift to a lower floor, the staff member must be trained and certified by a competent body.
- 4) Lifts must be inspected by an independent inspection authority and records kept of the inspections/recommendations/actions. The inspections should normally be carried out at six monthly intervals - unless the assessment carried out by the inspection authority indicates otherwise.

Subject	Electrical Equipment & Appliances
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1) Fixed Electrical Installations

- 1.1 All fixed electrical installations should be designed, installed, operated and maintained to prevent electrical danger.
- 1.2 Installations should be inspected by a competent person. Normally, this should be done at least once every three years.
- 1.3 The possession of a report listing defects/remedial actions will be essential in demonstrating compliance with the Electricity at Work Regulations 1989.

2) Portable Equipment Supplied by the Home

- 2.1 It is strongly recommended that the procedures described in Section 2.2 of the Control Manual are adopted in full.

3) Portable Equipment Supplied by the Residents

- 3.1 There is no requirement under the Regulations for regular testing. As a minimum, regular in-house checks should be carried out to ensure cables are in good condition and plugs correctly attached. It would, however, be prudent to instigate the same regime described in 6.4.2 for equipment supplied by the Sheltered Home.

Subject	Water Systems
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1) Legionella

- 1.1 Staff must be aware that residents who are elderly, frail or have respiratory problems are a key risk group, particularly from systems where water particles become airborne, e.g. showers, spa pools.
- 1.2 Where water systems are communal, i.e. fed from a central boiler, the whole system should be assessed by a competent person. Following assessment, it may be necessary to introduce a chemical dosing system for the water circuit.

2) General

- 2.1 Where communal water systems are used to prepare food/drink, e.g. tea urns, tea/coffee machines etc., a regular system of cleaning and disinfecting must be introduced.

Subject	Communal Rubbish Chutes & Storage Areas
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Communal Rubbish Chutes & Storage Areas

- 1) The safe disposal of clinical waste is described in Section 6.13. However, there are general points which should be considered when using communal rubbish chutes and containers:
- 2) The types of container used should be safe to handle by one person. Where moveable bins, e.g. paladins, are used, the wheels should be oiled/greased weekly.
- 3) The containers should be cleaned and disinfected at regular intervals. A written procedure, reflecting local conditions, must be prepared and appropriate instruction given.
- 4) Handling, lifting and disposal should be such that it can be carried out as a one person process.
- 5) Surfaces and flooring of the storage areas should be such that all surfaces can be easily cleaned and disinfected. The flooring should be a non slip surface.
- 6) Access to the storage area should be restricted to only those who need to use it. Suitable access restraints should be put in place to restrict general access.
- 7) Types of rubbish stored within the areas should be carefully assessed (see Section 6.13).
- 8) The length of storage time is crucial. It is advised that regular weekly collection times be arranged. In the event of a breakdown in this system, appropriate alternatives should be sought as soon as possible.
- 9) Protective clothing, i.e. disposable coveralls, gloves, face mask/goggles and steel toed shoes, should be provided so that the safe disposal of waste can always be carried out.

Subject	Communal Laundry Areas
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Communal Laundry Areas

- 1) Clear and concise instructions for use of equipment should be displayed.
- 2) Non-slip flooring surfaces are advised.
- 3) Clear instructions on dealing with spillage should be displayed.
- 4) Maintenance of the equipment should be allocated to a specific person or agency, and maintenance records kept centrally.
- 5) Proper procedures should be set down for access to, and use of, this communal facility by outside bodies, e.g. home helps

Subject	Handling & Lifting
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Handling & Lifting

It has been found that most alarm calls in flats are due to falls. In general, staff should not lift residents. However, situations may occur when lifting will be unavoidable.

All staff should be suitably trained and should work in accordance with Section 4.1 on Manual Handling. In addition:

1) Serious Falls

Residents should be made comfortable and appropriate emergency services summoned. Seriously injured persons should not be moved unless they are in further danger.

2) Minor Falls

- 2.1 Staff should assess whether the resident can be lifted and moved without danger or whether a lifting hoist should be used.
- 2.2 At least one hoist should be available in the complex, located at a strategic position to enable rapid response to most residents.
- 2.3 All staff should be trained in manual handling techniques and use of the hoist.

Subject	Adaptations to Residents' Homes
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Adaptations to Residents' Homes

- 1) Residents may have had aids installed or adaptations carried out (e.g. to assist them with independent bathing). Staff should be conversant with the types of equipment and how they should be used safely. Also, they should be aware of any inappropriate equipment which the residents may have brought from their previous home. Information on these aids and adaptations should be sought if staff are in any doubt regarding their suitability.
- 2) It is strongly recommended that during the initial visit to a new tenant, a note is made of any non-standard equipment or fittings. If necessary, advice on appropriate adaptations should be obtained from an Occupational Therapist.

Subject	Communal Bathing & Toilet Areas
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Communal Bathing & Toilet Areas

- 1) Procedures for the use of these areas should be established with special reference to external agencies and their use of the facilities.
- 2) The procedures will reflect the particular circumstances of the Sheltered Home, but should address :
 - i) access
 - ii) suitability
 - iii) users
 - iv) surfaces and handrails
 - v) waste disposal
 - vi) handling and lifting within the area
 - vii) water temperatures
 - viii) types and heights of surfaces

Subject	Resident's Handbook
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Resident's Handbook

- 1) It is strongly recommended that each home/unit should contain a Resident's Handbook. This booklet could be in two parts :

Part one: would contain details of the Sheltered Housing complex, e.g. use of communal areas, domestic arrangements, fire escape procedures etc.

Part two: would contain more personal details of the individual resident. This could, for example, contain details of any medication, next of kin, dietary needs etc.

Subject	Medication
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Medication

- 1) Staff within Sheltered Housing Units should not be involved in the dispensing of medication.
- 2) In cases of residents with memory loss, who are causing concern to staff, and having increased health problems due to non-regular taking of medication, it is suggested that they be prescribed their medication in a dosette box. This can be supplied through their general practitioner, community nurse or pharmacist. Health Care Staff, e.g. Health Visitors, should be advised that giving medication is not part of the role of staff within the sheltered housing complex.
- 3) Those residents using medical dressings and/or using sharps must have a system of safe disposal (see Section 6.13).

Subject	Clinical Waste
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Clinical Waste

- 1) The population within Sheltered Housing has, in recent years, started to change in profile with more and more residents requiring regular medical attention. This attention is usually provided by Health Visitors. The by-products of the medical care are usually removed by the Health Visitors. If they are left behind, however, staff may have to deal with body fluids and wastes. The complex must have in place correct procedures for collection, storage and disposal. Definitions are contained in Appendix 23.
- 2) Body fluids and wastes the most relevant to sheltered housing with blood, swabs, dressings, discarded syringes and other contaminated sharps to a lesser extent. Body fluids and wastes will usually present a low level of risk. However, as the actual risk cannot be readily demonstrated, items within this group should be treated as clinical waste. While the risk may be low, the waste from this group will often be of an offensive nature. It is therefore advisable that adequate procedures are put into effect for proper handling and disposal.
- 3) It is essential that clinical waste is not disposed of with ordinary household waste, i.e. the black sacks. Clinical waste must be segregated and stored properly.
- 4) Clinical waste should never be disposed of down communal waste chutes, or stored in the household waste bins.
- 5) Broken glass, syringes and needles should be stored in a "sharps box". Needles should not be disposed of as domestic waste.
- 6) The complex must enter into an agreement with a competent body/company which will regularly collect the clinical waste and dispose of it correctly.
- 7) Prior to collection, the clinical waste should, wherever possible, be stored in an area which is:
 - i) reserved for clinical waste only
 - ii) secure, totally enclosed and sited on a well-drained, impervious hard-standing surface
 - iii) easily accessible to authorised persons
 - iv) kept secure from entry by animals, rodents and insects
 - v) sited away from food areas and routes used by the public
 - vi) well ventilated and lit

Subject	Clinical Waste
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Separate storage for sharps containers with a higher degree of security may be required, particularly if collection frequencies are likely to be greater than weekly.

- 8) All staff who may be required to handle or move clinical waste should be adequately trained in safe procedures and in dealing with spillages or other incidents.
- 9) It is recommended that contact is made with the Local Authority Environmental Health Department to determine the level of support available for the collection of sharps/clinical waste.

APPENDICES

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Appendix 01 - PRE-AUDIT QUESTIONNAIRE

AUDIT FORMAT

The audit involved interrogation of a sample of safety policies, procedures and records as well discussions with key staff and an inspection of the workplace. The report takes the following format:

PART A – EXECUTIVE SUMMARY (Summary of the general findings of the audit and the opinion of the auditor in relation to the current culture of Health & Safety Management and level of compliance with legislation and good practice).

PART B – POLICIES AND PROCEDURES (Assessment of compliance with current legislation and good practice in the key areas of Policy, Organisation and Framework; Risk Assessment; Safety Related Facilities Management; Information Instruction and Training; and Personal Safety).

PART C –PART D – STAFF INTERVIEWS (Brief discussion with a sample of employees to assess awareness of the policies and procedures in place and general knowledge of safe working practises).

PART D – FEEDBACK (Record of feedback session provided to key staff).

PART B – POLICIES AND PROCEDURES

B1. POLICY, ORGANISATION AND FRAMEWORK		
ASPECT	STANDARD	ACTION
Policy	Is a suitable policy prepared, adopted by Senior Management and displayed / issued to all staff?	Provide supporting documentation. Ensure signage/notice boards reflect documentation.
Responsibilities	1) Are responsibilities clearly defined and capable of providing an effective Management structure? 2) Have responsibilities been adopted?	Where are these defined? Have individuals signed to accept these responsibilities?
Management Competence	Do the Committee, Senior Management, H&S Administrator and others with specific H&S responsibilities have sufficient competence?	Provide training documentation for Committee members, Senior Management, H&S Administrator and others with H&S responsibilities.
System Administration / Dissemination	Is the Management System maintained, reviewed and implemented across the organisation and personnel?	Review dates.

B2. RISK ASSESSMENT				
		Y	N	ACTION
		Tick as required		
General	Do you have one?			Provide latest copy (to include name of competent assessor, date assessment completed and review date).
Fire	Do you have one?			Provide latest copy (to include name of competent assessor, date assessment completed and review date).
Display Screens	Do you have one?			Provide latest copy (to include name of competent assessor, date assessment completed and review date).
Manual Handling	Do you have one?			Provide latest copy (to include name of competent assessor, date assessment completed and review date).
Hazardous Substances	Do you have one?			Provide copies/CoSHH Manual.
New / Expectant Mothers	Do you have one?			Provide latest copy (to include name of competent assessor, date assessment completed and review date).
Young Persons	Do you have one?			Provide latest copy (to include name of competent assessor, date assessment completed and review date).
Work at Height	Do you have one?			Provide latest copy (to include name of competent assessor, date assessment completed and review date).
Occupational Driving	Do you have one?			Provide latest copy (to include name of competent assessor, date assessment completed and review date).
Other Risk Assessments (Please Specify)	Do you have any?			Provide latest copy (to include name of competent assessor, date assessment completed and review date).

Notes:

1. Have Risk Assessments (RA) been seen by members of staff to whom they relate?
2. Is there a record of staff involvement in development of RA?
3. Is there a record of staff feedback to RA?

B3. SAFETY RELATED FACILITIES MANAGEMENT		
ASPECT	STANDARD	ACTION
Asbestos	Is there an Asbestos Management Plan for the premises and/or housing stock?	Provide supporting documentation for premises and/or housing stock.
Legionella	Has an assessment of the risks associated with Legionella been carried out? Is appropriate monitoring carried out and recorded?	Provide supporting documentation for Risk Assessment and monitoring.
Gas	Is the gas installation subject to 12 monthly inspections by a CORGI registered contractor?	Provide latest annual inspection certificate.
Electrical	Is an effective inspection and testing regime in place for portable appliances and fixed installation?	Provide records of inspection and testing for both fixed and portable appliances.
Fire	Is there an effective fire management system, including escape plans, regular drills, testing and inspection, equipment, signage and staff training?	Provide supporting documentation to include management plan, escape plans, drills, testing and inspection, equipment, signage and staff training.
Lifts / Stair lifts	Are lifts / stair lifts subject to appropriate inspection and maintenance?	Provide maintenance and inspection records.

B4. INFORMATION, INSTRUCTION AND TRAINING		
ASPECT	STANDARD	ACTION
Induction	Are all staff provided with H&S awareness training and adequate information on the H&S Management System?	Provide copy of induction programme and relevant training records.
Information to employees	Are adequate provisions made to make all staff aware of the H&S arrangements and the HSE Law poster?	Notice boards, training, briefings etc.
Training Needs Analysis	Are there adequate means to identify training needs of staff and to provide, review and refresh the training?	Formalised staff feedback, H&S committee meeting minutes, training diary, long-term training plan etc.
Training records	Are training records properly maintained?	Provide access to all training records.
Signage	Is appropriate safety signage in place throughout the premises?	Fire, first aid, escape etc.

B5. PERSONAL SAFETY		
ASPECT	STANDARD	ACTION
Violence And Aggression	Are there adequate procedures and training for protecting staff against the risk of violence within and outwith the office?	Provide copy of procedures.
Lone Working	Have the risks associated with lone working been assessed and effective procedures implemented to control the risks and monitor staff safety?	Provide copy of Risk Assessment and procedures to control and monitor staff safety.
Accidents And First-Aid	Are there appropriate resources, training, equipment and procedures in place for dealing incidents within and outwith the office?	Provide access to first aid resources, copies of first aid qualifications, training records and procedures.
Post-Incident Support	Are procedures in place to investigate and deal with accidents and incidents?	Provide supporting documentation.
Blood, Body Fluids And Sharps	Are effective arrangements, personnel, training and equipment available for dealing with spills and sharps?	Provide supporting documentation.
Occupational Health	Is an effective Occupational Health strategy in place?	Provide supporting documentation.
Stress	Are measures in place to control stress amongst staff and to manage incidences, which occur?	Provide supporting documentation.

Notes:

1. What methods for raising the alarm in event of violence or aggression have been provided?
2. What methods of communication are provided open to staff?
3. How is movement outwith the office for staff safety monitored/controlled?

Fire Safety Log Book

Fire Safety Log Book – Contents

Premises details and useful contact numbers	1
Visits by Enforcement Officer - Records	2
Fire Extinguishers – Record of Inspection	3
Fire Instructions and Drills – Records	4
Fire Alarm/Smoke Detectors Test and Inspection – Records	5
Emergency Lighting – Record of Routine Tests	6
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Fire Hoses – Record of Tests	8
Fire Risk Assessment – Records	9
Incident Log	10
Means of Escape	11
Portable Fire Extinguishers	
○ Routine inspection by the user	
○ Annual inspection, service and maintenance	
○ Intervals of Discharge	
○ Fire Instructions for Staff and Guests	12
Electrical Installations	13
Heating	
Smoking	
Rubbish	
Dangerous goods	
Arson	
Smoke Detectors	14
Fire Drills	

Address of Premises:

Location of Log Book:

Useful Telephone Numbers

Local fire and rescue service	
Fire Panel Call Centre	
Fire extinguisher maintenance	
Smoke detector maintenance	
Emergency lighting maintenance	
Building maintenance	

VISITS BY FIRE AND RESCUE OFFICER – RECORDS

[illegible]

FIRE EXTINGUISHERS – RECORD OF INSPECTION

[illegible]

FIRE SAFETY TRAINING AND DRILLS – RECORDS

[illegible]

FIRE ALARM/SMOKE DETECTORS TEST AND INSPECTION – RECORDS

[illegible]

EMERGENCY LIGHTING – RECORD OF ROUTINE TESTS¹

Date	Satisfactory Yes/No	Fault Specify	Remedial Action Taken	Fault Cleared	Signature

¹ For further information, see the following British Standards Institution (BSI) publications:
BS EN 60598: Part 2.22 ISBN 0 580 32166 5 and BS 5266: Part 1: 1988 ISBN 0 580 16279 6

EMERGENCY LIGHTING – RECORD OF FORMAL INSPECTIONS AND TESTS²

[illegible]

² For further information, see the following British Standards Institution (BSI) publications:
BS EN 60598: Part 2.22 ISBN 0 580 32166 5 and BS 5266: Part 1: 1988 ISBN 0 580 16279 6

FIRE HOSES – RECORD OF TESTS

[illegible]

FIRE RISK ASSESSMENT – RECORDS

[illegible]

INCIDENT LOG

[illegible]

Means of Escape

- Fire doors are provided to prevent the spread of smoke and heat. Keep them shut when not in use and never prop them open or remove self-closing devices.
- Keep corridors and stairways clear of storage and waste material.
- Ensure that final exit doors can be readily opened from the inside without the use of a key.
- Keep areas outside of final exit doors clear of obstruction at all times.

Portable Fire Extinguishers

These are intended for fires in the early stages. Ensure that all staff know where the extinguishers are sited and how to operate them safely. Always ensure that they are inspected and maintained regularly.

1. Routine inspection by the user

It is recommended that monthly inspections of portable fire extinguishers is carried out to ensure that they are in their proper position and have not been discharged, or have lost pressure (those fitted with pressure indicator), or suffered obvious damage.

Any extinguisher not available for use should be replaced.

Details of each monthly inspection must be given in the relevant section of this log book.

2. Annual inspection, service and maintenance by a competent person

No guidance is given as this should be done preferably by a representative of the manufacturer, or at least by a competent person following the manufacturer's recommended procedures and using the tools, etc specified therein.

3. Intervals of Discharge

It is recommended that the intervals of discharge are determined by a representative of the manufacturer, or at least by a competent person following the manufacturer's recommended procedures and using the tools, etc specified therein.

Fire Instructions for Staff and Guests

Ensure that all staff are aware of their responsibilities in the event of an emergency.

Fire training should be given at regular intervals:

- First Month Of Employment: Two instruction periods
- Staff on Night Duties: Three monthly
- Staff on Day Duties: Six Monthly

Ensure that they:

- Know how to raise the alarm.
- Know how to call the fire brigade.
- Know when not to tackle a fire.
- Know how to use a fire extinguisher correctly and safely.
- Know the correct evacuation procedures for the premises.
- Know where the assembly points are.
- Are aware of the contents of the Fire Risk Assessment.
- Are aware that when leaving the building, try to do everything possible to reduce draughts which may fan the fire. If possible close all windows and doors.
- Know who is the responsible person designated to meet the fire appliance when it arrives.
- **DO NOT re-enter the building for any reason.**

Awareness Of Common Fire Causes

Guests

Ensure that all guests/visitors to the premises are aware of the actions to take in the event of an emergency.

Electrical installations

- The misuse of electricity is a major cause of fire and is a source of heat.
- Faults should be repaired immediately by a competent electrician.
- Switch off appliances after use.
- Old wiring should be regularly checked and renewed if necessary.
- You may need another ring circuit to cope with the increasing number of electrical appliances you want to use.
- Ensure that you always use the correct fuse.

Heating

Keep portable heating appliances away from furniture and any combustible materials.

Smoking

Smoking is prohibited on the premises.

Rubbish

Remove rubbish out of the premises and into wheelie bins as quickly and as often as possible.

Dangerous Goods

- All aerosols are either flammable or explosive.
- Keep them all well away from any source of heat.
- The careful use and storage of any flammable liquid or aerosol is essential to maintain a safe working environment.

Arson

Help to protect the premises from an arsonist by locking away any flammable liquids or gases. Effectively secure the premises at the end of the day.

Smoke Detectors

Regularly inspect smoke detectors for damage, unusual accumulations of dirt, heavy coats of paint and other conditions likely to interfere with the correct operation of the detector.

All smoke detectors should be checked at regular intervals for correct operation and sensitivity in accordance with manufacturer's instructions. Good practice would be to formally inspect the smoke detectors at the same time as portable fire extinguishers, and test them weekly to ensure correct operation.

Fire Drills

At the intervals shown below, drills should be conducted to simulate fire conditions i.e. one escape route obstructed, no advance warning given other than to specify staff for the purposes of safety, the fire alarm (if available) should be operated on instructions of management.

Do NOT call the fire Brigade for the purposes of a drill, it is an offence.

Frequency:

- **Six Monthly:** For offices, residential premises, places of public entertainment, large shops and department stores.
 - **Annually:** For industrial and commercial premises.
-

Appendix 03 - Safety Inspection Checklist and Report Form

Location/Department/Area		Date	
Inspection Team			
Date of next Inspection			

Checklist for Workplace Audits (Walk-through inspection)	Yes	No
Are there any slip, trip or fall hazards such as frayed carpets/trailing leads/wet floors or unprotected changes of floor level?		
Does the premises have a current Fire Risk Assessment?		
Are fire extinguishers visible and accessible?		
Does the emergency lighting work?		
Have fire extinguishers been checked? (note last inspection date)		
Are appropriate fire or smoke detectors in place, relevant to type of fire and circumstances?		
Are all fire doors closed or only kept open on automatic systems?		
Are the names and locations of fire marshals and first aiders displayed and known to staff?		
Are there sufficient numbers of first aid boxes?		
Do first aid boxes contain the correct contents?		
Is there a schedule for regularly checking content of first aid boxes?		
Is the HSE official poster 'Health and Safety Law – <i>What you need to know</i> ' displayed? (ISBN 97807 1766 3149)		
Is the Employers' Liability Insurance certificate displayed or available online?		
Are eating facilities clean and adequate for number of staff present?		
Are toilet facilities clean and adequate for number of staff present?		
Are washing facilities clean and adequate for number of staff present?		
Are changing facilities clean and adequate for number of staff present?		
Is the general working environment clean?		
Is the general working environment at an appropriate temperature?		
Is the general working environment adequately lit?		
Is the general working environment adequately ventilated?		
Is the working environment free from excessive noise and vibration?		
Are substances hazardous to health stored and used in accordance with current COSHH assessments?		
Are stores safely stacked?		
Are pedestrian and vehicle routes free from obstruction?		
Are floors even and well maintained?		

Are there effective procedures to deal with spillages?		
Is waste stored appropriately and not allowed to accumulate?		
Are checks and proper testing being carried out on electrical appliances?		
Are company vehicles subject to routine (daily/weekly) inspections?		
Are company vehicles regularly serviced by a competent organisation?		
Are employees wearing the correct personal protective clothing/equipment?		
Are the correct manual handling techniques actually in use?		
Are the workstations of DSE users correctly laid out?		

General Comments

Inspection Team Signatures

Name	Signature	Date

The list is not exhaustive and should be tailored over time to better suit the premises being inspected.

Appendix 04 – Near Miss Report Form

[illegible]

Appendix 05 – Accident Book

Front Cover



Health and Safety
Executive

Accident book

Keep this book where people can easily get to it.
Do not dispose of the covers after use.




BI 510




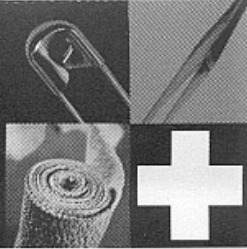
BOOK NUMBER
(See instructions on page 3)

Specimen Accident Record Form

Note: This page should not be copied to record details of accidents etc. – only use the actual pages in the Accident Book

 Report Number

 Report Number

ACCIDENT RECORD 

1 About the person who had the accident

Name

Address

Postcode

Occupation

2 About you, the person filling in this record

▼ If you did not have the accident write your address and occupation.

Name

Address

Postcode

Occupation

3 About the accident *Continue on the back of this form if you need to*

▼ Say when it happened. Date / / Time

▼ Say where it happened. State which room or place.

▼ Say how the accident happened. Give the cause if you can.

▼ If the person who had the accident suffered an injury, say what it was.

▼ Please sign the record and date it.

Signature

Date / /

4 For the employer only

▼ Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

How was it reported?

Date reported / / Signature

Appendix 06 - Accident/Incident Report Form

To be completed by the person reporting the incident and sent to the Chief Executive

Date of Incident		Time of Incident	
Particulars of person reporting Incident			
Full Name		Age	
Occupation		Department	
Home Address			
Nature of Incident (including place / cause / circumstances)			
What did you do immediately after the incident?			
Signature of person reporting incident			
Witness Name		Department	
Witness Name		Department	
Witness Name		Department	
Actions Taken (to be completed by the Chief Executive)			
Signature		Date	

Appendix 07 – Accident Report – (RIDDOR Example)

Appendix 2 The report forms



Health and Safety at Work etc Act 1974
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

Report of an injury or dangerous occurrence

Filling in this form

This form must be filled in by an employer or other responsible person.

Part A

About you

- 1 What is your full name?

- 2 What is your job title?

- 3 What is your telephone number?

About your organisation

- 4 What is the name of your organisation?

- 5 What is its address and postcode?

- 6 What type of work does the organisation do?

Part B

About the incident

- 1 On what date did the incident happen?

- 2 At what time did the incident happen?
(Please use the 24-hour clock eg 0600)

- 3 Did the incident happen at the above address?

Yes ☐ Go to question 4

No ☐ Where did the incident happen?

- ☐ elsewhere in your organisation – give the name, address and postcode
☐ at someone else's premises – give the name, address and postcode
☐ in a public place – give details of where it happened

If you do not know the postcode, what is the name of the local authority?

- 4 In which department, or where on the premises, did the incident happen?

FS2006 (01/06/01)

Part C

About the injured person

If you are reporting a dangerous occurrence, go to Part F.

If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person.

- 1 What is their full name?

- 2 What is their home address and postcode?

- 3 What is their home phone number?

- 4 How old are they?

- 5 Are they

- ☐ male?
☐ female?

- 6 What is their job title?

- 7 Was the injured person (tick only one box)

- ☐ one of your employees?
☐ on a training scheme? Give details:

- ☐ on work experience?

- ☐ employed by someone else? Give details of the employer:

- ☐ self-employed and at work?

- ☐ a member of the public?

Part D

About the injury

- 1 What was the injury? (eg fracture, laceration)

- 2 What part of the body was injured?

Continued overleaf

3 Was the injury (tick the one box that applies)

- ☐ a fatality?
- ☐ a major injury or condition? (see accompanying notes)
- ☐ an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?
- ☐ an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

4 Did the injured person (tick all the boxes that apply)

- ☐ become unconscious?
- ☐ need resuscitation?
- ☐ remain in hospital for more than 24 hours?
- ☐ none of the above.

Part E

About the kind of accident

Please tick the one box that best describes what happened, then go to Part G.

- ☐ Contact with moving machinery or material being machined
- ☐ Hit by a moving, flying or falling object
- ☐ Hit by a moving vehicle
- ☐ Hit something fixed or stationary
- ☐ Injured while handling, lifting or carrying
- ☐ Slipped, tripped or fell on the same level
- ☐ Fell from a height
How high was the fall?
 metres
- ☐ Trapped by something collapsing
- ☐ Drowned or asphyxiated
- ☐ Exposed to, or in contact with, a harmful substance
- ☐ Exposed to fire
- ☐ Exposed to an explosion
- ☐ Contact with electricity or an electrical discharge
- ☐ Injured by an animal
- ☐ Physically assaulted by a person
- ☐ Another kind of accident (describe it in Part G)

Part F

Dangerous occurrences

Enter the number of the dangerous occurrence you are reporting. (The numbers are given in the Regulations and in the notes which accompany this form.)

Part G

Describing what happened

Give as much detail as you can. For instance

- the name of any substance involved
- the name and type of any machine involved
- the events that led to the incident
- the part played by any people.

If it was a personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent a similar incident. Use a separate piece of paper if you need to.

Part H

Your signature

Signature

Date

Where to send the form

Please send it to the Enforcing Authority for the place where it happened. If you do not know the Enforcing Authority, send it to the nearest HSE office.

For official use

Client number

Location number

Event number

☐ INV ☐ REP ☐ Y ☐ N



Health and Safety at Work etc Act 1974
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

Report of a case of disease

Filling in this form

This form must be filled in by an employer or other responsible person.

Part A

About you

- 1 What is your full name?

- 2 What is your job title?

- 3 What is your telephone number?

About your organisation

- 4 What is the name of your organisation?

- 5 What is its address and postcode?

- 6 Does the affected person usually work at this address?

Yes ☐ Go to question 7

No ☐ Where do they normally work?

- 7 What type of work does the organisation do?

Part B

About the affected person

- 1 What is their full name?

- 2 What is their date of birth?

- 3 What is their job title?

- 4 Are they

☐ male?

☐ female?

- 5 Is the affected person (tick one box)

☐ one of your employees?

☐ on a training scheme? Give details:

☐ on work experience?

☐ employed by someone else? Give details:

☐ other? Give details:

Part C

The disease you are reporting

1 Please give:

- the name of the disease, and the type of work it is associated with; or
- the name and number of the disease (from Schedule 3 of the Regulations – see the accompanying notes).

2 What is the date of the statement of the doctor who first diagnosed or confirmed the disease?

/ /

3 What is the name and address of the doctor?

Part D

Describing the work that led to the disease

Please describe any work done by the affected person which might have led to them getting the disease.

If the disease is thought to have been caused by exposure to an agent at work (eg a specific chemical) please say what that agent is.

Give any other information which is relevant.

Give your description here

Continue your description here

Part E

Your signature

Signature

Date

/ /

Where to send the form

Please send it to the Enforcing Authority for the place where the affected person works. If you do not know the Enforcing Authority, send it to the nearest HSE office.

For official use

Client number

Location number

Event number

☐ INV ☐ REP ☐ Y ☐ N

Appendix 08 – Personal Safety

Guidance Notes for Staff

Staff occasionally find themselves in situations which are potentially or actually violent. While only a small minority of staff will encounter violence, all staff need to be aware of the risks and be prepared to cope with such incidents.

This guidance note outlines some simple routines to reduce the risks of attack both inside and outside of the office. If you require clarification and further advice ask your Section Head.

Inside the Office

1. The layout and design of offices and reception areas can influence the risks of violence. If you consider that they create potential dangers, inform your Section Head about your concerns so that they can take appropriate action.
2. Reception areas and interview rooms should be kept as tidy as possible - ensure that there is nothing an interviewee can grab as a weapon.
3. Assume that all interviews may be demanding and be prepared for any eventuality. However, don't create "invisible barriers" which may encourage anger.
4. Do not speak down to the interviewee - try to place yourself in their predicament and have empathy. Do not be patronising.
5. If the conversation during an interview is becoming heated, try to diffuse the situation. Try to be one step ahead and if there is no way forward, then terminate the interview and leave.
6. Remember that staff often have to say "no" and it is important to be able to gauge the person's reaction and be able to cope with their frustrations if necessary.
7. Do not carry out interviews of a private nature in public.
8. Be aware of the office security system. Make sure a panic button can be reached and activated in any situation.
9. Ensure that there is always a member of staff who can be summoned in an emergency - never be completely alone.
10. Always know the escape route.

Responding to an Incident

If an incident occurs or an alarm is activated, please use the following procedure :-

1. A Section Head or the Director should take charge of the situation as appropriate.
2. Direct aid should be given to any victim by the First-aid Officer.
3. Liaison with any external bodies contacted (e.g. Police) should be co-ordinated by the member of staff in charge.
4. If appropriate the offices should be closed to members of the public and all staff in the building advised of the situation.

Outside the Office

1. Be prepared, Obtain as much information as possible before a visit about an interviewees background.
2. Visit in pairs if there is a known history of violent behaviour, Section Heads will identify when this is required.
3. If a potential danger is anticipated, where possible conduct the interview at the office.
4. Ensure reception staff know where you are at all times. If you are working outside the office outwith normal hours, ensure that your Section Head knows where you are.
5. Be accompanied by another member of staff if you are taking anyone by car.
6. Do not be unnecessarily late for an appointment. If this is unavoidable try to make contact with the person beforehand.
7. If you are inspecting a property, or making a home visit, remember you are a guest and do not have a superior manner or be over sympathetic; the correct balance needs to be achieved.
8. If you feel uncomfortable, do not go into a particular home.
9. Always enter a room after the tenant/applicant.
10. When in a room/ensure that the way to the exit is clear.
11. Do not sit with your back to the only door.
12. Do not inspect a room if you sense that there may be someone else in the room who presents a threat.
13. Remember that, legally, the use of "reasonable" force is acceptable to repel violence - reasonable means the amount of force that is sufficient to stop the attack or prevent

oneself being injured.

14. Be aware of the procedures for reporting incidents, including threatening behaviour, and be sure to follow them.
15. If there are other measures which you feel could improve safety, discuss them with your Section Head.

Post Incident

1. If an incident occurs report it immediately to your Section Head who will ensure that the incident is recorded and appropriate action is taken. If someone has suffered physical injuries, medical advice should be sought.
 2. Following either actual or threatened violence, seek support from other members of staff.
 3. If legal or other advice is required, speak to your Section Head and/or trade union representative.
-

Appendix 09 – Example Lone Working Policy

1 Policy Statement

1.1 Parkhead Housing Association takes extremely seriously the health, safety and welfare of all its staff. It recognises that some staff are required to work by themselves for significant periods of time without close or direct supervision in the community or in isolated work areas. The purpose of this policy is to enable Parkhead Housing Association to meet its obligation to protect such staff so far as is reasonably practicable from the risks of lone working.

1.2 This policy and its procedures have been developed and agreed through the local Partnership Forum.

2 Scope

2.1 This policy applies to all staff including temporary and agency staff, contractors, volunteers, students and those on work experience. It forms an integral part of Parkhead Housing Association's Health and Safety policy and applies along with specific local guidance on lone working. The policy applies to all situations involving lone working arising in connection with the duties and activities of our staff.

3 Definition of Lone Workers

3.1 Parkhead Housing Association defines lone workers as:
'staff whose working activities involve in situations where they are without any kind of close or direct supervision.'

4 Policy Aims

4.1 This policy aims to:

- increase staff awareness of safety issues relating to lone working;
- make sure that the risk of working alone is assessed in a systematic and ongoing way, and that safe systems and methods of work are put in place to reduce the risk so far as is reasonably practicable;
- make sure that appropriate training is available to staff in all areas, that equips them to recognise risk and provides practical advice on safety when working alone;
- make sure that appropriate support is available to staff who have to work alone;
- encourage full reporting and recording of all adverse incidents relating to lone working;
- reduce the number of incidents and injuries to staff related to lone working.

5 Responsibilities

5.1 Lone working environments present a unique health and safety problem. Although there is no specific legal guidance on working alone, under the *Health and Safety at Work etc. Act 1974*, and the *Management of Health and Safety Regulations 1999, as amended*, the Parkhead Housing Association must organise and control the health and

safety of lone workers.

5.2 The Chief Executive is responsible for:

- making sure that there are arrangements for identifying, evaluating and managing risk associated with lone working;
- providing resources for putting the policy into practice; and
- making sure that there are arrangements for monitoring incidents linked to lone working and that the Board regularly reviews the effectiveness of the policy.

5.3 Heads of Departments are responsible for:

- making sure that all staff are aware of the policy;
- making sure that risk assessments are carried out and reviewed regularly;
- putting procedures and safe systems of work into practice which are designed to eliminate or reduce the risks associated with working alone;
- making sure that staff groups and individuals identified as being at risk are given appropriate information, instruction and training, including training at induction, updates and refresher training as necessary;
- making sure that appropriate support is given to staff involved in any incident; and
- managing the effectiveness of preventative measures through an effective system of reporting, investigating and recording incidents.

5.3 All staff are responsible for:

- taking reasonable care of themselves and other people who may be affected by their actions;
- co-operating by following rules and procedures designed for safe working;
- reporting all incidents that may affect the health and safety of themselves or others and asking for guidance as appropriate.
- taking part in training designed to meet the requirements of the policy; and
- reporting any dangers they identify or any concerns they might have in respect of working alone.

6 Assessing risk

6.1 Lone workers should not face any more risks than other staff within the organisation. Setting up safe working arrangements for lone workers is no different to organising the safety of other staff, so the Parkhead Housing Association must all follow the general principles of risk assessment. If a risk assessment shows that it is not possible for the work to be done safely by a lone worker, other arrangements must be put in place. Risk assessment should take account of both normal work and foreseeable emergencies such as fire, illness and accidents. The risk assessment process is summarised below, separated into five distinct stages and action points to support effective assessment of the risks involved in lone working.

	Process	Action point
--	----------------	---------------------

1	Identifying lone workers	Establish and identify lone workers for each work area.
2	Identifying associated hazards	Isolate the range of dangers associated with whole work areas of work and/or work processes. Review a generic risk assessment to make sure you have included these issues.
3	Assessing the degree of risk for generic or individual situations	Review the generic risk assessments and complete individual or local risk assessments if necessary. Then prioritise the level of associated risk.
4	Putting control measures in place, and developing safe systems of work	Assess how effective the existing control measures are and update them if appropriate. Develop local procedures or action plans if necessary.
5	Evaluating and review	Evaluate and record how effective the control measures are. Review when the assessments or controls are no longer required.

6.2 Risk assessments must be carried out in all areas of work where working alone poses an actual or potential risk to staff. The risk assessment will involve identifying all potential dangers and the risks associated with specific work tasks or activities. It should identify who will be affected and how, and the control measures which are needed to get rid of or reduce the risk to the lowest level reasonably possible. Risk assessment should be carried out by competent people and should be recorded and shared with relevant others. Factors to consider when carrying out the risk assessment include the following:

- Does the workplace present a special risk to the lone worker?
- Can the risks of the job be adequately controlled by one person?
- Is the person medically fit and suitable to work alone?
- What training is needed to make sure the staff member is competent in safety matters?
- Have staff received the training which is necessary to allow them to work alone?
- How will the person be supervised?
- Is there a risk of violence?
- Are people of a particular gender especially at risk if they work alone?
- Are new or inexperienced staff especially at risk if they work alone?
- Are younger workers especially at risk if they work alone?
- What happens if a person becomes ill, has an accident, or if there is an emergency?
- Are there systems in place for contacting and tracing those who work alone?

6.3 Details of the risk assessment should be recorded and should include:

- the extent and nature of the risks;
- factors that contribute to the risk including job content and specific tasks and activities; and
- the safe systems of work to be followed to eliminate or reduce the risk.

Information from the risk assessment should be passed to staff. Risk assessments should be

reviewed and updated each year (or sooner should circumstances change).

7 Managing Risk

7.1 The risk which lone workers face should be reduced to the lowest level that is reasonably practicable. Using safe systems of work depends largely on local circumstances, and local procedures or protocols should be in place that provide specific guidance for staff in relation to lone working and the associated risk reduction. Issues to consider in developing safe systems of work include:

- joint working with others for high-risk activities;
- improvements to security arrangements in buildings;
- security lighting in parking areas;
- using checking-in and monitoring systems;
- communication systems for sharing information on risk with colleagues in other disciplines and agencies; and
- using personal protective equipment or mobile phones and personal alarms.

7.2 Each type of lone-working situation will need to be assessed and, where necessary, take account of local circumstances. Arrangements for managing risk should include:

- guidance for lone workers on assessing risk;
- details of when to stop and get advice; and
- the procedures to be followed in the event of an incident or emergency. All staff must be familiar with these local protocols and procedures.

There may also need to be detailed guidance to tackle specific areas of risk such as:

- lone workers travelling alone on work-related business;
- domiciliary and home visits;
- working outwith normal office hours; and
- fumigation work and working with dangerous substances.

8 Staff Training

8.1 Parkhead Housing Association will provide training where required to allow lone working. The training will be based on the needs identified in the risk assessment.

9 Reporting and Recording

9.1 Staff should report all incidents (including near misses) to their line manager at the earliest opportunity. These should be reported on an incident form and the line manager should investigate all reports. In order to monitor the implementation and effectiveness of this policy and associated local protocols, local statistics and incident reports should be reviewed regularly.

10 Monitoring and Reviewing

10.1 The Parkhead Housing Association will monitor and review this policy to make sure that the aims are being achieved. This will be done with Trade Unions / Professional Organisations and safety representatives, where applicable. The review processes will include:

- collecting and monitoring all reported incidents by the Health and Safety Administrator;
- reporting, to the Health and Safety Committee at each meeting, incident statistics and safety improvement measures which have been introduced, the outcomes of risk assessment and details of training provided; and
- reporting to the Board annually on progress in reducing risk and incidents and making recommendations for the forthcoming year.

Appendix 10 – COSHH – Request Letter for Hazard Information from Suppliers

Name and Address of Supplier

Date

Dear Sirs,

Request for information pertaining to hazards of substances to be used at work

Substance:

Catalogue / Ref. no:

Process:

Please supply a copy of the relevant 16 point Material Safety Data Sheet (MSDS) for the above substance, as required by the *Chemicals (Hazard Information and Packaging for Supply) Regulations 1994*, as amended. This should indicate the chemical constituents, hazardous substances present, occupational exposure limits, health effects, suitable control measures, emergency procedures etc.

Please also supply any additional information which would support our assessment of the health risks associated with exposure to this material, including:

1. Details of any known synergistic reactions with other substances
2. Recommended precautions for handling and storage
3. Results of any relevant tests (e.g. flammability, explosibility, toxicity)
4. Information on typical levels of exposure while using this substance

In addition to this information, we would request that you advise us of any new health and safety information on this substance as soon as reasonably practicable.

Yours faithfully,

Chief Executive

This format can also be used in an e-mail to the manufacturer

Appendix 11 – VDU Workstation Set-Up and Checklist

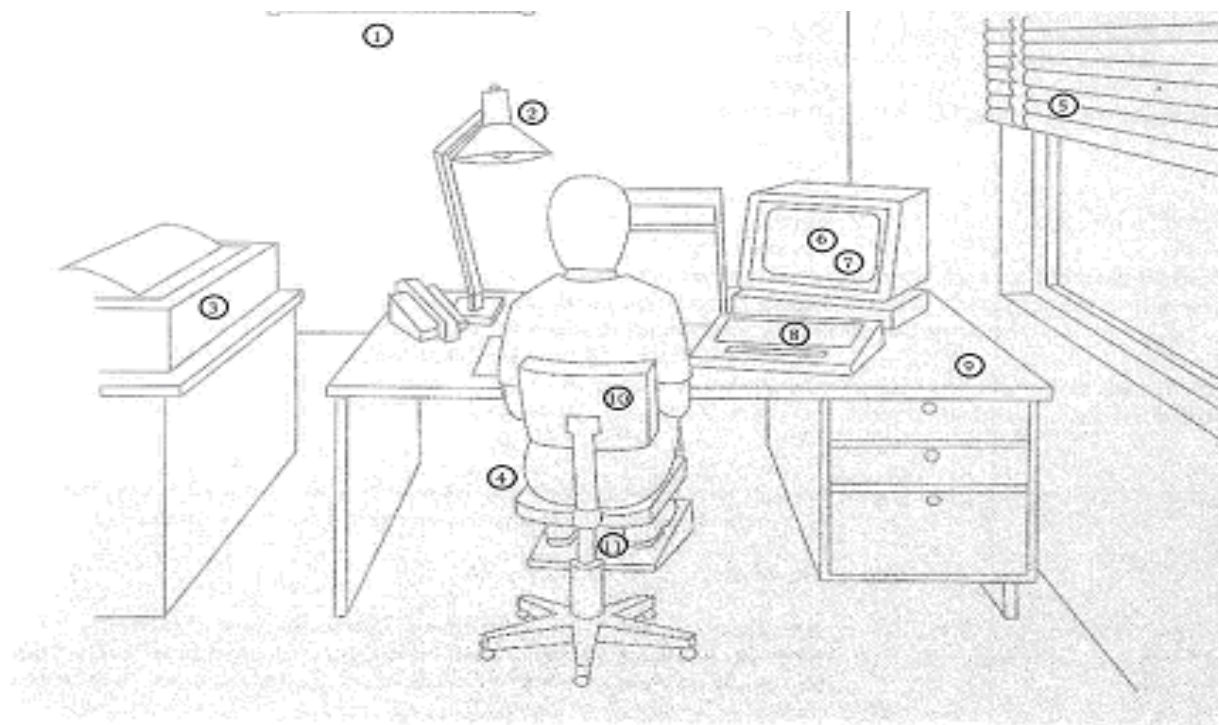


FIGURE 1

SUBJECTS DEALT WITH IN THE SCHEDULE

- ① ADEQUATE LIGHTING
- ② ADEQUATE CONTRAST, NO GLARE OR DISTRACTING REFLECTIONS
- ③ DISTRACTING NOISE MINIMISED
- ④ LEG ROOM AND CLEARANCES TO ALLOW POSTURAL CHANGES
- ⑤ WINDOW COVERING
- ⑥ SOFTWARE: APPROPRIATE TO TASK, ADAPTED TO USER, PROVIDES FEEDBACK ON SYSTEM STATUS, NO UNDISCLOSED MONITORING
- ⑦ SCREEN: STABLE IMAGE, ADJUSTABLE, READABLE, GLARE/REFLECTION FREE
- ⑧ KEYBOARD: USABLE, ADJUSTABLE, DETACHABLE, LEGIBLE
- ⑨ WORK SURFACE: ALLOW FLEXIBLE ARRANGEMENTS, SPACIOUS, GLARE FREE
- ⑩ WORK CHAIR: ADJUSTABLE
- ⑪ FOOTREST

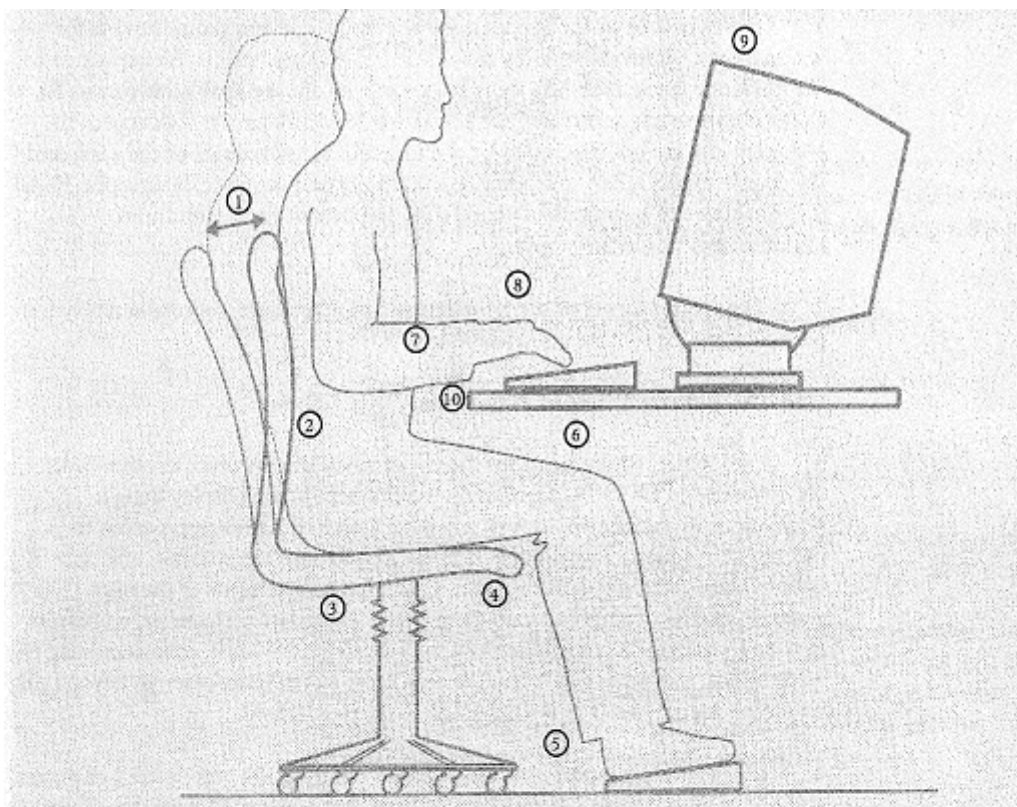


FIGURE 2

SEATING AND POSTURE FOR TYPICAL OFFICE TASKS

- ① SEAT BACK ADJUSTABILITY
- ② GOOD LUMBAR SUPPORT
- ③ SEAT HEIGHT ADJUSTABILITY
- ④ NO EXCESS PRESSURE ON UNDERSIDE OF THIGHS AND BACKS OF KNEES
- ⑤ FOOT SUPPORT IF NEEDED
- ⑥ SPACE FOR POSTURAL CHANGE, NO OBSTACLES UNDER DESK
- ⑦ FOREARMS APPROXIMATELY HORIZONTAL
- ⑧ MINIMAL EXTENSION, FLEXION OR DEVIATION OF WRISTS
- ⑨ SCREEN HEIGHT AND ANGLE SHOULD ALLOW COMFORTABLE HEAD POSITION
- ⑩ SPACE IN FRONT OF KEYBOARD TO SUPPORT HANDS/WRISTS DURING PAUSES IN KEYING

Appendix 5

VDU WORKSTATION CHECKLIST

Workstation location and number (if applicable):

User:

Checklist completed by:

Assessment checked by:

Date of assessment:

Any further action needed? YES/NO

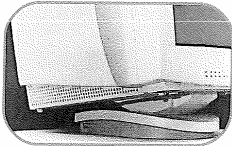

Follow-up action completed on:

This checklist can be used as an aid to risk assessment and to help comply with the Schedule to the Health and Safety (Display Screen Equipment) Regulations.

Work through the checklist, ticking either the 'yes' or 'no' column against each risk factor:

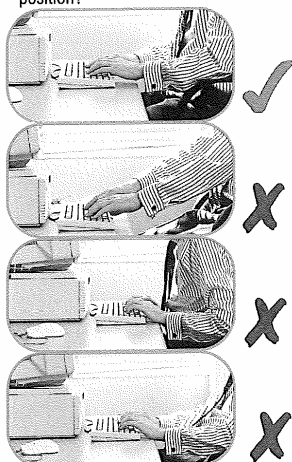
- 'Yes' answers require no further action.
- 'No' answers will require investigation and/or remedial action by the workstation assessor. They should record their decisions in the 'Action to take' column. Assessors should check later that actions have been taken and have resolved the problem.

Remember the checklist only covers the workstation and work environment. You also need to make sure that risks from other aspects of the work are avoided, for example by giving users health and safety training, and providing for breaks or changes of activity. Advice on these is given in the main text of the guidance.

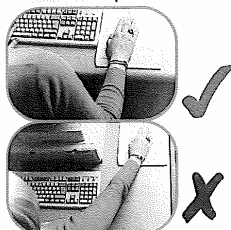
RISK FACTORS	Tick answer		THINGS TO CONSIDER	ACTION TO TAKE
	YES	NO		
1 Display screens				
Are the characters clear and readable? <div><div>Health and safety</div><div>Health and safety</div></div>			Make sure the screen is clean and cleaning materials are made available. Check that text and background colours work well together.	
Is the text size comfortable to read?			Software settings may need adjusting to change text size.	
Is the image stable, ie free of flicker and jitter?			Try using different screen colours to reduce flicker, eg darker background and lighter text. If problems still exist, get the set-up checked, eg by the equipment supplier.	
Is the screen's specification suitable for its intended use?			For example, intensive graphic work or work requiring fine attention to small details may require large display screens.	
Are the brightness and/or contrast adjustable?			Separate adjustment controls are not essential, provided the user can read the screen easily at all times.	
Does the screen swivel and tilt? 			Swivel and tilt need not be built in; you can add a swivel and tilt mechanism. However, you may need to replace the screen if: <ul style="list-style-type: none">● swivel/tilt is absent or unsatisfactory;● work is intensive; and/or● the user has problems getting the screen to a comfortable position.	
Is the screen free from glare and reflections? 			Use a mirror placed in front of the screen to check where reflections are coming from. You might need to move the screen or even the desk and/or shield the screen from the source of reflections. Screens that use dark characters on a light background are less prone to glare and reflections.	
Are adjustable window coverings provided and in adequate condition?			Check that blinds work. Blinds with vertical slats can be more suitable than horizontal ones. If these measures do not work, consider anti-glare screen filters as a last resort and seek specialist help.	

RISK FACTORS	Tick answer		THINGS TO CONSIDER	ACTION TO TAKE
	YES	NO		

2 Keyboards

Is the keyboard separate from the screen?			This is a requirement, unless the task makes it impracticable (eg where there is a need to use a portable).	
Does the keyboard tilt?			Tilt need not be built in.	
Is it possible to find a comfortable keying position? 			Try pushing the display screen further back to create more room for the keyboard, hands and wrists. Users of thick, raised keyboards may need a wrist rest.	
Does the user have good keyboard technique?			Training can be used to prevent: <ul style="list-style-type: none">● hands bent up at wrist;● hitting the keys too hard;● overstretching the fingers.	
Are the characters on the keys easily readable?			Keyboards should be kept clean. If characters still can't be read, the keyboard may need modifying or replacing. Use a keyboard with a matt finish to reduce glare and/or reflection.	

3 Mouse, trackball etc

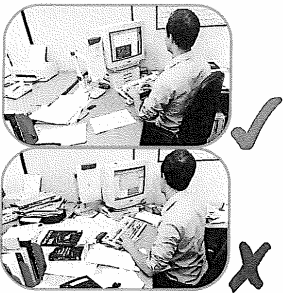
Is the device suitable for the tasks it is used for?			If the user is having problems, try a different device. The mouse and trackball are general-purpose devices suitable for many tasks, and available in a variety of shapes and sizes. Alternative devices such as touchscreens may be better for some tasks (but can be worse for others).	
Is the device positioned close to the user? 			Most devices are best placed as close as possible, eg right beside the keyboard. Training may be needed to: <ul style="list-style-type: none"> ● prevent arm overreaching; ● tell users not to leave their hand on the device when it is not being used; ● encourage a relaxed arm and straight wrist. 	

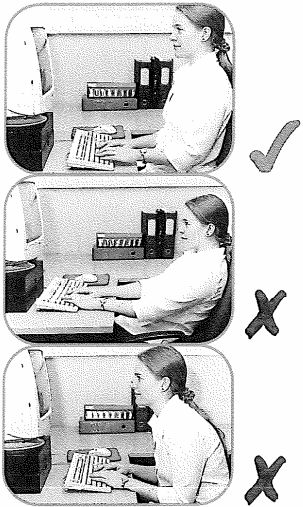
RISK FACTORS	Tick answer		THINGS TO CONSIDER	ACTION TO TAKE
	YES	NO		
Is there support for the device user's wrist and forearm?			Support can be gained from, for example, the desk surface or arm of a chair. If not, a separate supporting device may help. The user should be able to find a comfortable working position with the device.	
Does the device work smoothly at a speed that suits the user?			See if cleaning is required (eg of mouse ball and rollers). Check the work surface is suitable. A mouse mat may be needed.	
Can the user easily adjust software settings for speed and accuracy of pointer?			Users may need training in how to adjust device settings.	


4 Software

Is the software suitable for the task?			Software should help the user carry out the task, minimise stress and be user-friendly. Check users have had appropriate training in using the software. Software should respond quickly and clearly to user input, with adequate feedback, such as clear help messages.	
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5 Furniture

Is the work surface large enough for all the necessary equipment, papers etc? 			Create more room by moving printers, reference materials etc elsewhere. If necessary, consider providing new power and telecoms sockets, so equipment can be moved. There should be some scope for flexible rearrangement.	
Can the user comfortably reach all the equipment and papers they need to use?			Rearrange equipment, papers etc to bring frequently used things within easy reach. A document holder may be needed, positioned to minimise uncomfortable head and eye movements.	
Are surfaces free from glare and reflection?			Consider mats or blotters to reduce reflections and glare.	

RISK FACTORS	Tick answer		THINGS TO CONSIDER	ACTION TO TAKE
	YES	NO		
<p>Is the chair suitable?</p> <p>Is the chair stable?</p> <p>Does the chair have a working:</p> <ul style="list-style-type: none"> ● seat back height and tilt adjustment? ● seat height adjustment? ● swivel mechanism? ● castors or glides? 			<p>The chair may need repairing or replacing if the user is uncomfortable, or cannot use the adjustment mechanisms.</p>	
<p>Is the chair adjusted correctly?</p> 			<p>The user should be able to carry out their work sitting comfortably.</p> <p>Consider training the user in how to adopt suitable postures while working.</p> <p>The arms of chairs can stop the user getting close enough to use the equipment comfortably.</p> <p>Move any obstructions from under the desk.</p>	
Is the small of the back supported by the chair's backrest?			The user should have a straight back, supported by the chair, with relaxed shoulders.	
Are forearms horizontal and eyes at roughly the same height as the top of the VDU?			Adjust the chair height to get the user's arms in the right position, then adjust the VDU height, if necessary.	
Are feet flat on the floor, without too much pressure from the seat on the backs of the legs?			If not, a foot rest may be needed.	

RISK FACTORS	Tick answer		THINGS TO CONSIDER	ACTION TO TAKE
	YES	NO		
6 Environment				
Is there enough room to change position and vary movement?			Space is needed to move, stretch and fidget. Consider reorganising the office layout and check for obstructions. Cables should be tidy and not a trip or snag hazard.	
Is the lighting suitable, eg not too bright or too dim to work comfortably? 			Users should be able to control light levels, eg by adjusting window blinds or light switches. Consider shading or repositioning light sources or providing local lighting, eg desk lamps (but make sure lights don't cause glare by reflecting off walls or other surfaces).	
Does the air feel comfortable?			VDUs and other equipment may dry the air. Circulate fresh air if possible. Plants may help. Consider a humidifier if discomfort is severe.	
Are levels of heat comfortable?			Can heating be better controlled? More ventilation or air-conditioning may be required if there is a lot of electronic equipment in the room. Or, can users be moved away from the heat source?	
Are levels of noise comfortable?			Consider moving sources of noise, eg printers, away from the user. If not, consider soundproofing.	

7 Final questions to users...

- Ask if the checklist has covered all the problems they may have working with their VDU.
- Ask if they have experienced any discomfort or other symptoms which they attribute to working with their VDU.
- Ask if the user has been advised of their entitlement to eye and eyesight testing.
- Ask if the user takes regular breaks working away from VDUs.

Write the details of any problems here:

SAMPLE BLANK DSE RISK ASSESSMENT


Note: This Assessment may be used by a Competent Person to assess the risks associated with each User's working practices or by the DSE User as an initial 'Self Assessment', followed by appraisal by a Competent Person where problem areas or uncertainties are observed.

STAGE 1 – ASSESSMENT DETAILS			
name of DSE user		date of self assessment	
location of workstation		desktop or laptop?	
name of external assessor		date of external assessment	

STAGE 2 – DSE ACTIVITIES
Provide a summary of your DSE activities – e.g. type of use, number of hours used each day, length of continuous use, etc.

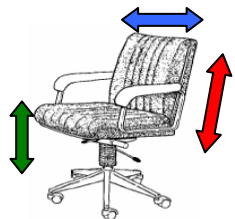
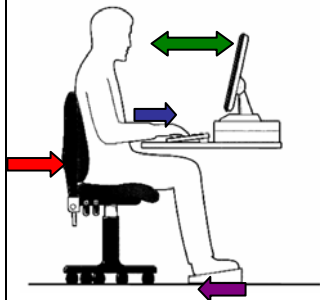
STAGE 3 – PHOTOGRAPHS OF WORKSTATION (at time of ACS Assessment)	

STAGE 4 – ASSESSMENT AND ACTION PLAN

Nº	Question	Self-Assessment – to be completed by the DSE User	Comp. Person Assessment – comments (including actions taken)	Further Actions Required	Actions Completed (person and date)
1	Do you feel any pain, discomfort or stiffness in your neck, shoulders, arms or hand(s) during or after using IT equipment?				
2	Have you have felt any of the above when working with IT equipment in the past (e.g. at another workstation or during previous employment)?				
3	Do you / have you had any health problems that could affect your work with IT equipment? (For example: epilepsy, back problems, poor circulation)				
4	Are the words on your screen clear, easy and comfortable to read?				
5	Is the image on the screen stable and flicker- free?				
6	Can you adjust the brightness and / or contrast?				
7	Does your screen: 	Swivel?			
		Tilt?			
8	Are there any reflections on the screen? (For example from windows or lights)				
9	Is the keyboard separate to the screen?				

STAGE 4 – ASSESSMENT AND ACTION PLAN					
Nº	Question	Self-Assessment – to be completed by the DSE User	Comp. Person Assessment – comments (including actions taken)	Further Actions Required	Actions Completed (person and date)
10	Can you tilt the keyboard?				
11	Can you easily read the letters, numbers and symbols on the keyboard?				
12	Do you have a comfortable keying position?				
13	Is the mouse suitable for your needs?				
14	When using a mouse do you: a) Keep it close to the keyboard?				
	b) Have a straight wrist and relaxed hand?				
	c) Take your hand off the mouse when you are not using it, i.e. type using both hands?				
	d) Support your wrist and forearm while using the mouse?				
15	Does the mouse work smoothly at a speed that suits you?				
16	Is the software you use suitable and can you use it comfortably?				
17	Is your work surface large enough?				
18	Can you comfortably reach and use the equipment / papers etc. on your desk?				
19	Are your work surfaces free from reflections? (For example from windows or lights)				

STAGE 4 – ASSESSMENT AND ACTION PLAN

Nº	Question	Self-Assessment – to be completed by the DSE User	Comp. Person Assessment – comments (including actions taken)	Further Actions Required	Actions Completed (person and date)
20	a) Can you adjust your seat's: 	Back height? Back tilt? Seat height?			
	b) Does your seat have wheels / glides?				
21	Is your chair adjusted as follows: 	The small of your back supported? Forearms horizontal? Eyes level with the top of the screen?			
	Feet flat on the floor without too much pressure from the seat on the backs of the legs?				
22	Do you have enough room under your desk to move your legs and change position?				
23	How long do you work at a computer before taking a break?				

STAGE 4 – ASSESSMENT AND ACTION PLAN					
Nº	Question	Self-Assessment – to be completed by the DSE User	Comp. Person Assessment – comments (including actions taken)	Further Actions Required	Actions Completed (person and date)
24	How often do you have an eyesight test?				
25	When was your last eyesight test?				
26	Do you wear glasses only when you are working with IT equipment?				
27	Do you feel that the lighting levels are suitable?				
28	Do you have comfortable levels of ventilation?				
29	Is the workplace at a comfortable temperature?				
30	Are there comfortable noise levels in the workplace?				
31	Do you have any other concerns or comments regarding your workstation or DSE use?				
32	Have you receives adequate information, instruction and training on DSE use, hazards, risks, control measures, reporting faults and injuries and in the use of hardware and software?				

Appendix 12 – Example Vehicle Declaration Form

<u>For Users of Company Vehicles</u>	
I have a full and valid drivers licence	
I will report any faults/damage to the vehicle to the Health and Safety Administrator as soon as possible	
I know of no adverse health effects that may affect my ability to drive	
I am aware of the arrangements in place for obtaining assistance should the vehicle break down	
I am aware of the location of the safety equipment in the vehicle and know how to use it (having received appropriate training where required)	
I will not use my mobile phone whilst driving including via a hands-free kit	
I understand that I may be held liable should any of the above points no longer apply and I have not reported this to the Health and Safety Administrator	

<u>For Users of Personal Vehicles on Company Business</u>	
I have a full and valid drivers licence	
My vehicle is insured for business use	
I will maintain my vehicle in a roadworthy condition at all times	
I know of no adverse health effects that may affect my ability to drive	
I have/do not have (delete as appropriate) vehicle breakdown cover. Should I not have breakdown cover, I will be responsible for any costs associated with the repairing/pick up of my vehicle should it break down.	
I will not use my mobile phone whilst driving including via a hands-free kit	
I understand that I may be held liable should any of the above points no longer apply and I have not reported this to the Health and Safety Administrator	

Signature		Date	
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Appendix 13 – Driving at Work

EVALUATING THE RISK

Working through this section will help you evaluate whether you are managing your work-related road safety effectively. These considerations are not exhaustive and you may be able to think of others.

The driver

Competency

Are you satisfied that your drivers are competent of doing their work in a way that is safe for them and other people?

- Does the employee have relevant previous experience?
- Does the job require anything more than a current driving licence, valid for the type of vehicle to be driven?
- Do your recruitment procedures include appropriate pre-appointment checks e.g. do you always take up references?
- Do you check the validity of the driving licence on recruitment and periodically thereafter?
- Do you specifically check the validity of LGV/PSV driving entitlements as part of your recruitment procedures and periodically thereafter? Such entitlements may not have been restored after a period of disqualification
- Are you at-work drivers aware of company policy on work-related road safety, and do they understand what is expected of them?
- Should your policy document be supplemented with written instructions and guidance and/or training sessions or group meetings?
- Have you specified what standards of skill and expertise are required for the circumstances of the particular job?
- How do you ensure your standards are met?

Example: A firm with 17 drivers produced a handbook on road safety topics including maintenance and driver tiredness, which was introduced at a training session

Training

Are you satisfied that your drivers are properly trained?

- Do you evaluate whether those that drive at work require additional training to carry out their duties safely?
- Do you provide induction training for drivers?
- Do you arrange for drivers to be trained giving priority to those at highest risk e.g. those with high annual mileage, poor accident records or young drivers?
- Do drivers need to know how to carry out routine safety checks such as those on lights, tyres and wheel fixings?
- Do drivers know how to correctly adjust safety equipment e.g. seat belts and head restraints?
- Do drivers know how to use anti-lock brakes (ABS) properly?
- Do drivers know how to check washer fluid levels before starting a journey?
- Do drivers know how to ensure safe load distribution, e.g. when undertaking multi-drop operations?
- Do drivers know what actions to take to ensure their own safety following the breakdown of their vehicle?
- Do you need to provide a handbook for drivers giving advice and information on road safety?
- Are drivers aware of the dangers of fatigue?
- Do they know what they should do if they start to feel sleepy?
- Are drivers fully aware of the height of their vehicle, both laden and empty? There are estimated to be around three to six major bridge strikes every day.
- Has money been budgeted for training? To be effective training needs should be periodically assessed, including the requirement for refresher training.

Example: A high tech company with a large fleet of company cars trained all drivers who exceeded 2000 miles per year. Training requirements were determined by an attitudinal questionnaire and on the road assessment.

Fitness and Health

Are you satisfied that your drivers are sufficiently fit and healthy to drive safely and not put themselves or others at risk?

- Do drivers of heavy lorries, for which there are legal requirements for medical examination, have the appropriate medical certificate?
- Although there is no legal requirement, should those at-work drivers who are most at risk, also undergo regular medicals?
- Should staff that drive at work be reminded that they must be able to satisfy the eyesight requirements set out in the Highway Code?
- Have you told staff that they should not drive, or undertake other duties, while taking a course of medicine that might impair their judgement? In cases of doubt they should seek the view of their GP.

The Vehicle

Suitability

Are you satisfied that the vehicles are fit for the purpose for which they are used?

- Do you investigate which vehicles are best for driving and public health and safety when purchasing new or replacement vehicles?
- Is your fleet suitable for the job in hand? Have you thought about supplementing or replacing it, with leased or hired vehicles?
- Do you ensure that privately owned vehicles are not used for work purposes unless they are insured for business use and, where the vehicles is over three years old, they have a valid MOT certificate?

Condition

Are you satisfied that vehicles are maintained in a safe and fit condition?

- Do you have adequate maintenance arrangements in place?
 - How do you ensure maintenance and repairs are carried out to an acceptable standard?
 - Is planned/preventative maintenance carried out in accordance with manufacturers' recommendations? Remember and MOT certificate only checks for basic defects and does not guarantee the safety of a vehicle.
-

- Do your drivers know how to carry out basic safety checks?
- How do you ensure that vehicles do not exceed maximum load weight?
- Can goods and equipment, which are to be carried in a vehicle, be properly secured, e.g. loose tools and sample products can distract the drivers' attention if allowed to move around freely?
- Are windscreen wipers inspected regularly and replaced as necessary?

Example: A utility company required staff to carry out –re-use checks (tyres, windows, lights) and further periodic checks (bulbs, wiper blades, water jets)

Safety Equipment

Are you satisfied that safety equipment is properly fitted and maintained?

- Is safety equipment appropriate and in good working order?
- Are seatbelts and head restraints fitted correctly and do they function properly?

Safety Critical Information

Are you satisfied that drivers have access to information that will help them reduce risks?

- Have you thought of ways that information can be made readily available to drivers?
- Recommended tyre pressures:
- How to adjust headlamp beam to compensate for load weight:
- How to adjust head restraints to compensate for the effects of whiplash (see *The whiplash book. How you can deal with a whiplash injury*)
- The action drivers should take where they consider their vehicle is unsafe and who they should contact.

Ergonomic Considerations

Are you satisfied that drivers' health, and possibly safety, is not being put at risk e.g. from inappropriate seating position or driving posture?

- Do you take account of ergonomic considerations before purchasing or leasing new vehicles?
- Do you provide drivers with guidance on good posture and, where appropriate, on how to set their seat correctly?

The Journey

Routes

Do you plan routes thoroughly?

- Could you use safer routes which are more appropriate for the type of vehicle undertaking the journey? Motorways are the safest roads and although minor roads may be fine for cars, they are less safe and could present difficulties for larger vehicles.
- Does your route planning taken sufficient account of overhead restrictions e.g. bridges and tunnels and other hazards, such as level crossings, which may present dangers for long vehicles?

Scheduling

Are work schedules realistic?

- Do you take sufficient account of periods when drivers are most likely to feel sleepy when planning work schedules? Sleep-related accidents are most likely to occur between 2am and 6am and between 2pm and 4pm.
- Have you taken steps to stop employees from driving if they feel sleepy even if this might upset delivery schedules?
- Where appropriate, do you regularly check tachographs to ensure drivers are not cutting corners and putting themselves and others at risk?
- Do you try to avoid periods of peak traffic flow?
- Do you make sufficient allowances for new trainee drivers?

Time

Are you satisfied that sufficient time is allowed to complete journeys safely?

- Are your schedules realistic?
- Do journey times take account of road types and condition, and allow for rest breaks?
- Would you expect a non-vocational driver to drive and work for longer than a professional driver? The Highway Code recommends that drivers should take a 15 minute break every two hours. Professional drivers must of course comply with drivers' hours rules.
- Does company policy put drivers under pressure and encourage them to take

unnecessary risks e.g. to exceed safe speeds because of agreed arrival times?

- Can drivers make an overnight stay, rather than having to complete a long road journey at the end of the working day?
- Have you considered advising staff that work irregular hours of the dangers of driving home from work when they are excessively tired? In such circumstances they may wish to consider an alternative, such as a taxi.

Example: A telecommunications firm put a duty on line managers to examine employee work schedules and journey patterns following police prosecution of one of their drivers for speeding.

Distance

Are you satisfied that drivers will not be put at risk from fatigue caused by driving excessive distances without appropriate breaks?

- Can you eliminate long road journey or reduce them by combining with other methods of transport? For example, it may be possible to move goods in bulk by train and then arrange for local distribution by a van or lorry
- Do you plan journeys so that they are not so long as to contribute to fatigue?
- What criteria do you use to ensure that employees are not being asked to work an exceptionally long day? Remember that sometimes people will be starting a long journey from home.

Example: A sales company placed an upper limit on daily mileage for car drivers but encouraged alternative means of travel.

Weather Conditions

Are you satisfied that sufficient consideration is given to adverse weather conditions, such as snow or high winds, when planning journeys?

- Can your journey times and routes be rescheduled to take account of adverse weather conditions?
- Where this is possible is it done?
- Are you satisfied that vehicles are properly equipped to operate in poor weather

conditions e.g. are anti-lock brakes fitted?

- Are you content that drivers understand the action they should take to reduce risk e.g. do drivers of high-sided vehicles know that they should take extra care if driving in strong winds with a light load?
- Are you satisfied that drivers do not feel pressurised to complete journeys where weather conditions are exceptionally difficult?

Example: A food company operating LGV's and company cars held training sessions on the risks of winter driving and the relevant precautions.

Driving at Work – Managing Work-Related Road Safety -

<http://www.hse.gov.uk/pubns/indg382.pdf>

Appendix 14 – Example of an appropriate ‘No Smoking’ sign



Appendix 15 – Handling of Body Fluids, Blood and Sharps

These procedures should only be carried out by certain, designated personnel who have had the appropriate training, as per the policy.

1. Spillage Kits

If you find spillages of blood or other body fluids, follow the undernoted procedures:-

Spillage kits are kept assembled and readily available, contents include:

- disposable plastic gloves or rubber household gloves
- disposable aprons
- paper tissues
- disinfectant (*small retail packs of domestic bleach can be used neat*)
e.g. *Presept*
- tongs and small shovels
- receptacle such as bucket (*or basin*) with cover
- warning sign or notice indicating "spillage area"
- small dishwashing mops can be useful also

Action

If you obey a few simple rules when cleaning up any spillages of blood or body fluids you will ensure prevention of infection.

1. Always wear protective clothing (*e.g. disposable gloves and plastic apron or rubber household gloves*). Do not allow blood or body fluids to come into contact with cuts or abrasions on the skin.
2.
 - (a) Put on protective clothing (*e.g. gloves and apron*).
 - (b) If using *Presept* (*if Presept is not available use DBX observing the same precautions*), cover spillage completely with powder. Ensure any broken glass is well covered with powder.
 - (c) Allow to soak for 10-15 minutes.
 - (d) Remove soaked powder (*and broken glass if present*) with tongs and shovel; place in plastic bucket.
 - (e) Repeat if necessary.
 - (f) Clean and allow area to dry before using again. Dispose of materials in bucket by flushing down lavatory (*except if it contains broken glass*).
 - (g) Re-usable items, tongs, shovel, bucket, mop etc., should be washed in disinfectant followed by hot soapy water and allowed to dry.

- (h) Wash hands and face thoroughly afterwards.
- (i) If there is broken glass, remove with tongs into a puncture proof container and dispose of as normal broken glass.
- (j) If surface to be treated is carpet or clothing, do not use bleaching agent. A suitable alternative is *Virkon* available in powder form and used in the same way as *Presept*.
- (k) Remember to record in log that you have used a spillage kit for supervisors information.

DO NOT WIPE UP SPILLAGE WITHOUT USING A KIT

3. Syringes and Needles

1. Occasionally, syringes and needles are found in the workplace. Do not handle any syringes or needles you find. Bring these to the attention of your supervisor and secure the area if at all possible.
2. Where there is blood near a syringe or needle use *Presept* (from the spillage kit) and again report it to your supervisor.
3. Report the needle to the Needle Collection Service at the Environmental Health Department of the Local Authority. Establish how long the response time is likely to be. If possible, ensure that the area is not disturbed in the intervening period.
4. If the Local Authority does not have a Needle Collection Service, the needle/syringe should be picked up using the tongs or small shovel and carefully placed in a stout plastic container to be used only for sharps. The container should be returned to the main office and stored securely until collected by the appropriate organisation. If in doubt, telephone the Environmental Health Department at your Local Authority and ask for advice.

Appendix 16 – HSE Stress Management Standards

The Management Standards

Note on the Management Standards

The descriptions in each of the standards shown as ‘What should be happening/states to be achieved’ define a desirable set of conditions to work towards.

You can use the data from the HSE indicator and analysis tools [available on the HSE web site] to define the gap between where you are now and where you want to get to. The analysis tool will provide a set of data on your performance on each of the six standard areas. Also provided are representative data on current performance in the UK workforce. You will probably find that you are good on some things and less good on others. Together with any existing data you may have (for example, on sickness absence or staff turnover), this information can be used in focus group discussions with employees to determine what is happening locally and what should be done to close the gap.

Demands

Includes issues like workload, work patterns, and the work environment

The standard is that:

- Employees indicate that they are able to cope with the demands of their jobs; and
- Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- The organisation provides employees with adequate and achievable demands in relation to the agreed hours of work
- People’s skills and abilities are matched to the job demands;
- Jobs are designed to be within the capabilities of employees; and
- Employees’ concerns about their work environment are addressed.

Control

How much say the person has in the way they do their work

The standard is that:

- Employees indicate that they are able to have a say about the way they do their work; and
- Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- Where possible, employees have control over their pace of work;
- Employees are encouraged to use their skills and initiative to do their work;
- Where possible, employees are encouraged to develop new skills to help them undertake new and challenging pieces of work;
- The organisation encourages employees to develop their skills;
- Employees have a say over when breaks can be taken; and
- Employees are consulted over their work patterns.

Support

Includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues

The standard is that:

- Employees indicate that they receive adequate information and support from their colleagues and superiors; and
- Systems are in place locally to respond to any individual concerns.
-

What should be happening / states to be achieved:

- The organisation has policies and procedures to adequately support employees;
- Systems are in place to enable and encourage managers to support their staff
- Systems are in place to enable and encourage employees to support their colleagues;
- Employees know what support is available and how and when to access it;
- Employees know how to access the required resources to do their job; and
- Employees receive regular and constructive feedback.

Relationship

Includes promoting positive working to avoid conflict and dealing with unacceptable behaviour. The standard is that:

- Employees indicate that they are not subjected to unacceptable behaviours, e.g. bullying at work; and
- Systems are in place locally to respond to any individual concerns.
-

What should be happening / states to be achieved:

- The organisation promotes positive behaviours at work to avoid conflict and ensure fairness;
- Employees share information relevant to their work;
- The organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour;
- Systems are in place to enable and encourage managers to deal with unacceptable behaviour; and
- Systems are in place to enable and encourage employees to report unacceptable behaviour.

Role

Whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles. The standard is that:

- Employees indicate that they understand their role and responsibilities; and
 - Systems are in place locally to respond to any individual concerns.
-

What should be happening / states to be achieved:

- The organisation ensures that, as far as possible, the different requirements it places upon employees are compatible;
- The organisation provides information to enable employees to understand their role and responsibilities;
- The organisation ensures that, as far as possible, the requirements it places upon employees are clear; and
- Systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities.

Change

How organisational change (large or small) is managed and communicated in the organisation. The standard is that:

- Employees indicate that the organisation engages them frequently when undergoing an organisational change; and
- Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- The organisation provides employees with timely information to enable them to understand the reasons for proposed changes;
 - The organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals;
 - Employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs;
 - Employees are aware of timetables for changes;
 - Employees have access to relevant support during changes.
-

Appendix 17 - Example Stress Policy

Introduction

Any old organisation recognises as an employer, it has a duty under the Health and Safety at Work Act 1974 to ensure, so far as is reasonably practicable, that its working environment for all employees is healthy and safe. We also recognise that our duty of care extends to mental health as well as physical health at work. We understand it is our requirement to assess how reasonably foreseeable harm is to employees, but also, that there is an onus on employees to make *any old organisation* aware that they are suffering from stress.

Policy Statement

Through our policy we are committed to providing a supportive working environment that maintains and promotes the health and well being of all our employees. This includes the organisational environment through effective and sensitive management; enabling individuals to cope successfully with the demands and pressures of work, and providing support for employees whose health and well-being are affected by stress.

Definition

The Health and Safety Executive defines work-related stress as “people’s natural reaction to excessive pressure – it isn’t a disease. But if stress is excessive and goes on for some time, it can lead to mental and physical ill health.”

Pressures can also arise from an individual’s personal life as well as from work. People vary in their capacity and ability to cope with different types of pressure. Some individuals will recognise that their health is affected and will seek help; others will not recognise or acknowledge that they are stressed, although it may be apparent to their manager and work colleagues. In itself, stress is not an illness, however, there is evidence that stress can lead to mental and physical ill health.

Sources of Stress

Stress may arise from various sources e.g. in the workplace or away from work. Whilst we have no control over the latter, we are committed to identifying the sources of stress in the workplace and trying to eliminate them. Workplace stress may arise from the following:

- Poor physical conditions: noise, poor ventilation, lighting or equipment;
- Job design: under use of skills, conflicting demands and inconsistent management, unclear setting of objectives;
- Work relationships: bullying or other harassment, poor management communication;
- Work organisation and conditions: job insecurity/threat of redundancy, excessive workload, lack of participation in decision making, rigid hierarchy, lack of transparency in procedures, lack of support, reluctance to take/ not taking holidays, sick leave, etc.

Signals

The effects of stress may be physical, psychological, behavioural or a combination. Many effects are a short term response to pressure which disappears once the source of pressure has been removed. If pressure continues it can result in the individual experiencing anxiety, anger and frustration, irritability, intolerance and over indulgence in alcohol or tobacco.

Physically stress may manifest itself by sleep disturbance resulting in tiredness, tenseness, nausea and dizziness, headaches, weight loss/gain and in extreme circumstances, by chest pains, raised blood pressure and heart disease. Mentally it may show itself by indecision, lack of concentration, memory loss, lack of judgement, loss of motivation and impairment of perception.

Policy Aims

- To involve staff in a problem solving approach to tackle stress.
- To manage stress through effective and sensitive management.
- To develop working practices that will reduce the factors which may lead to stress in the workplace.
- To develop procedures to manage problems that do occur and to support individuals who are stressed.
- To increase awareness of stress and methods to combat it.
- To assist employees in managing pressure in themselves and others.
- To monitor procedures and outcomes, and to assess the effectiveness of the policy.

Responsibilities

To help combat stress and achieve a well managed work environment, there will be preventative measures in place at all levels:

Employee Level

- All employees will be made aware of the stress policy.
- A culture of consultation, participation and open communication will be promoted.
- Effective systems are in place for employees dealing with e.g. interpersonal conflict, bullying, racial and sexual harassment, through appropriate steps given in our harassment policy.
- A comprehensive Health and Safety policy is in place.
- Employees will be encouraged to attend stress awareness and stress management courses, so they are better able to handle the pressures they may encounter.
- Employees will be reminded that they have a duty, while at work, to take reasonable care for their own health and safety and therefore they have a responsibility to make management aware of pressures they are encountering at work.
- Employees will be encouraged to address potential work problems at an early stage by reporting pressures that they are encountering at work by:
 - asking for support from their Line Manager or through Human Resources;
 - discuss with their Health and Safety Representative and/or the Health and Safety Officer;
 - contacting the Employee Counselling Service for support on their Freephone number 0800 435 768. Employees will also be encouraged to address personal/non-work issues through any of these sources.

Management Level

- Take account of potential sources of pressure on employees when planning changes to work organisation and conditions of employment.
- To provide clear job descriptions which are regularly reviewed.
- Give warning of urgent/important tasks and monitor the frequency/ duration
- Provide clear objectives.
- Be competent and consistent.
- Encourage good two-way communication and employee involvement.
- Carry out a suitable and sufficient work-related risk assessment.
- Implement controls which are required as a result of the risk assessment e.g. provide training, information, and where necessary, refer the employee for further help to external counselling services e.g. Employee Counselling Service
- Allow staff to contribute ideas and have some influence over decision-making, especially regarding their own work, and provide good management support, appropriate training and staff development.

Monitoring Stress Levels

Stress complaints will be taken seriously, investigated, and resolved if possible. Commitment will be given to ensure problems are not ignored. To help with this commitment the Attendance Management Policy, Dignity at Work Policy, Conditions of Service, and Health and Safety manual will be addressed.

In addition to these policies, *any old organisation* will carry out a work-related stress risk assessment. This is a part of our Health and Safety procedures. All employees will be invited to take part in the risk assessment and will have responsibility to ensure preventative measures to control risks are adhered to. The significant findings of these risk assessments will be written down. Naturally, these preventative measures will be evaluated periodically for effectiveness.

Review

The policy shall be reviewed periodically and amended by agreement with all parties.

Supporting Policies and Procedures

Dignity at Work

Equal Opportunities

Discipline and Grievance

Health and Safety

Attendance Management

Appendix 18 - Occupational Health

Working methods and work patterns in the UK have changed dramatically in the past ten years, leading to newly recognised work related diseases such as stress, anxiety, depression, headaches and eyestrain, to add to the existing range of work related injuries and illnesses such as occupational asthma, dermatitis, asbestosis and musculoskeletal disorders. Furthermore, there is an increasing burden of responsibility upon those in positions of responsibility within industry and commerce due, in part, to new Government initiatives and in part to the increasingly litigious nature of our society.

‘Occupational Health Risk Management’ can integrate well with the now widely accepted Health & Safety policies and procedures in place within organisations. Occupational health management provides for the health of **individuals** to be managed, taking account of personal susceptibility to hazards, employees’ own health, pre-existing health conditions of individuals, health effects caused / made worse by work, etc.

The Occupational Health policy set out in the Control Manual provides a framework for the management of such issues. Many organisations are, however, taking more pro-active steps in the management and control of the health of employees. The following sample policies have been prepared for some of the more common aspects of Occupational Health.

These can easily be adopted by the Association or amended to better suit specific needs.

1) Pre-placement Assessment

- 1.1 A pre-employment health questionnaire will be issued to all candidates selected to be interviewed for an employment position within the organisation. The candidates will be requested to submit the completed questionnaire, in a sealed envelope, on attending the interview.
- 1.2 On provisionally selecting a candidate for employment, the Chief Executive will submit the relevant unopened pre-employment health questionnaire, under confidential cover, to an OH Advisor.
- 1.3 Following an examination of the pre-employment health questionnaire, the OH Advisor will provide the Chief Executive, in confidence, with an opinion on the selected candidate using the following categories:
 - Fit for the placement proposed
 - Fit for the placement subject to specified conditions
 - Currently unfit for the placement propose
 - Unfit for the placement proposed

A medical opinion from an Occupational Medical Specialist will be sought should a candidate be declared to be ‘currently unfit’ or ‘unfit’ for the placement proposed.

The Occupational Medical Specialist will have a medical qualification (MbChB) and a specialist qualification in Occupational Medicine (AFOM /

MFOM / FFOM).

- 1.4 In the event that the Occupational Medical Specialist deems the candidate unfit for the proposed placement, the candidate will not be appointed to the proposed position. Procedures 1.3 to 1.5 will then be repeated for the next most suitable candidate.
- 1.5 The questionnaires of all unselected candidates (see Procedure 1.3) will remain unopened. Once a candidate has been appointed, the questionnaires (and medical opinions, where provided) of all unsuccessful candidates will be destroyed.

2) Health Surveillance

- 2.1 All employees will be subject to an annual 'lifestyle check' conducted by an OH Advisor, comprising a **confidential** one-to-one discussion and a basic health interview after the completion of an appropriate health questionnaire.
- 2.2 With the exception of cases of specific health surveillance required by law (e.g. in the case of exposure to certain hazardous substances), the employee's permission will be gained prior to any health information being provided to any other person.
- 2.3 An OH Advisor will assist employees with problems in the most appropriate manner where they do not wish their superiors to be notified of the problems. This may involve the provision of information on available counselling services etc.

3) Health Education and Promotion

- 3.1 Employees will be provided with information on health promotion on a regular basis. Typical topics may include:
 - back care
 - manual handling
 - DSE work
 - skin care
 - drug and alcohol (chemical) abuse
 - smoking cessation
- 3.2 Further additional support initiatives / packages will be considered, including the provision of counselling, appropriate specialist medical advice etc.

Appendix 19 – Infectious Diseases

It is foreseeable that association staff may come into contact with individuals suffering from an infectious disease during the course of home visits and in the office. Current Health & Safety law and practice requires that all reasonable steps are taken to assess and control health risks to employees. This would generally be achieved through the undertaking of a general risk assessment.

While the actual control measures appropriate to your own organisation are a matter of policy (i.e. risks should be controlled without imposing unworkable procedures), the following suggestions may assist in developing a suitable policy.

Contact With Public:

Conditions of tenancy should place a responsibility on the tenants to inform Association staff of any current / recent illness within the household prior to a home visit. These conditions should also request that tenants do not visit the association office while suffering from an infectious disease.

1. As part of the risk assessment for new / expectant mothers, consideration should be given as to whether such individuals should carry out home visits or come into close contact with the public.
2. Where an individual is clearly ill within a household being visited or when visiting the office, the visit / meeting should be stopped immediately. The member of staff should then report the tenant's condition to the H&S Administrator.
3. No food / drink should be accepted while visiting a tenant's home.
4. The Employment Medical Advisory Service (EMAS) (contactable at the HSE office) should be contacted for advice regarding available inoculations against infectious diseases and other appropriate medical measures.

Contact With Staff:

1. Members of staff suffering from an infectious disease, or whose co-habitants are suffering from an infectious disease, should inform their line manager, who will investigate the situation to determine whether the staff member should remain away from the office. Advice may be obtained from EMAS or from the individual's GP. Particular account should be taken of the presence of new / expectant mothers within the office.

Appendix 20 – EVH Guidance on Homeworking



supporting
social
employers

ANYOLD ORGANISATION:

ORGANISATIONAL RISK ASSESSMENT FOR HOME WORKING

Number of people working from home	
Type of work undertaken	
Does the work present: <ul style="list-style-type: none">• a risk of upper limb disorder?• Risk related to isolation?	
Is a more formal system needed for managing the requirements of remote workers?	
Have appropriate organisational standards been developed?	
Are there any actions which can be taken to minimise risks: <ul style="list-style-type: none">• in relation to purchasing (electrical items and furniture)?• In relation to testing and write-off periods?	

ANYOLD ORGANISATION

Draft Homeworking Guidance

INTRODUCTION

Anyold Organisation has occasionally agreed in the past to home working for specific purposes (e.g. to provide uninterrupted work time). This policy provides a process and guidance on dealing with these arrangements. The process follows 4 steps that provide an assessment of the suitability of the proposal (the person, the home, any equipment and a risk assessment).

Step 1 (Person)

Staff who wish to work from home need to be able to demonstrate:

- maturity
- trustworthiness
- self-sufficiency
- self-discipline
- good time management skills, and
- good communication skills
- ability to cope with reduced social contact and isolation

This will be assessed by the individual's Line Manager and discussed with the individual. The work to be carried out during the period of home working will also be formally agreed at this meeting.

Step 2 (Home)

The next step is to discuss and agree that there is suitable space in the home.

As a minimum, there should be sufficient space for work to be carried out. Ideally, this should be a separate, lockable room that can be isolated from the rest of the house. A separate room reduces the amount of physical intrusion into the home (and helps to keep domestic interruptions to a minimum) as well as improving the security of any Anyold Organisation equipment and data.

If a separate room is not available then the area to be used as a workspace should be agreed – and the details recorded (this is useful from the points of view of safety).

Step 3 (Equipment)

Once it has been determined that the home is suitable as a workplace, the correct equipment needs to be chosen. The Health and Safety (Display Screen Equipment) Regulations 1992 (DSE Regulations) place certain requirements on the employer, see the attached guidance on their requirements, including the (provision of equipment)? assessment of workstations and

the provision of relevant information, instruction and training.

(It should be noted that the same work furniture standards should be applied to the home workbase as are normally applied to the office).

In addition to core equipment staff will require:

- a suitable desk with chair
- computer accessories, e.g. document holder, footstool
- secure storage for sensitive information
- open storage for reference material e.g. binders; and
- a work surface

The chair should be adjustable and should meet the minimum requirements of the DSE Regulations. The desk should be of sound construction, large enough to accommodate all the equipment and should allow the user some flexibility in its positioning. Guidance should be given on the best way to orientate the workstation so as to avoid glare.

Lighting types and levels in the workplace should also be addressed.

The Electricity at Work Regulations 1989 are as important to home workers as they are to office-based staff and the electrical integrity of the equipment and the quality of the available supply will need evaluating before work starts (with tests repeated on a periodic basis).

Step 4 (Risk Assessment)

The individual risk assessment may be conducted by:

- the manager; or
- the individual concerned

Line Managers, with a responsibility for the health and safety of the staff who work for them. Could make appropriate assessors. The individual employee can also conduct his or her own assessment, the checklists provided can lead through the risk assessment process.

Anyold Organisation have decided that they will rely primarily on the individual concerned providing a risk assessment. However, this will have to be discussed with their Line Manager and it may be necessary for them to visit the home to verify the assessment.

Anyold Organisation will cover homeworking provision as long as a risk assessment has been completed, and the employee has an amended contract of employment to denote their homeworking status.

**Assessment of
premises for
homeworking**



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Name of employee	Name of Line Manager	
Address of employee		
	Postcode	Date

General conditions	Notes	Suitable Y/N
Location of residence Security of worker Security of visiting staff Access and egress		
Lighting (see attached) Natural lighting Room lighting (specify type i.e. pendant/uplight/fluorescent) Task lighting Blinds/curtains Is the lighting likely to cause a glare problem?		
Heating Type Adjustability Will room temperature be easily maintained?		
Ventilation Natural mechanical		
Electrical installations (see attached) 13A single phase 240V AC supply Sufficient number of sockets? Protection sufficient fuses/circuit breakers? Does integrity of fixed wiring need testing?		

Homeworking premises assessment continued/...

General conditions	Notes	Suitable y/n
Fire Smoke detectors installed Escape routes suitable? Extinguishers?		
Room Size (11m ³ suggested minimum) Lockable? Weight loading of floor sufficient?		
Workstation (see attached) Equipment OK? Of sufficient size? Equipment set up correctly? Any special equipment required to ease space problems (egg LCD Screen)?		
Storage Additional storage space required?		

CHECKLIST ON HOME ASSESSMENT

Working With VDUs

The use of VDUs is covered by the Health and Safety (Display Screen Equipment) Regulations 1992. Employers have a duty to make sure that the display screen equipment used by homeworkers is safe and does not affect the user's health.

When working with VDUs it is important for homeworkers to adjust their work station to a comfortable position and take breaks from work. This will help prevent undue tiredness.

Remembering to stretch and change positions regularly can help to reduce tiredness and prevent pains in the hands, wrists, arms, neck, shoulders or back. VDUs need to be placed in a position where lighting will not cause reflections or glare on the screen.

It is also important for homeworkers to view the screen comfortably. They may need different spectacles for this.

Homeworkers should consult their GP or an optician if in doubt. VDU users can request an eye examination and eye test from their employer.

Here is a checklist of points that employers need to be aware of then their homeworkers use VDUs:

- ☐ Is there suitable lighting so that the fine detail on the screen can be seen and read?
- ☐ Is the keyboard placed in the right position to allow the homeworker to work comfortably.
- ☐ Is the screen and computer clean; is it free from dust and dirt?
- ☐ Can the chair be adjusted to the right height so that work can be done comfortably?
- ☐ Is the VDU placed at the right angle on the desk to allow work to be done comfortably, for example, without having to make an awkward movement?
- ☐ Is there enough space under the desk to allow free movement?
- ☐ Is there enough space in general so that the homeworker can move freely between the work on the desk and the VDU?

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR 95)

- ☐ Is the screen clear and readable, and without flicker?
- ☐ Is the screen free from glare and reflections?
- ☐ Are the 'brightness' and 'contrast' controls properly adjusted to prevent eyestrain?

The revised RIDDOR Regulations came into force on 1 April 1996. These Regulations place a duty on the employer to report and keep a record of certain work-related accidents, injuries, diseases and dangerous occurrences. Employers have a duty to ensure that they find out about accidents, injuries diseases or dangerous occurrences arising from work-related activities. This may involve ensuring that homeworkers report any incidents to their employer.

<p style="text-align: center;">Some Common Hazards</p> <p>Using electrical equipment for work at home</p> <p>If homeworkers use electrical equipment provided by the employer as part of their work, the employer is responsible for its maintenance. Employers are only responsible for the equipment they supply. Electrical sockets and other parts of the homeworkers' domestic electrical system are their own responsibility.</p> <p>Listed below are simple steps that can be taken to prevent harm or injury to homeworkers, or other people, when homeworkers use electrical equipment in the home.</p>	<ul style="list-style-type: none"> ❑ Check leads, wires or cables for damage to the outer covering ❑ Check for burn marks or staining that suggests overheating ❑ Repair electrical equipment that may cause harm or injury to the homeworker ❑ Check that there are no trailing wires, if there are, tuck them out of the way, for example, under a desk or table, to prevent accidents. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Most of the faults that can cause harm can be prevented just by looking for any damage to the electrical equipment. The safe use of electricity at work is covered by the Electricity at Work Regulations 1989.</p> </div>
<ul style="list-style-type: none"> ❑ Ensure electrical equipment is turned off before it is checked ❑ Check that plugs are not damaged ❑ Check the domestic electrical systems are adequate for electrical equipment ❑ Check plugs are correctly wired and maintained ❑ Check that the outer covering of the cable or wire is gripped where it enters the plug or the equipment ❑ Check that the outer cover of the equipment is not damaged, for example, look for loose parts or screws 	<p style="text-align: center;">Using substances and materials for work at home</p> <p>Here is a checklist of things to be aware of when using substances, materials or chemicals that may be hazardous to health and safety:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ul style="list-style-type: none"> ❑ Are they flammable, toxic or corrosive? ❑ Do they give off fumes? ❑ Are they stored safely for example, could any children reach them easily? ❑ Does anyone suffer from dizzy spells, feel sick or have headaches? ❑ Does anyone suffer from skin rashes or irritation? ❑ Does anyone suffer from asthma? </div>

An easy way of identifying hazardous substances is by looking for hazard warnings on the label. The Chemicals (Hazardous Information and Packaging for Supply) Regulations 1994 (CHIP 2), require hazardous substances to be labelled with orange and black hazard symbols. But any substance that places homeworkers' or other people's health or safety at risk, must be handled according to the instructions provided by the employer, the supplier of work or the manufacturer or supplier of the substance.

If the risk assessment shows that a homeworker's health is at risk from exposure to any hazardous substance, the employer must take appropriate action. Employers are only responsible for substances and materials **they** provide to their homeworkers. Under the Control of Substances Hazardous to health Regulations 1999 (COSHH 1999), **[n.b. now COSHH 2002]** the employer is responsible for:

- ❑ Carrying out any exposure monitoring, or health surveillance, that COSHH 1999 may require (and keeping records in both cases)
- ❑ Informing, instructing and training homeworkers about the nature of the substances and materials they work with, and the risks created by exposure to those substances and materials and the precautions they should take, for example, when using materials with sharp edges such as needles.

Depending on what hazardous substances are involved, the Control of Lead at Work Regulations 1998, and the Control of Asbestos at Work Regulations 1987, **[n.b. now Control of Asbestos Regulations 2006]** might also apply.

- ❑ Ensuring that the homeworker's exposure to the substances is prevented or adequately controlled. If possible, the employer should replace the hazardous substance with a less hazardous one.
- ❑ Supplying the homeworker with personal protective equipment, for example gloves or a mask. In addition to providing other control measures – but only in cases where other measures are insufficient, on their own, to adequately control exposure; for example, providing exhaust ventilation where opening the window may be inadequate to protect the health of the homeworker.
- ❑ Taking all reasonable steps to ensure that the homeworker uses control measures, such as personal protective equipment, properly.

New And Expectant Mothers

New legislation required to implement the European Directive on Pregnant Workers was introduced in 1994 and is covered by the Management of Health and Safety at Work Regulations 1999.

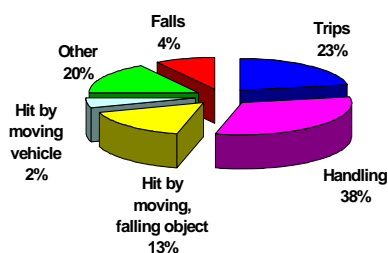
When assessing risks to the homeworker, the new legislation requires the employer to pay attention to homeworkers who are new and expectant mothers. Risks include those to the unborn child or to the child of a woman who is still breast feeding – not just risks to the mother herself. A new or expectant mother means a worker who is pregnant, who has given birth in within the previous six months, or who is breast feeding. 'Given birth' is defined in the new Regulations as 'delivered a living child, or, after 24 weeks of pregnancy, a stillborn child'.

New and expectant mothers at work: A guide for employees sets out the known risks.

Appendix 21 – Manual Handling Operations Guidelines

Introduction

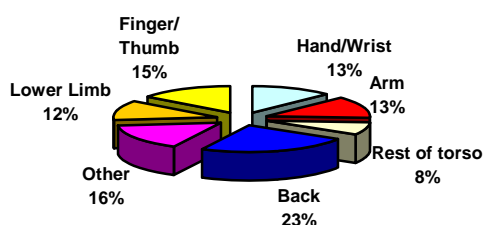
Kinds of accident causing over-three-day injury



More than a third of all over-three-day injuries reported each year to HSE and local authorities are caused by manual handling – *the transporting or the supporting of loads by hand or by bodily force*.

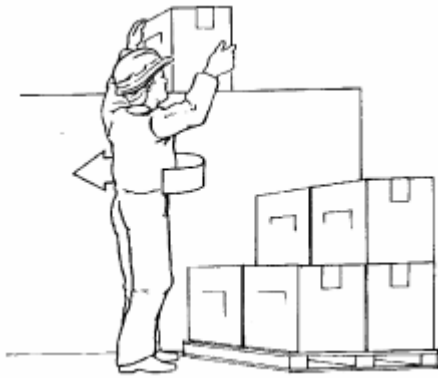
The Pie Chart shows the pattern for over-three-day injuries.

Sites of Injury caused by Manual Handling



Over 20% of all accidents occurring in the UK Construction Industry each year involve injuries sustained whilst manually lifting and handling materials or equipment. An interesting fact is that although employing less than 10% of the country's work force, the construction industry accounts for 25% of all injury accidents.

All manual work involves lifting and handling to some extent. Although mechanical equipment should be used whenever practicable, much of the work will inevitably continue to be done manually. The risk of injury can be greatly reduced by a knowledge and application of correct lifting and handling techniques and by taking a few elementary precautions.



Common injuries

Strains and sprains to muscles and joints, torn ligaments and tendons, disc trouble and hernias. These are often caused by sudden and awkward movements, e.g. twisting or jerking while lifting, or handling heavy loads; they are also caused by persons attempting to lift loads beyond their physical capabilities. The muscles of the abdominal wall are particularly vulnerable, and excessive strain may lead to ruptures.

Cuts and abrasions from rough surfaces, sharp or jagged edges, splinters, projections, etc. Protective clothing should be worn; especially leather or PVC gloves to protect the hands

Back injuries are most frequently sustained while lifting and handling manually. They may be the cumulative effect of repeated minor injuries, or the result of an abrupt strain. Stoop lifting should be avoided; it greatly increases the chances of sustaining back injuries. Laboratory tests show that the stresses imposed on a rounded back during stoop lifting is six times that experienced if the trunk is kept erect while bending at the knees.

The risk of injury is reduced by knowledge of correct lifting techniques and not by attempting to lift excessively heavy loads without assistance.



Crushing of limbs, etc. by falling loads, or by fingers, hands or feet becoming trapped by loads.

Correct positioning of hands and feet in relation to the movement of the load is essential. Timber wedges should be used when raising or lowering heavy loads to prevent fingers and hands becoming crushed. Safety shoes with steel toe caps will protect the feet. Soles of footwear should also provide a secure grip.

Lifting capacities

The weight that can be lifted by any individual will vary according to personal physique, age, condition and practice, and the techniques employed. The general rule is that the load should not be lifted if it causes a feeling of strain. Assistance should be available if required; an employee must not be required to lift loads beyond his capacity.

Youthful exuberance and bravado often tempt younger employees to attempt to lift loads that are too heavy. While they may succeed in the short term, long term damage may be done.

Lifting capacity declines with age and an older person may not be capable of lifting the same load as a younger person; although this can be offset by employing a better technique.

Before lifting and handling any load, the following points should be established:

- What has to be moved?
- What does it weigh?
- Can it be safely handled by one person?
- Where is the load's centre of gravity?
- Does it really have to be moved?
- How far does it have to be moved and from where to where?
- Will assistance be required?
- Can the process that requires it to be moved be changed?
- Can the move be carried out more safely with mechanical assistance?

Suitable protective clothing should be worn. This may include gloves, safety footwear, safety helmets, and special overalls if hot or corrosive substances are to be carried.

Ensure that the lifting and lowering areas are clear of tripping hazards, and likewise check the route over which the load is to be carried.

Kinetic method of lifting

Some lifting and handling techniques employing the kinetic method are described below:

Bend at the knees (1)

The weight to be lifted must be within the lifting capacity of the individual worker and the load should be approached squarely, facing the intended direction of travel. The feet are positioned about a hip's width apart, one foot slightly in front of the body. The knees are bent and the body lowered as close to the load as possible while remaining relaxed and balanced. The back should be straight from hips to shoulders, but not necessarily vertical.

Grasp the load (2)

The load is tilted with one hand (if necessary) so that the other hand can obtain a secure grip at the corner nearest the body. The free hand is then transferred to the furthest corner of the load and drawn as close to the trunk as possible. Arms should be well tucked in to provide maximum support to the load.



Lift, using the legs (3)

The load can then be lifted by straightening the legs so that the body and load move upwards in unison. All movements should be smooth and natural. Jerking, twisting, or straining movements should be avoided. Lifting should feel comfortable. Lifting movements will remain smooth and natural providing the back and head are kept naturally erect. This is achieved by looking straight ahead when straightening the legs, instead of looking down at the load.

Carrying the load (4)

The load should be held firmly into the body and carried to where it is to be deposited. The closer the centre of gravity of the load can be kept to that of the body, the easier and more natural the lift. It is important to be able to see over or around the load so as to avoid tripping hazards.

When the weight is approaching the maximum lifting capacity of the individual, it will be necessary to lean back on the hips with the load to bring the trunk to the erect position before straightening the legs to lift the load. In this instance the body is being used simply as a counterbalance to keep muscular effort down to a minimum.

Changing grip

Grips should not be changed while carrying the load. First rest the load on a ledge or other firm support, then change the grip if necessary.

Team lifting

When large or awkward weights are involved, assistance should be sought. The assistant should be of similar height and build, so that the raised load does not become unbalanced or unevenly distributed.

Co-ordinating team activity is important in team lifting. One person should give directions during lifting, carrying and lowering. Properly designed lifting aids will enable some tasks to be performed more quickly and easily and also eliminate the risk of injury or damage

Safety checklist Manual handling and lifting

Preparation

- What is being lifted?
- Where to and how far?
- How many people will be needed to move the load safely?
- Are they all trained in kinetic lifting and handling?
- What methods and equipment will be required?
- Is the required equipment available?
- Would mechanical means be more practical or appropriate?
- Is the lifting and handling area clear of hazards?
- Is the operation part of a routine? If so, could it be more effectively planned and executed?

Lifting and handling

- Is the proper clothing in use?
- Are proper (kinetic) lifting methods being employed?
- Is co-ordination satisfactory in dual and team lifting?
- Is the necessary equipment in use or to hand?
- Are excessively heavy weights being lifted?
- Are loads being deposited or stacked safely and securely?
- Is adequate supervision employed where necessary?

After lifting and handling

- Are any incidents or accidents reported and recorded?
 - Where injuries have been sustained, has medical attention been sought?
 - Is the damage or loss of equipment etc. recorded?
-

Appendix 22 – Ladder Inspection Report

Ladder Identification Number	
Manufacturer	
Description / Type of Ladder	

Identification:	Check that ladder identification is legible	
Stiles:	Check for damage, particularly at head and feet	
Rungs:	Check for wear	
Stiles and Rungs:	Check that there is no movement	
Cleanliness:	Check that stiles and rungs are free from dirt, mud or grease	
Hinges, Bolts, Screws and Fittings:	Check that all are sound and secure	
Hinges:	Check operation of each set, lubricating if necessary	
Stability:	Check that four legs of ladder in firm contact with the ground	
Feet:	Check condition of rubber feet	

Date of Inspection	Inspector's Name and Signature	Next Date of Inspection
<u>Inspector's Comments or Actions</u>		
Ladder withdrawn from service?	Y	N

If Comments or Actions have been entered, then a copy of this report must be passed to the Maintenance Manager for action.

This may involve the ladder being withdrawn from service.

The Inspector must approve the actions before the ladder goes back into service.

Actions completed satisfactorily and the ladder is now fit to go back into service.			
Inspector's signature		Date	

Appendix 23 – Clinical Waste Definitions

Reference: [Scottish Environmental Protection Agency - Clinical Waste](#)

Clinical Waste

Clinical waste is the term used to describe waste produced from healthcare and similar activities that may pose a risk of infection or may prove hazardous. It has different meanings to different people and can be defined in different ways. The most commonly used definition can be found in [Controlled Waste Regulations 1992](#)

In practice, clinical waste can be divided into two categories of materials:

- waste which poses a risk of infection
- medicinal waste

Clinical waste should be segregated from other types of waste and be treated/disposed of appropriately in suitably permitted, licensed or exempt facilities on the basis of the hazard it poses.

Assessing and classifying your clinical waste

Healthcare wastes can be found in sub chapters *18 01* (wastes from natal care, diagnosis, treatment or prevention of disease in humans) and *18 02* (wastes from natal care, diagnosis, treatment or prevention of disease in animals) of the [European Waste Catalogue \(EWC\)](#).

Clinical waste may be hazardous or non hazardous and like all wastes it must be classified and assessed appropriately. Guidance on the classification and assessment of clinical waste as special (hazardous) waste can be found in the guidance document '[Hazardous Waste: Interpretation of the definition and classification of hazardous waste \(WM2\)](#)'.

SEPA's position

Unless it can be satisfactorily demonstrated that 'healthcare wastes', i.e. those described by Chapter 18 of the EWC and EWC 20 01 31* have been adequately segregated and categorised then **SEPA's default position is that healthcare waste should be assumed to be special (hazardous) waste until and unless proved otherwise.**

Further information is available from:

[Environment and Sustainability - Health Technical Memorandum 07-01: Safe Management of Healthcare Waste](#)

Appendix 24 – Job Card

JOB CARD Reference	
JOB FUNCTION	
TOOLS / EQUIPMENT	
HAZARDS / RISKS	
CONTROL MEASURES	

Appendix 25 – Job Card – Completed Example

JOB CARD J1	
JOB FUNCTION	fitting curtain rails
TOOLS / EQUIPMENT	hand tools power tools ladders
HAZARDS / RISKS	a) electric shock b) flying debris c) manual handling d) falling objects e) cuts / grazes etc. f) airborne dusts g) noise h) hand-arm vibration i) slips / trips / falls j) falls from height
CONTROL MEASURES	a) use circuit breaker and carry out portable appliance testing b), f) use eye protection c) carry out manual handling training and risk assessment – refer to manual handling policy (Control Manual) d), e), i) train staff in safe working practices f) use suitable dust mask during dust raising activities / check building plans and asbestos register prior to commencing work - if asbestos present, seek professional advice g) use ear protection during noise raising activities h) when using power tools – keep hands warm, take regular breaks from exposure, do not operate for long periods of time j) refer to work at height policy (Control Manual)

Appendix 26 – Sample Blank Risk Assessment Form (see Appendix 29 for EVH General Risk Assessment Model and Appendix 28 for HSE’s Example of a completed General Risk Assessment for Office Work)

Organisation: _____ Task Being Assessed: _____ Assessor: _____

Personnel Assessed: _____ Date of Assessment: _____ Rev No: _____ Review Due: _____

[illegible]

Appendix 27 – Example Risk Assessment Register

RISK ASSESSMENT	LAST COMPLETED	REPORT REF	REPORT LOCATION	REVIEW DUE	PERSON RESPONSIBLE FOR REVIEW	OUTSTANDING ACTIONS
ROUTINE ASSESSMENTS						
General						
DSE						
Asbestos						
Legionella						
Fire						
Manual Handling						
COSHH						
Noise						
Other						
DYNAMIC AND TASK/EMPLOYEE SPECIFIC ASSESSMENTS						
New/Expectant Mother						
Young Person						
Task/Machine Specific						
Other						



Example risk assessment for an office-based business

Setting the scene

The office manager carried out the risk assessment at this company, which provides management and financial consultancy services, and which leases two storeys of a ten-storey office block.

Eighteen staff work at the company, one is a wheelchair user. The offices contain typical office furniture and equipment. There is a staff kitchen, where drinks can be prepared and food heated, and there are toilet and washing facilities on each floor.

The offices are cleaned every evening by general office cleaning contractors. They store the cleaning materials in a locked cupboard.

The office block was built before 2000. The landlord has surveyed the building for the presence of asbestos and has shared the findings of this survey with all of the tenants. Asbestos-containing materials (ACMs) were found but were in good condition and in places where they were not likely to be damaged, worked on or disturbed, so it was decided to leave them in place.

The office block is locked from 9:00 pm to 6:00 am Monday to Friday and at weekends, although 24 hour/7 days a week security cover is provided.

Although this example risk assessment is for an office-based business, it may equally be applied to any business that has office-based functions within it.

How was the risk assessment done?

The manager followed the guidance in *Five steps to risk assessment* (www.hse.gov.uk/pubns/indg163.pdf).

- 1 To identify the hazards, the manager:
 - looked at HSE's office health and safety web pages, including the *Officewise* leaflet (www.hse.gov.uk/pubns/indg173.pdf) to learn where hazards can occur, and at the disability and risk assessment web pages;
 - walked around the office, noting things that might pose a risk and taking into consideration what was learnt from HSE's guidance;
 - talked to supervisors and staff, including the member of staff who is a wheelchair user, to learn from their knowledge and experience of areas and activities, and listen to their concerns and opinions about health and safety issues in the workplace;
 - talked to the office cleaning contractors, to ensure that the cleaning activities did not pose a risk to office staff, and vice-versa;
 - looked at the accident book, to understand what has previously resulted in incidents.
- 2 The manager then wrote down who could be harmed by the hazards and how.
- 3 For each hazard, the manager wrote down what controls, if any, were in place to manage these hazards. The manager then compared these controls to the good practice guidance provided in HSE's office health and safety web pages. Where existing controls were not

considered good enough, the manager wrote down what else needed to be done to control the risk.

- 4 Putting the risk assessment into practice, the manager decided and recorded who was responsible for implementing the further actions and when they should be done. When each action was completed, it was ticked off and the date recorded. The manager pinned the risk assessment up in the staff room for all staff to see.
- 5 At an office meeting, the office manager discussed the findings with the staff and gave out copies of the risk assessment. The manager decided to review and update the risk assessment every year, or straightaway if any major changes in the workplace happened.

Important reminder

This example risk assessment shows the kind of approach a small business might take. Use it as a guide to think through some of the hazards in your business and the steps you need to take to control the risks. Please note that it is not a generic risk assessment that you can just put your company name on and adopt wholesale without any thought. This would not satisfy the law – and would not be effective in protecting people.

Every business is different – you need to think through the hazards and controls required in your business for yourself.

Company name: **Smith's Consultants**

Date of risk assessment: **01/10/07**

What are the hazards?	Who might be harmed and how?	What are you already doing?	What further action is necessary?	Action by whom?	Action by when?	Done
Slips and trips	Staff and visitors may be injured if they trip over objects or slip on spillages.	<ul style="list-style-type: none"> General good housekeeping. All areas well lit, including stairs. No trailing leads or cables. Staff keep work areas clear, eg no boxes left in walkways, deliveries stored immediately. Offices cleaned every evening. 	<ul style="list-style-type: none"> Better housekeeping in staff kitchen needed, eg on spills. 	All staff, supervisors to monitor	From now on	1/10/07
			<ul style="list-style-type: none"> Arrange for loose carpet tile on second floor to be repaired/replaced. 	Manager	From now on	
Manual handling of paper, office equipment etc	Staff risk injuries or back pain from handling heavy/bulky objects, eg deliveries of paper.	<ul style="list-style-type: none"> Trolley used to transport boxes of paper and other heavy items when collecting deliveries etc. High shelves for light objects only. 	<ul style="list-style-type: none"> Remind staff that they should not try to lift objects that look or appear too heavy to handle. 	Manager	4/10/07	4/10/07
Display screen equipment	Staff risk posture problems and pain, discomfort or injuries, eg to their hands/ arms, from overuse or improper use or from poorly designed workstations or work environments. Headaches or sore eyes can also occur, eg if the lighting is poor.	<ul style="list-style-type: none"> DSE training and assessments of workstation from CD ROM carried out by all new starters early on in induction. Any actions to be carried out asap. Reassessment to be carried out at any change to work feature, eg equipment, furniture or the work environment such as lighting. Workstation and equipment set to ensure good posture and to avoid glare and reflections on the screen. Shared workstations are assessed for all users. Work planned to include regular breaks or change of activity. Lighting and temperature suitably controlled. Adjustable blinds at window to control natural light on screen Noise levels controlled. Eye tests provided for those who need them, dutyholder to pay for basic spectacles specific for VDU use (or portion of cost in other cases). Laptop users trained to carry out own DSE assessment for use away from office. When used at office, laptop should be used with docking station, screen, keyboard and mouse. 	<ul style="list-style-type: none"> Supervisors to monitor to ensure staff continue to get breaks away from the computer. 	Supervisors	4/10/07	4/10/07
			<ul style="list-style-type: none"> Check that identified actions from self-assessments are followed up ASAP. 	Manager	21/10/07	4/10/07
			<ul style="list-style-type: none"> Tell staff that they are to inform their manager of any pain they have that may be linked to computer use. 	All staff	21/10/07	21/10/07
			<ul style="list-style-type: none"> Broken window blind near accounts section – letter to landlord. 	Company secretary	4/10/07	2/10/07
			<ul style="list-style-type: none"> Remind laptop users to carry out regular DSE assessment to avoid problems and identify any issues. 	Manager	4/10/07	4/10/07

What are the hazards?	Who might be harmed and how?	What are you already doing?	What further action is necessary?	Action by whom?	Action by when?	Done
Working at height Filing on top shelves, putting up decorations etc	Falls from any height can cause bruising and fractures.	<ul style="list-style-type: none"> Staff stand on chair to file on high shelves, put up decorations etc. Internal windows cleaned by contractor using a stepladder. 	<ul style="list-style-type: none"> Chairs are too unstable. An appropriate stepladder will be bought and staff shown how to use it safely. 	Manager	4/10/07	3/10/07
Stress	All staff could be affected by factors such as lack of job control, bullying, not knowing their role etc.	<ul style="list-style-type: none"> Staff understand what their duties and responsibilities are. Staff can talk to supervisors or manager if they are feeling unwell or at ease about things at work. 'No bullying' policy. 	<ul style="list-style-type: none"> Remind staff that they can speak confidentially to manager or supervisors (on a no-blame basis) if they are feeling unwell or ill at ease because of work. 	Manager	4/10/07	3/10/07
Electrical	Staff could get electrical shocks or burns from using faulty electrical equipment. Electrical faults can also lead to fires.	<ul style="list-style-type: none"> Staff trained to spot and report (to office administrator) any defective plugs, discoloured sockets or damaged cable/equipment. Defective equipment taken out of use safely and promptly replaced. Staff told not to bring in their own appliances, toasters, fans etc. 	<ul style="list-style-type: none"> Ask landlord when the next safety check of the electrical installation will be done. 	Office administrator	4/10/07	4/10/07
			<ul style="list-style-type: none"> Confirm with landlord the system for making safe any damage to building installation electrics, eg broken light switches or sockets. 	Office administrator	4/10/07	4/10/07
Asbestos Asbestos-containing materials (ACMs) are present in some partition walls	Staff and others carrying out normal activities, at very low risk as asbestos only poses a risk if fibres are released into air and inhaled. Maintenance workers most at risk.	<ul style="list-style-type: none"> Partition walls in good condition and asbestos unlikely to be disturbed during normal activities. Systems in place to inform contractors and others who might disturb the asbestos, where it is and to ensure safe working. 'Danger, asbestos, do not disturb' signs posted at partition walls. Staff told to report any accidental damage immediately. Condition of partition walls checked periodically. 	<ul style="list-style-type: none"> At next staff meeting, remind staff that the asbestos must not be disturbed and to report any accidental damage to the partition walls immediately. 	Manager	4/10/07	4/10/07
Fire	If trapped, staff could suffer fatal injuries from smoke inhalation/burns.	<ul style="list-style-type: none"> Working with landlord, fire risk assessment done, see www.fire.gov.uk/workplace+safety/ and necessary action taken. 	<ul style="list-style-type: none"> Ensure the actions identified as necessary by the fire risk assessment are done. 	Manager	From now on	

What are the hazards?	Who might be harmed and how?	What are you already doing?	What further action is necessary?	Action by whom?	Action by when?	Done
Lone working	Staff could suffer injury or ill health while out of the office, eg when visiting clients' offices, or while working alone in the office.	<ul style="list-style-type: none"> ■ Staff write visit details in office diary and give a contact number. ■ Staff not returning to the office after a visit call in to report this. ■ Security staff check all areas, including toilets, before locking up at night. 	<ul style="list-style-type: none"> ■ Whereabouts of staff 'out of the office' to be monitored by office-based staff. 	Office admin team	From now on	

Assessment review date: 28/09/08

APPENDIX 29 – EVH GENERAL RISK ASSESSMENT MODEL

GENERAL RISK ASSESSMENT

for

CONTENTS

- 1 INTRODUCTION
- 2 HOW TO CARRY OUT A GENERAL RISK ASSESSMENT
- 3 FURTHER GUIDANCE ON RISK ASSESSMENT
- 4 RISK ASSESSMENT SHEETS

1 INTRODUCTION

Risk Management: *The systematic identification, evaluation, cost-effective control and monitoring of those risks which threaten the personnel, assets and reputation of the organisation and consequently its ability to survive.*

Why do we need Health & Safety Risk Assessment?

The principal health and safety legislation in the UK is the *Health and Safety at Work etc. Act 1974*. This Act places a general duty on employers to ensure the health, safety and welfare of their employees and to protect others who may be affected by their undertakings.

To allow employers to discharge these broad duties, a range of topic specific Regulations have been produced, most of which are based upon the principal of "risk assessment".

The *Management of Health and Safety at Work Regulations 1999*, for example, require employers to carry out a "general risk assessment" and certain topic-specific regulations require the undertaking of 'specific' risk assessments, where appropriate.

What is a General Risk Assessment?

This document is concerned mainly with "general risk assessment", as specific assessments normally require the undertaking of technical measuring by properly trained "competent persons".

Essentially, risk assessment is the process of *identifying* all areas of harm which may affect personnel, determining whether this harm is *likely*, and implementing measures to *reduce* the likelihood of the harm occurring where necessary.

Where 5 or more persons are employed, all "significant findings" must be recorded.

In 'plain English', the following questions require to be answered during a Risk Assessment:

- What could go wrong?
- How likely is this?
- What if it happened?
- Would this be acceptable?
- If not, how can we reduce the chance of it happening?

Common terms used in risk assessment

Hazard anything that can cause harm e.g. fire, chemicals, dusts, work at height, heat, electricity, lifting, noise, moving machinery parts, stress, violence etc.

Risk the chance, great or small, that someone may be harmed by a hazard. Naturally, a person must be *exposed* to a hazard for any risk to exist.

Risk Control measures taken to eliminate the hazard / risk or, where this is not reasonably practicable, to reduce the likelihood of harm to an acceptable level. Risk control measures may take the form of revised working practices, engineering equipment, training, or, as a last resort, Personal Protective Equipment (PPE).

2 HOW TO CARRY OUT A GENERAL RISK ASSESSMENT

Overview

There is no universally accepted method for undertaking risk assessment, only a common objective of identifying hazards and risks, determining whether existing control is adequate, and implementing further control measures where necessary.

The method outlined below is based on analysis of "operations", although some methods are based on analysis of individual "employees", or on workplace "areas".

Who should be involved

Ideally, risk assessing should involve a group of people with collective knowledge of the workplace, the employees (including any specific injuries, health issues etc.), the tasks carried out by employees and basic Health & Safety issues.

How to assess

In order to adequately complete the risk assessment, it may be necessary to carry out a range of "information gathering" activities, including:

- *visual inspections of the workplace*
- *discussions with individual employees*
- *interrogation of Health & Safety Control Manual*
- *brainstorming sessions*
- *appraisals of published guidance literature (e.g. from the Health and Safety Executive)*

3 FURTHER GUIDANCE ON RISK ASSESSMENT

Reviewing the assessment

The assessment should be reviewed where there is a significant change in operations, personnel, equipment etc. which may result in new or different hazards and risks. It is also good practice to review assessments on a regular basis, e.g. annually.

Groups of people at increased risk

When assessing the likelihood and severity of risk, it is important to be aware of any personnel who may be at increased risk due to personal conditions. Typical “higher risk” groups of people include:

- personnel with disabilities
- young persons
- new and expectant mothers
- inexperienced personnel
- immuno-compromised personnel, e.g. HIV sufferers
- personnel with certain medical conditions, e.g. asthma sufferers may be at increased risk from certain airborne substances
- personnel taking certain medications

Specific Risk Assessment

Where exposure to certain workplace hazards occurs, topic-specific regulations require ‘specific’ Risk Assessments to be undertaken. In particular, exposure to hazardous substances, noise, moving and handling of loads, prolonged display screen use and asbestos requires assessments under the following regulations.

- *Control of Substances Hazardous to Health Regulations 2002, as amended (COSHH)*
- *Control of Noise at Work Regulations 2005*
- *Control of Lead at Work Regulations 2002*
- *Manual Handling Operations Regulations 1992, as amended*
- *Health and Safety (Display Screen Equipment) Regulations 1992, as amended*
- *Control of Asbestos Regulations 2006*
- *Fire Safety Scotland Regulations 2006*

It is likely, however, that only the COSHH (including Legionella), Fire, Manual Handling and Display Screen regulations will have relevance to the operations carried on by your organisation.

Health surveillance

Exposure to certain physical and chemical agents requires ‘health surveillance’ to be conducted as a risk control measure. However, these issues should be investigated as part of ‘specific’ Risk Assessments, by specialist contractors.

Sources of information

Reference has been made to “published guidance literature” as a source of additional information. The Health and Safety Executive (HSE) publish a wide range of Regulations, Approved Codes of Practice (which have special legal status) and Guidance Notes on specific areas of health and safety.

These publications may be obtained free from the HSE website (<http://www.hse.gov.uk/PUBNS/books/index-catalogue.htm>), from good booksellers and mail ordered from:

- HSE Books, PO Box 1999, Sudbury, Suffolk, CO10 6FS, tel 01787-881-165, fax 01787-313-995

Other useful sources of information include:

- HSE Infoline tel 0845 345 0055
- HSE's Information Centre, Broad Lane, Sheffield, S3 7HQ
- Local HSE office and Employment Medical Advisory Service (EMAS)
- EVH, 4th Floor, Regent House, 76 Renfield Street, Glasgow, G2 1NQ tel 0141 352 7435, fax 0141 352 7449, email Enquiries@evh.org.uk
- ACS Physical Risk Control Limited, Unit 14, The Claremont Centre, Glasgow, G41 1BS, tel 0141-427-5171, fax 0141-427-2722, email acs@acs-env.com

4 RISK ASSESSMENT SHEETS

Recording Sheets

The following blank sheets should be completed and used to record the findings of the General Risk Assessment carried out. Alternatively, this document may be used in electronic format, being updated as required to take account of changing risks, newly implemented controls etc.

Advice on their completion

1. The Risk Assessment Sheets should be completed by the H&S Administrator in conjunction with relevant Heads of Departments and the Director. The Assessments should be reviewed where operations, premises or personnel are changed and, in any case, on an annual basis.
2. In the first instance a first draft of the sheets should be completed as follows: -
 - Familiarise themselves with the current Health & Safety Policies and Procedures
 - For each issue set out in columns 1 and 2, identify those staff at risk and record in column 3 (write 'everyone', if required)
 - Review whether existing practice meets standard to be reached in column 4 and record 'yes' or 'no' in column 6
 - Record what documents / practices / discussions were involved in determining whether standards are being met in column 5
 - If standards are not being met, record further action to be taken in column 7
3. At a team meeting all staff should consider this draft and agree or revise the findings.
4. The team should agree by whom and when the action should be done. (This could be anyone in the team but more likely to be the H&S Administrator).
5. Once action has been taken, complete column 8 with a signature and the date of the action.

GENERAL RISK ASSESSMENT

Ref no:

Activity:

Risk Assessor: (or team)

Tasks Identified:

Date of Completion:

Revision Number: 0

Date of Revision:

Date of next Review:

1	2	3	4	5	6	7	8
Topic	Hazard/Risk	Persons at risk	Standard to achieve	Current controls / observations	Standard met? (Y/N)	Recommendations	Actioned (sign / date)
Accidents / emergencies / first-aid / sharps	Unable to respond to accidents / emergencies appropriately	Staff visitors	Policy and procedures to ensure appropriate measures are implemented for dealing with accidents and emergencies both in and out of the office.	1. Health & Safety Control Manual – Accidents policy 2. Accident Book			
	Insufficient first-aiders, first-aid boxes and first aid information	Staff visitors	Adequate numbers of first-aiders, first-aid boxes and facilities. Information supplied to staff.	1. Health & Safety Control Manual – First-Aid policy 2. First-aid boxes and signs indicating names of first-aiders and locations of boxes 3. Travel first-aid kits issued to staff who undertake ‘out of office’ work 4. PPE register indicating travel first-aid kits having been issued			
	Exposure to pathogens in blood and body fluids or on sharps	Staff visitors	Policy and procedures to protect staff and visitors from being exposed to pathogens in blood and body fluids or on sharps.	1. Health & Safety Control Manual – Blood, Body Fluids, Sharps policy 2. Blood and body fluids kit available at office 3. Sharps kits (tongs and sharps box) issued to all staff who carry out ‘out of office work’ 4. PPE register indicating sharps kits having been issued			
Alcohol and drugs	Inadequate arrangements for dealing with staff who have alcohol and drug related problems	Staff	Policy and procedures to ensure appropriate measures are taken for dealing with staff who have alcohol and / or drug related problems.	1. Health & Safety Control Manual – Alcohol and Drugs policy 2. In-house ‘Addictions policy’			
Asbestos	Ill health following exposure to asbestos fibres	Staff	Management plan / system to ensure risks from exposure to asbestos are adequately controlled.	1. Health & Safety Control Manual – Asbestos policy			

Date of Completion:

Revision Number: 0

Date of Revision:

Date of next Review:

1	2	3	4	5	6	7	8
Topic	Hazard/Risk	Persons at risk	Standard to achieve	Current controls / observations	Standard met? (Y/N)	Recommendations	Actioned (sign / date)
Confined spaces	Accidents caused by unsafe entry and work in confined spaces	Staff	Policy and procedures for safe working in confined spaces. Appropriate staff training.	1. Health & Safety Control Manual – Loft policy 2. Estate Caretaker reported to not be required to enter or work in confined spaces			
Contractors / visitors	Uncontrolled activities of contractors and visitors	Staff Contractors Visitors	Policy and procedures to control the entry and working of contractors and visitors within the premises.	1. Health & Safety Control Manual – Fire Safety policy 2. Visitors badges system			
Display screen equipment (DSE)	Musculoskeletal disorders and eye strain, from incorrect working posture / practices.	All staff	DSE risk assessment, including assessment of each DSE “user’s” workstation. Encourage regular breaks from DSE’s. Provide DSE eye tests and corrective lens, where required.	1. Health & Safety Control Manual – Display Screen Equipment policy			
Electricity	Electric shock / fire caused by unsafe electrical equipment	All staff and visitors	Safe and adequately inspected electrical equipment and installation. Provision of adequate information to staff.	1. Health & Safety Control Manual – Electrical Safety and Safety Inspections policies 2. Records of portable appliance tests 3. Records of housekeeping inspections and SCAR forms 4. No electrical equipment observed to be used by Estate Caretaker			
Electromagnetic radiation	Illness caused by overexposure to electromagnetic radiation.	All staff	Policy and procedures to minimise risk from overexposure to electromagnetic radiation.	1. Health & Safety Control Manual – Electromagnetic Radiation policy			

Date of Completion:

Revision Number: 0

Date of Revision:

Date of next Review:

1	2	3	4	5	6	7	8
Topic	Hazard/Risk	Persons at risk	Standard to achieve	Current controls / observations	Standard met? (Y/N)	Recommendations	Actioned (sign / date)
Fears, phobias, allergies	Staff unable to work safely due to fears, phobias, allergies	All staff	Policy and procedures to take account of staff's fears, phobias and allergies while planning work and to allow confidential reporting.				
Fire	Sources of ignition and fuel, lack of detection systems, escape route of fire fighting equipment.	All staff and visitors	<p>Design and layout premises, install equipment and operate management system to control ignition sources and combustible materials.</p> <p>Develop measures to detect and control fires.</p> <p>Inspect, test and maintain fire-fighting equipment.</p> <p>Train staff in drills etc., ensuring aware of practices for escorting visitors and contractors in fire situations, taking account of issues such as physical disabilities</p>	<ol style="list-style-type: none"> 1. Health & Safety Control Manual – Fire Safety, Electrical Safety, Gas Safety policies, Safety Inspections policy 2. Records of fire drills and inspections and tests of fire alarm system, emergency lighting and fire extinguishers 3. Records of housekeeping inspections and SCAR forms 			
Gas	Explosion / fire caused by unsafe equipment or use of equipment	Staff visitors	<p>System to ensure all gas appliances and fittings are inspected annually by a CORGI registered contractor</p> <p>System to ensure all gas leaks are reported and adequately dealt with without delay.</p>	<ol style="list-style-type: none"> 1. Health & Safety Control Manual – Gas Safety policy 2. Gas Safety Certificates for building 3. No gas in Estate Caretaker's office 			

Date of Completion:

Revision Number: 0

Date of Revision:

Date of next Review:

1	2	3	4	5	6	7	8
Topic	Hazard/Risk	Persons at risk	Standard to achieve	Current controls / observations	Standard met? (Y/N)	Recommendations	Actioned (sign / date)
General workplace	Injury from unsafe doors	Staff visitors	Doors in good repair with viewing panels where required.	1. Health & Safety Control Manual – Workplace Conditions policy			
	Injury from falling objects	Staff visitors	Avoid, so far as is reasonably practicable, falling objects – maintain tidy and safe storage.	1. Health & Safety Control Manual – Workplace Conditions policy			
	Illness caused by inadequate hygiene / welfare facilities	Staff	Adequate number of sanitary conveniences with adequate hot and cold (or warm) running water, soap, hand drying facilities, ventilation, lighting, cleanliness, toilet paper in dispenser/holder, coat hooks and provision for disposal of sanitary dressings (female and unisex). Adequate rest areas and supply of drinking water.	1. Health & Safety Control Manual – Workplace Conditions policy 2. Separate toilet area available for use by Estate Caretaker with hot and cold running water, soap, towels etc.			
	Ill health caused by unclean work environment	Staff	Regularly cleaned offices and work areas	1. Health & Safety Control Manual – Workplace Conditions policy			
	Accidents / eye strain caused by poor lighting	Staff	Adequate level of light (preferably natural light).	1. Health & Safety Control Manual – Workplace Conditions policy			
	Slips, trips and falls caused by obstacles, flooring, stairs, steps or spillages	Staff	Safe flooring of appropriate construction. Flooring free from obstacles, obstructions and other hazards.	1. Health & Safety Control Manual – Workplace Conditions policy			
	Accidents caused by lack of space	Staff	Minimum of 11m ³ of space for each employee.	1. Health & Safety Control Manual – Workplace Conditions policy			

Date of Completion:

Revision Number: 0

Date of Revision:

Date of next Review:

1	2	3	4	5	6	7	8
Topic	Hazard/Risk	Persons at risk	Standard to achieve	Current controls / observations	Standard met? (Y/N)	Recommendations	Actioned (sign / date)
	Discomfort / unsafe working practices caused by poor temperature control	Staff	Comfortable working temperature in workplace – 16-24°C.	1. Health & Safety Control Manual – Workplace Conditions policy 2. Thermometers present around premises			
	Discomfort / unsafe working practices caused by poor ventilation	Staff	Minimum of 8 litres / second of fresh air per person in non-smoking areas.	1. Health & Safety Control Manual – Workplace Conditions policy			
	Injury from unsafe windows	Staff	Windows such that negligible risk from opening / closing and from opened windows.	1. Health & Safety Control Manual – Workplace Conditions policy			
	Ill health from exposure to environmental tobacco smoke	Staff	Protection of non-smokers from discomfort of environmental tobacco smoke.	1. Health & Safety Control Manual – Smoking policy			
Hazardous substances	Injury / ill health caused by exposure to hazardous substances	Staff	Eliminate use of hazardous materials where reasonably practicable, or substitute less hazardous alternatives. Complete COSHH Assessment and implement control measures where required. Provide information and instruction to staff about exposure to hazardous substances and control measures in place. Provide suitable PPE and instruction on its use and maintenance.	1. Health & Safety Control Manual – COSHH policy 2. Manufacturers' material safety data sheets (MSDS's) and copies of labels from containers for substances used by Estate Caretaker 3. PPE register			

Date of Completion:

Revision Number: 0

Date of Revision:

Date of next Review:

1	2	3	4	5	6	7	8
Topic	Hazard/Risk	Persons at risk	Standard to achieve	Current controls / observations	Standard met? (Y/N)	Recommendations	Actioned (sign / date)
Information / training	Accidents / ill health caused by lack of information, instruction and training	Staff	Provide adequate information / instruction / training to staff on hazards, risks and control measures, safe working procedures and PPE. Display Health & Safety Law poster.	1. Health & Safety Control Manual – Information, Instruction and Training policy 2. Health and Safety Law Poster – in both suites			
Lone working	Violence / aggression from intruders / members of the public and lack of cover for accidents and emergencies for staff working alone either on or off the premises	Staff	Policy and procedures to protect lone workers in premises to ensure safety and security.	1. Health & Safety Control Manual – Staff Safety and Violence policy 2. Notices around premises advising to keep front door locked until 9am and to lock door at 5pm 3. Mobile telephones issued to office staff who undertake 'out-of-office' work and the Estate Caretaker			
Machinery and equipment	Injury caused by unsafe use of machinery or equipment / unsafe machinery or equipment	Staff	Maintain machinery and equipment in a safe condition. Adequate staff training in safe use of machinery and equipment.	1. Health & Safety Control Manual – Machine Safety policy 2. Sign near microwave oven on microwaving liquids			

Date of Completion:

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Date of next Review:

1	2	3	4	5	6	7	8
Topic	Hazard/Risk	Persons at risk	Standard to achieve	Current controls / observations	Standard met? (Y/N)	Recommendations	Actioned (sign / date)
Manual handling / ergonomics	Musculoskeletal disorders / strains / sprains / cuts from incorrect handling of loads	Staff	<p>Manual handling risk assessment.</p> <p>Eliminate lifting tasks where possible otherwise use adequate numbers of trained personnel.</p> <p>Train all staff in hazards / risks and in good handling techniques, providing suitable PPE (e.g. Gloves) where required.</p> <p>Arrange actions to minimise prolonged periods of repetitive movement.</p> <p>Procedure for reporting symptoms such as tingling, and numbness after periods of repetitive movement.</p> <p>Provide gloves for use as required</p>	<p>1. Health & Safety Control Manual – Manual Handling policy</p> <p>2. Trolley and kick stool present at office</p>			
Mobile telephones	Low battery / no signal causing communication problems	Staff	Policy and procedures to ensure communication between out of office staff and the office.				

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Topic	Hazard/Risk	Persons at risk	Standard to achieve	Current controls / observations	Standard met? (Y/N)	Recommendations	Actioned (sign / date)
New / expectant mothers	Injury / ill health caused by trips, falls, physical trauma, manual handling, extremes of temperature, biological agents, chemicals and inadequate rest areas	Female staff	New / expectant mother risk assessment Adequate rest area available where new / expectant mothers can rest / express milk.	1. Health & Safety Control Manual – New and Expectant Mothers 2. Arrangements to be made available for new mother to rest, express milk etc., as required			
Noise nuisance	Stress from nuisance noise	Staff	Layout office and equipment to minimise nuisance effects of noise.	1. Health & Safety Control Manual – Noise policy			
Occupational health	Ill- health caused by work	Staff	Policy and procedures to ensure staff are aware of the symptoms of ill health and the actions they should take.	1. Health & Safety Control Manual – Occupational Health policy 2. Health Questionnaire for Current Employees – issued on annual basis			
Out of office work	Injury caused by hazards such as poor communication, travel, client visits etc	Staff	Policy and procedures to ensure adequate communication, travel, safety and security of staff working outside the office.	1. Health & Safety Control Manual – Staff Safety and Violence policy			
Stress	Ill health caused by excessive workplace stress	Staff	Where possible, prevent the occurrence of stress related problems. Provide adequate support to staff suffering from stress related illnesses.	1. Health & Safety Control Manual – Stress policy 2. Organisation's Stress Management Policy			

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Suspicious / hazardous / threatening mail	Injury / ill health caused by threatening or hazardous mail packages	Staff	Policy and procedures for dealing with suspicious packages.	1. Health & Safety Control Manual – Letter Bombs policy			
Vehicles	Vehicle accident / breakdown / unsafe or unlicensed drivers	Staff	<p>Staff submit driving license prior to driving on company business.</p> <p>Staff submit insurance documents (indicating cover for business use) and show MOT for own vehicle if it is used for business.</p> <p>Instruct staff in procedures for reporting vehicle accident / breakdown.</p> <p>Procedures to manage company vehicles (including insurance, servicing, maintenance and safety equipment).</p>	<p>1. Health & Safety Control Manual – Vehicles policy</p> <p>2. Car User Insurance Certificate</p> <p>3. Email sent by Director to all staff on 25 November 2003 stating mobile telephones not to be used whilst driving and imposing requirement to reply to email to confirm</p>			
Violence / aggression	Conflict between staff / conflict between staff and public / conflict between members of the public on organisation premises	Staff	<p>Policy and procedures to reduce the risk of incidents occurring;</p> <p>Record incidents and investigate.</p> <p>Protect staff in the event of an incident and provide post-incident support where required</p>	1. Health & Safety Control Manual – Staff Safety and Violence policy			

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Topic	Hazard/Risk	Persons at risk	Standard to achieve	Current controls / observations	Standard met? (Y/N)	Recommendations	Actioned (sign / date)
Work at height	Falls from height	Staff	Policy and procedures for the maintenance of all access equipment Train staff in safe work at height procedures.	1. Health & Safety Control Manual – Ladders policy			
Young persons	Inexperience, immaturity and lack of awareness of risk	Staff	Assess and adequately control any hazards that may pose a particular risk to a young person.				